

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISIONForm 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: <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			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: _____ <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: <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-right: 25%;">Date of Waste Transfer: _____</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Operator Name: _____</div> <div>License No.: _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Lease Name: _____</div> <div>Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Docket No./API No.: _____</div> <div>County: _____</div> </div> <div style="margin-top: 10px;">Comments: _____</div>					
Submitted Electronically					