



KANSAS CORPORATION COMMISSION 1230937  
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:  <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)</small> <small>(e.g. -xxx.xxxxx)</small>  Datum: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84  County: _____
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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:

Comments:

Comments:

Comments:

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Comments:

Comments:

Submitted Electronically