

KANSAS CORPORATION COMMISSION 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:                              |
|                                                                                                                     | Source Location (QQQQ):                   |
| Emergency Pit Settling Pit                                                                                          | Sec Twp R East West                       |
| Workover Pit Drilling Pit                                                                                           | Feet from North / South Line of Section   |
| Burn Pit Haul-off Pit                                                                                               | Feet from East / West Line of Section     |
| Steel Pit Spill / Escape                                                                                            | GPS Location: Lat:, Long:, (e.gxxx.xxxxx) |
| Dike                                                                                                                | Datum: NAD27 NAD83 WGS84                  |
|                                                                                                                     | County:                                   |
| No Waste to be Hauled: [] (If checked, provide an explanation as to why no waste was hauled in the Comments area.)  |                                           |
| Type of waste to be disposed:                                                                                       |                                           |
| Amount of waste: No. of loads Barrels Tons YDS                                                                      |                                           |
| Destination of waste: Reserve Pit Haul Off Pit Disposal Well Lease Road Dike / Berm Other:                          |                                           |
| If waste is transferred to another reserve pit, is the lease active?                                                |                                           |
| Location of Waste Disposal:                                                                                         |                                           |
| Destination Out of State: [] (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 East West                       |
| Docket No./API No.:                                                                                                 | County:                                   |
| Comments:                                                                                                           |                                           |
|                                                                                                                     |                                           |
|                                                                                                                     |                                           |
|                                                                                                                     |                                           |
| -<br>Submitted Electronically                                                                                       |                                           |
| Submitted Electromically                                                                                            |                                           |
|                                                                                                                     |                                           |
|                                                                                                                     |                                           |