

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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:

Emergency Pit Settling Pit
 Workover Pit Drilling Pit
 Burn Pit Haul-off Pit
 Steel Pit Spill / Escape
 Dike

Well Number:

Source Location (QQQQ): _____ - _____ - _____ - _____
 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) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 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