

KANSAS CORPORATION COMMISSION  
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:
<p>Source of Waste:</p> <p> <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 </p>	<p>Well Number:</p> <p>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</p> <p>GPS Location: Lat: _____ , Long: _____  <small>(e.g. xx.xxxxx)</small>                                      <small>(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: <input type="checkbox"/> <i>(If checked, provide an explanation as to why no waste was hauled in the Comments area.)</i>	
Type of waste to be disposed: <input type="checkbox"/> Fluid <input type="checkbox"/> Soil <input type="checkbox"/> Mud / Cuttings <input type="checkbox"/> Other: _____	
Amount of waste:        _____ No. of loads        _____ Barrels        _____ Tons        _____ YDS	
Destination of waste: <input type="checkbox"/> Reserve Pit <input type="checkbox"/> Haul Off Pit <input type="checkbox"/> Disposal Well <input type="checkbox"/> Lease Road <input type="checkbox"/> Dike / Berm <input type="checkbox"/> Other: _____	
If waste is transferred to another reserve pit, is the lease active? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Location of Waste Disposal:</p> <p>Destination Out of State: <input type="checkbox"/> <i>(If checked, provide the location of where the waste was hauled in the Comments area.)</i></p> <p style="text-align: right;">Date of Waste Transfer: _____</p> <p>Operator Name: _____ License No.: _____</p> <p>Lease Name: _____ Sec. _____ Twp. _____ R. _____    <input type="checkbox"/> East <input type="checkbox"/> West</p> <p>Docket No./API No.: _____ County: _____</p> <p>Comments:</p>	

Submitted Electronically