



KANSAS CORPORATION COMMISSION      1238749  
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 <i>(API No. if applicable):</i>			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)      (e.g. -xxx.xxxxx)</small>		
			Datum: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84		
			County: _____		
No Waste to be Hauled: <input type="checkbox"/> <i>(If checked, provide an explanation as to why no waste was hauled in the Comments area.)</i>					
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"/> <i>(If checked, provide the location of where the waste was hauled in the Comments area.)</i>					
			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