

## Kansas Corporation Commission Oil & Gas Conservation Division

13 Form CDP-5

May 2011

Form must be Typed

## **EXPLORATION & PRODUCTION WASTE TRANSFER**

Operator Name:   License Number:		T	
Phone Number: ( )	Operator Name:	License Number:	
Permit Number (API No. If applicable):	Operator Address:		
Source of Waste:   Emergency Pit	Contact Person:	Phone Number: ( ) -	
Emergency Pit	Permit Number (API No. if applicable):	Lease Name:	
Workover Pit	Source of Waste:	Well Number:	
Type of waste to be disposed:	Workover Pit Drilling Pit Burn Pit Haul-off Pit Steel Pit Spill / Escape Dike	Sec Twp R East West Feet from North / South Line of Section Feet from East / West Line of Section GPS Location: Lat: , Long: (e.g. xx.xxxxx)	
Amount of waste:			
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.:  Comments:	Type of waste to be disposed: Fluid Soil Mud / Cuttings 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:	Amount of waste: No. of loads BarrelsTons YDS		
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:	Destination of waste: Reserve Pit Haul Off Pit Disposal Well Lease Road Dike / Berm Other:		
Destination Out of State:	If waste is transferred to another reserve pit, is the lease active?		
Lease Name:	Destination Out of State: (If checked, provide the location of where the waste was hauled in the Comments area.)		
Docket No./API No.: County:	Operator Name:	License No.:	
Comments:	Lease Name:	Sec Twp R East West	
	Docket No./API No.:	County:	
Submitted Electronically	Comments:		
Submitted Electronically			