



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1254169

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; justify-content: space-between;"><div style="width: 45%;"><div><input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit</div><div><input type="checkbox"/> Workover Pit <input type="checkbox"/> Drilling Pit</div><div><input type="checkbox"/> Burn Pit <input type="checkbox"/> Haul-off Pit</div><div><input type="checkbox"/> Steel Pit <input type="checkbox"/> Spill / Escape</div><div><input type="checkbox"/> Dike</div></div><div style="width: 50%; padding-left: 10px;"><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: _____</div><div style="text-align: center;"><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></div></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; margin-top: 20px;">Date of Waste Transfer: _____</div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div>Operator Name: _____</div><div>License No.: _____</div></div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div>Lease Name: _____</div><div>Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West</div></div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div>Docket No./API No.: _____</div><div>County: _____</div></div> <div>Comments:</div>			
Submitted Electronically			