

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:				Well Number:			
<input type="checkbox"/> Emergency Pit		<input type="checkbox"/> Settling Pit		Source Location (QQQQ): _____ - _____ - _____ - _____			
<input type="checkbox"/> Workover Pit		<input type="checkbox"/> Drilling Pit		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			
<input type="checkbox"/> Burn Pit		<input type="checkbox"/> Haul-off Pit		GPS Location: Lat: _____, Long: _____ <small>(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)</small>			
<input type="checkbox"/> Steel Pit		<input type="checkbox"/> Spill / Escape		Datum: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84			
<input type="checkbox"/> Dike		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.)							
Date of Waste Transfer: _____							
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