

## Kansas Corporation Commission Oil & Gas Conservation Division

209592

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: Soil Mud / Cuttings Other:                                                         |                         |
| 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? 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                                                                                         |                         |