



**KANSAS CORPORATION COMMISSION     1336157**  
**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: _____
<p>Source of Waste:</p> <p><input type="checkbox"/> Emergency Pit                <input type="checkbox"/> Settling Pit</p> <p><input type="checkbox"/> Workover Pit                 <input type="checkbox"/> Drilling Pit</p> <p><input type="checkbox"/> Burn Pit                         <input type="checkbox"/> Haul-off Pit</p> <p><input type="checkbox"/> Steel Pit                         <input type="checkbox"/> Spill / Escape</p> <p><input type="checkbox"/> Dike</p>	<p>Well Number: _____</p> <p>Source Location (QQQQ): _____ - _____ - _____ - _____</p> <p>Sec. _____ Twp. _____ R. _____    <input type="checkbox"/> East   <input type="checkbox"/> West</p> <p>_____ Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section</p> <p>_____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section</p> <p>GPS Location: Lat: _____, Long: _____  <small>(e.g. xx.xxxxx)    (e.g. -xxx.xxxxx)</small></p> <p>Datum: <input type="checkbox"/> NAD27   <input type="checkbox"/> NAD83   <input type="checkbox"/> WGS84</p> <p>County: _____</p>

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