

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:	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. \_\_\_\_\_  East  West  
 \_\_\_\_\_ Feet from  North /  South Line of Section  
 \_\_\_\_\_ Feet from  East /  West Line of Section  
 GPS Location: Lat: \_\_\_\_\_, Long: \_\_\_\_\_  
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)  
 Datum:  NAD27  NAD83  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.)
---

Date of Waste Transfer: _____
-------------------------------

Operator Name: _____ License No.: _____
---

Lease Name: _____ Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West
--

Docket No./API No.: _____ County: _____
---

Comments:
-----------

Submitted Electronically