



KANSAS CORPORATION COMMISSION 1178707
 OIL & GAS CONSERVATION DIVISION

Form CDP-5
 May 2011
 Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: _____				License Number: _____			
Operator Address: _____							
Contact Person: _____				Phone Number: () -			
Permit Number (API No. if applicable): _____				Lease Name: _____			
Source of Waste:				Well Number: _____			
<input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Workover Pit <input type="checkbox"/> Drilling Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Spill / Escape <input type="checkbox"/> Dike				Source Location (QQQQ): _____ - _____ - _____ - _____ Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West _____ Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section _____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section GPS Location: Lat: _____, Long: _____ <small>(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)</small> Datum: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84 County: _____			
No Waste to be Hauled: <input type="checkbox"/> (If checked, provide an explanation as to why no waste was hauled in the Comments area.)							
Type of waste to be disposed: <input type="checkbox"/> Fluid <input type="checkbox"/> Soil <input type="checkbox"/> Mud / Cuttings <input type="checkbox"/> Other: _____							
Amount of waste: _____ No. of loads _____ Barrels _____ Tons _____ YDS							
Destination of waste: <input type="checkbox"/> Reserve Pit <input type="checkbox"/> Haul Off Pit <input type="checkbox"/> Disposal Well <input type="checkbox"/> Lease Road <input type="checkbox"/> Dike / Berm <input type="checkbox"/> Other: _____							
If waste is transferred to another reserve pit, is the lease active? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Location of Waste Disposal:							
Destination Out of State: <input type="checkbox"/> (If checked, provide the location of where the waste was hauled in the Comments area.)							
				Date of Waste Transfer: _____			
Operator Name: _____				License No.: _____			
Lease Name: _____				Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West			
Docket No./API No.: _____				County: _____			
Comments:							

Submitted Electronically