

**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:
Source of Waste: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Emergency Pit         </div> <div style="width: 50%;"> <input type="checkbox"/> Settling Pit         </div> <div style="width: 50%;"> <input type="checkbox"/> Workover Pit         </div> <div style="width: 50%;"> <input type="checkbox"/> Drilling Pit         </div> <div style="width: 50%;"> <input type="checkbox"/> Burn Pit         </div> <div style="width: 50%;"> <input type="checkbox"/> Haul-off Pit         </div> <div style="width: 50%;"> <input type="checkbox"/> Steel Pit         </div> <div style="width: 50%;"> <input type="checkbox"/> Spill / Escape         </div> <div style="width: 50%;"> <input type="checkbox"/> Dike         </div> </div>	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: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>(e.g. xx.xxxxx)</span> <span>(e.g. -xxx.xxxxx)</span> </div> Datum: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84 County: _____
No Waste to be Hauled: <input type="checkbox"/> (If checked, provide an explanation as to why no waste was hauled in the Comments area.)	
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	
Location of Waste Disposal:  Destination Out of State: <input type="checkbox"/> (If checked, provide the location of where the waste was hauled in the Comments area.) <div style="text-align: right; margin-top: 20px;">Date of Waste Transfer: _____</div>	
Operator Name: _____	License No.: _____
Lease Name: _____	Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West
Docket No./API No.: _____	County: _____
Comments:	

Submitted Electronically