



KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

1317786

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:  <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: _____ <span style="font-size: small; margin-left: 50px;">(e.g. xx.xxxxx)</span> <span style="margin-left: 50px;">(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.)*

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