



KANSAS CORPORATION COMMISSION 1184391  
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: _____
<p>Source of Waste:</p> <p><input type="checkbox"/> Emergency Pit      <input type="checkbox"/> Settling Pit</p> <p><input type="checkbox"/> Workover Pit      <input type="checkbox"/> Drilling Pit</p> <p><input type="checkbox"/> Burn Pit      <input type="checkbox"/> Haul-off Pit</p> <p><input type="checkbox"/> Steel Pit      <input type="checkbox"/> Spill / Escape</p> <p><input type="checkbox"/> Dike</p>	<p>Well Number: _____</p> <p>Source Location (QQQQ): _____ - _____ - _____ - _____</p> <p>Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West</p> <p>_____ Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section</p> <p>_____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section</p> <p>GPS Location: Lat: _____, Long: _____ <small>(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)</small></p> <p>Datum: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84</p> <p>County: _____</p>

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:  Fluid     Soil     Mud / Cuttings     Other: \_\_\_\_\_

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?     Yes     No

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: \_\_\_\_\_

Submitted Electronically