

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: _____										
<p>Source of Waste:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> Emergency Pit</td> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> Settling Pit</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Workover Pit</td> <td style="padding: 2px;"><input type="checkbox"/> Drilling Pit</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Burn Pit</td> <td style="padding: 2px;"><input type="checkbox"/> Haul-off Pit</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Steel Pit</td> <td style="padding: 2px;"><input type="checkbox"/> Spill / Escape</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Dike</td> <td style="padding: 2px;"></td> </tr> </table>	<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		<p>Well Number: _____</p> <p>Source Location (QQQQ): _____ - _____ - _____ - _____</p> <p>Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West</p> <p>_____ Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section</p> <p>_____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section</p> <p>GPS Location: Lat: _____, Long: _____</p> <p style="text-align: center;"><small>(e.g. xx.xxxxx)    (e.g. -xxx.xxxxx)</small></p> <p>Datum: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84</p> <p>County: _____</p>
<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											
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											
<p>Location of Waste Disposal:</p> <p>Destination Out of State: <input type="checkbox"/> (If checked, provide the location of where the waste was hauled in the Comments area.)</p> <p style="text-align: right;">Date of Waste Transfer: _____</p> <p>Operator Name: _____ License No.: _____</p> <p>Lease Name: _____ Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West</p> <p>Docket No./API No.: _____ County: _____</p> <p>Comments:</p>											
Submitted Electronically											