

**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:
	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: _____ <span style="font-size: small; display: block; text-align: center;">(e.g. xx.xxxxx)                      (e.g. -xxx.xxxxx)</span> Datum: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84 County: _____
<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