



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1237845

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: |
| <div>Source of Waste:</div> <div style="display: flex; flex-wrap: wrap;"><div style="width: 50%;"><input type="checkbox"/> Emergency Pit</div><div style="width: 50%;"><input type="checkbox"/> Settling Pit</div><div style="width: 50%;"><input type="checkbox"/> Workover Pit</div><div style="width: 50%;"><input type="checkbox"/> Drilling Pit</div><div style="width: 50%;"><input type="checkbox"/> Burn Pit</div><div style="width: 50%;"><input type="checkbox"/> Haul-off Pit</div><div style="width: 50%;"><input type="checkbox"/> Steel Pit</div><div style="width: 50%;"><input type="checkbox"/> Spill / Escape</div><div style="width: 50%;"><input type="checkbox"/> Dike</div></div> | <div>Well Number:</div> <div>Source Location (QQQQ): _____ - _____ - _____ - _____</div> <div>Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West</div> <div>_____ Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section</div> <div>_____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section</div> <div>GPS Location: Lat: _____, Long: _____ <small>(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)</small></div> <div>Datum: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84</div> <div>County: _____</div> |
| 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 | |
| <div>Location of Waste Disposal:</div> <div>Destination Out of State: <input type="checkbox"/> (If checked, provide the location of where the waste was hauled in the Comments area.)</div> <div style="text-align: right;">Date of Waste Transfer: _____</div> <div>Operator Name: _____ License No.: _____</div> <div>Lease Name: _____ Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West</div> <div>Docket No./API No.: _____ County: _____</div> <div>Comments:</div> <div style="text-align: center; margin-top: 100px;">Submitted Electronically</div> | |