



KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

1185195

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:<br><br><input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit<br><br><input type="checkbox"/> Workover Pit <input type="checkbox"/> Drilling Pit<br><br><input type="checkbox"/> Burn Pit <input type="checkbox"/> Haul-off Pit<br><br><input type="checkbox"/> Steel Pit <input type="checkbox"/> Spill / Escape<br><br><input type="checkbox"/> Dike |  | Well Number:                                                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  | 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: _____<br><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                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                 |  |