

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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: <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:	
	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: _____ (e.g. xx.xxxxx) (e.g. -xxx.xxxxx)	

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