



KANSAS CORPORATION COMMISSION 1270049  
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: _____ <span style="font-size: small;">(e.g. xx.xxxxx)                                  (e.g. -xxx.xxxxx)</span>
	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.)

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

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Amount of waste:      \_\_\_\_\_ No. of loads      \_\_\_\_\_ Barrels      \_\_\_\_\_ Tons      \_\_\_\_\_ YDS

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

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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**