



KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

1199819

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:  <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit  <input type="checkbox"/> Workover Pit <input type="checkbox"/> Drilling Pit  <input type="checkbox"/> Burn Pit <input type="checkbox"/> Haul-off Pit  <input type="checkbox"/> Steel Pit <input type="checkbox"/> Spill / Escape  <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: _____ <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			