



KANSAS CORPORATION COMMISSION 1221455
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: | |
| | Emergency Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> | Source Location (QQQQ): _____ - _____ - _____ - _____ |
| | Workover Pit <input type="checkbox"/> Drilling Pit <input type="checkbox"/> | Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West |
| | Burn Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> | _____ Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section |
| | Steel Pit <input type="checkbox"/> Spill / Escape <input type="checkbox"/> | _____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section |
| | Dike <input type="checkbox"/> | GPS Location: Lat: _____, Long: _____ (e.g. xx.xxxxx) (e.g. -xxx.xxxxx) |
| | | 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 | | |