



# KANSAS CORPORATION COMMISSION 1232582 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:                             |                                       |                                       |                                       |                                   |                                       |                                    |   |                               |  |   |
| <p>Source of Waste:</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Emergency Pit</td> <td><input type="checkbox"/> Settling Pit</td> </tr> <tr> <td><input type="checkbox"/> Workover Pit</td> <td><input type="checkbox"/> Drilling Pit</td> </tr> <tr> <td><input type="checkbox"/> Burn Pit</td> <td><input type="checkbox"/> Haul-off Pit</td> </tr> <tr> <td><input type="checkbox"/> Steel Pit</td> <td><input type="checkbox"/> Spill / Escape</td> </tr> <tr> <td><input type="checkbox"/> Dike</td> <td></td> </tr> </table> | <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 |  | <p>Well Number:</p> <p>Source Location (QQQQ): _____ - _____ - _____ - _____<br/>         Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West<br/>         _____ Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section<br/>         _____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section</p> <p>GPS Location: Lat: _____, Long: _____<br/> <small>(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)</small></p> <p>Datum: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84</p> <p>County: _____</p> |
| <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  |   |                                       |                                       |                                       |                                   |                                       |                                    |   |                               |  |   |
| 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  |   |                                       |                                       |                                       |                                   |                                       |                                    |   |                               |  |   |
| <p>Location of Waste Disposal:</p> <p>Destination Out of State: <input type="checkbox"/> (If checked, provide the location of where the waste was hauled in the Comments area.)</p> <div style="text-align: right; padding-right: 20px;">Date of Waste Transfer: _____</div> <p>Operator Name: _____ License No.: _____</p> <p>Lease Name: _____ Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West</p> <p>Docket No./API No.: _____ County: _____</p> <p>Comments:</p>  |   |                                       |                                       |                                       |                                   |                                       |                                    |   |                               |  |   |
| <b>Submitted Electronically</b>  |   |                                       |                                       |                                       |                                   |                                       |                                    |   |                               |  |   |