



KANSAS CORPORATION COMMISSION 1262417
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: _____	
Source of Waste:		Well Number: _____	
<input type="checkbox"/> Emergency Pit	<input type="checkbox"/> Settling Pit	Source Location (QQQQ): _____ - _____ - _____ - _____	
<input type="checkbox"/> Workover Pit	<input type="checkbox"/> Drilling Pit	Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West	
<input type="checkbox"/> Burn Pit	<input type="checkbox"/> Haul-off Pit	_____ Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section	
<input type="checkbox"/> Steel Pit	<input type="checkbox"/> Spill / Escape	_____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section	
<input type="checkbox"/> Dike		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: (If checked, provide an explanation as to why no waste was hauled in the Comments area.)

Type of waste to be disposed: Fluid Soil Mud / Cuttings Other: _____

Amount of waste: _____ No. of loads _____ Barrels _____ Tons _____ YDS

Destination of waste: Reserve Pit Haul Off Pit Disposal Well Lease Road Dike / Berm Other: _____

If waste is transferred to another reserve pit, is the lease active? Yes No

Location of Waste Disposal:

Destination Out of State: (If checked, provide the location of where the waste was hauled in the Comments area.)

Date of Waste Transfer: _____

Operator Name: _____ License No.: _____

Lease Name: _____ Sec. _____ Twp. _____ R. _____ East West

Docket No./API No.: _____ County: _____

Comments:

Submitted Electronically