



KANSAS CORPORATION COMMISSION 1189461  
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:<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  |  |   |  |