



KANSAS CORPORATION COMMISSION 1190146  
OIL & GAS CONSERVATION DIVISION

### EXPLORATION & PRODUCTION WASTE TRANSFER

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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><input type="checkbox"/> Workover Pit <input type="checkbox"/> Drilling Pit<br><input type="checkbox"/> Burn Pit <input type="checkbox"/> Haul-off Pit<br><input type="checkbox"/> Steel Pit <input type="checkbox"/> Spill / Escape<br><input type="checkbox"/> Dike                                                                    | Well Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Source Location (QQQQ): _____ - _____ - _____ - _____<br>Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West<br>____ Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section<br>____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section<br>GPS Location: Lat: _____, Long: _____<br><small>(e.g. xx.xxxxx)</small> <small>(e.g. -xxx.xxxxx)</small><br>Datum: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84<br>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:<br>Destination Out of State: <input type="checkbox"/> (If checked, provide the location of where the waste was hauled in the Comments area.)<br><br>Date of Waste Transfer: _____<br><br>Operator Name: _____ License No.: _____<br><br>Lease Name: _____ Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West<br><br>Docket No./API No.: _____ County: _____<br><br>Comments: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <h3>Submitted Electronically</h3>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |