

Kansas Corporation Commission Oil & Gas Conservation Division

88041 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 | |
| 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 County: |
| Docket No./API No.: County: County: | |
| Submitted Electronically | |