



KANSAS CORPORATION COMMISSION 1199288  
OIL & GAS CONSERVATION DIVISION

## EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name:	License Number:
Operator Address:	
Contact Person:	Phone Number: ( ) -
Permit Number (API No. if applicable):	Lease Name:
<p>Source of Waste:</p> <p><input type="checkbox"/> Emergency Pit      <input type="checkbox"/> Settling Pit</p> <p><input type="checkbox"/> Workover Pit      <input type="checkbox"/> Drilling Pit</p> <p><input type="checkbox"/> Burn Pit      <input type="checkbox"/> Haul-off Pit</p> <p><input type="checkbox"/> Steel Pit      <input type="checkbox"/> Spill / Escape</p> <p><input type="checkbox"/> Dike</p>	<p>Well Number:</p> <p>Source Location (QQQQ): - - - -</p> <p>Sec.    Twp.    R.    <input type="checkbox"/> East    <input type="checkbox"/> West</p> <p>_____ Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section</p> <p>_____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section</p> <p>GPS Location: Lat: _____, Long: _____ <span style="font-size: small;">(e.g. xx.xxxxx)      (e.g. -xxx.xxxxx)</span></p> <p>Datum:    <input type="checkbox"/> NAD27    <input type="checkbox"/> NAD83    <input type="checkbox"/> WGS84</p> <p>County: _____</p>

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:     Fluid     Soil     Mud / 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