



KANSAS CORPORATION COMMISSION 1254091  
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>

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:	Date of Waste Transfer: _____
Destination Out of State: <input type="checkbox"/> <i>(If checked, provide the location of where the waste was hauled in the Comments area.)</i>	
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