

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><input type="checkbox"/> Emergency Pit</td><td><input type="checkbox"/> Settling Pit</td></tr><tr><td><input type="checkbox"/> Workover Pit</td><td><input type="checkbox"/> Drilling Pit</td></tr><tr><td><input type="checkbox"/> Burn Pit</td><td><input type="checkbox"/> Haul-off Pit</td></tr><tr><td><input type="checkbox"/> Steel Pit</td><td><input type="checkbox"/> Spill / Escape</td></tr><tr><td><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		Well Number:	
		<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													
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: _____ <small>(e.g. xx.xxxxx)</small> <small>(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"/> (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													
Location of Waste Disposal:													
Destination Out of State: <input type="checkbox"/> (If checked, provide the location of where the waste was hauled in the Comments area.)													
Operator Name: _____		Date of Waste Transfer: _____											
License No.: _____		Operator Name: _____											
Lease Name: _____		License No.: _____											
Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West		Lease Name: _____											
Docket No./API No.: _____		Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West											
County: _____		Docket No./API No.: _____											
Comments:													

Submitted Electronically