

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISIONForm CDP-5  
May 2011  
Form must be Typed

## EXPLORATION &amp; 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: _____ (e.g. xx.xxxxx)                                       (e.g. -xxx.xxxxx) Datum: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84 County: _____

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