

KANSAS CORPORATION COMMISSION 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:	Well Number:
	/ Cuttings Other:
Amount of waste: No. of loads Barrels Tons 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? Yes No	
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	