

Kansas Corporation Commission Oil & Gas Conservation Division

593 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 Settling Pit Workover Pit Drilling Pit Burn Pit Haul-off Pit Steel Pit Spill / Escape Dike	Source Location (QQQQ): -
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:	
Amount of waste: No. of loads Barrels	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?	
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	