

**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%; vertical-align: top;"> <input type="checkbox"/> Emergency Pit </td> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Settling Pit </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Workover Pit </td> <td style="vertical-align: top;"> <input type="checkbox"/> Drilling Pit </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Burn Pit </td> <td style="vertical-align: top;"> <input type="checkbox"/> Haul-off Pit </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Steel Pit </td> <td style="vertical-align: top;"> <input type="checkbox"/> Spill / Escape </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Dike </td> <td></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 align="center" style="font-size: small;">(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)</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"/> <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											
<p>Location of Waste Disposal:</p> <p>Destination Out of State: <input type="checkbox"/> <i>(If checked, provide the location of where the waste was hauled in the Comments area.)</i></p> <p 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											