

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:
	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: (e.g. xx.xxxxx) , Long: (e.g. -xxx.xxxxx)
<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:  (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