



KANSAS CORPORATION COMMISSION 1179256  
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:	
	Emergency Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/>	Source Location (QQQQ): _____ - _____ - _____ - _____
	Workover Pit <input type="checkbox"/> Drilling Pit <input type="checkbox"/>	Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West
	Burn Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/>	_____ Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section
	Steel Pit <input type="checkbox"/> Spill / Escape <input type="checkbox"/>	_____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section
	Dike <input type="checkbox"/>	GPS Location: Lat: _____, Long: _____ (e.g. xx.xxxxx) (e.g. -xxx.xxxxx)
		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		