

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:<br><br><input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit<br><br><input type="checkbox"/> Workover Pit <input type="checkbox"/> Drilling Pit<br><br><input type="checkbox"/> Burn Pit <input type="checkbox"/> Haul-off Pit<br><br><input type="checkbox"/> Steel Pit <input type="checkbox"/> Spill / Escape<br><br><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: _____<br><small>(e.g. xx.xxxxx)      (e.g. -xxx.xxxxx)</small>  |   |
| 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