KOLAR Document ID: 1594132

## 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:
Source of Waste:	Well Number:
Emergency Pit Settling Pit	Source Location (QQQQ):         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -
Workover Pit Drilling Pit	Feet from North / South Line of Section
Burn Pit Haul-off Pit	Feet from East / West Line of Section
Steel Pit Spill / Escape	GPS Location: Lat:, Long:
Dike	Datum: NAD27 NAD83 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:	
Amount of waste: No. of loads BarrelsTons 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	