

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 ( <i>API No. if applicable</i> ):			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		
<input type="checkbox"/> Burn Pit	<input type="checkbox"/> Haul-off Pit	_____ Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section		
<input type="checkbox"/> Steel Pit	<input type="checkbox"/> Spill / Escape	_____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section		
<input type="checkbox"/> Dike		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"/> ( <i>If checked, provide an explanation as to why no waste was hauled in the Comments area.</i> )				
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"/> ( <i>If checked, provide the location of where the waste was hauled in the Comments area.</i> )				
			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