

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: _____ <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: _____
<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