

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:										
<p>Source of Waste:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; padding: 2px;"><input type="checkbox"/> Emergency Pit</td> <td style="width:50%; padding: 2px;"><input type="checkbox"/> Settling Pit</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Workover Pit</td> <td style="padding: 2px;"><input type="checkbox"/> Drilling Pit</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Burn Pit</td> <td style="padding: 2px;"><input type="checkbox"/> Haul-off Pit</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Steel Pit</td> <td style="padding: 2px;"><input type="checkbox"/> Spill / Escape</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Dike</td> <td></td> </tr> </table>	<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		<p>Well Number:</p> <p>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</p> <p>GPS Location: Lat: _____, Long: _____ <small>(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)</small></p> <p>Datum: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84</p> <p>County: _____</p>
<input type="checkbox"/> Emergency Pit	<input type="checkbox"/> Settling Pit										
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<input type="checkbox"/> Steel Pit	<input type="checkbox"/> Spill / Escape										
<input type="checkbox"/> Dike											

No Waste to be Hauled: <input type="checkbox"/> <i>(If checked, provide an explanation as to why no waste was hauled in the Comments area.)</i>
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? 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