

**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: <table style="width: 100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> Emergency Pit</td> <td><input type="checkbox"/> Settling Pit</td> </tr> <tr> <td><input type="checkbox"/> Workover Pit</td> <td><input type="checkbox"/> Drilling Pit</td> </tr> <tr> <td><input type="checkbox"/> Burn Pit</td> <td><input type="checkbox"/> Haul-off Pit</td> </tr> <tr> <td><input type="checkbox"/> Steel Pit</td> <td><input type="checkbox"/> Spill / Escape</td> </tr> <tr> <td><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		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 style="margin-left: 20px;">(e.g. xx.xxxxx)</small> <small style="margin-left: 100px;">(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: <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? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Location of Waste Disposal: Destination Out of State: <input type="checkbox"/> <i>(If checked, provide the location of where the waste was hauled in the Comments area.)</i>  <div style="text-align: right; margin-top: 10px;">Date of Waste Transfer: _____</div> <table style="width: 100%; margin-top: 10px;"> <tr> <td>Operator Name: _____</td> <td>License No.: _____</td> </tr> <tr> <td>Lease Name: _____</td> <td>Sec. _____ Twp. _____ R. _____    <input type="checkbox"/> East   <input type="checkbox"/> West</td> </tr> <tr> <td>Docket No./API No.: _____</td> <td>County: _____</td> </tr> </table> <p style="margin-top: 10px;">Comments: _____</p>		Operator Name: _____	License No.: _____	Lease Name: _____	Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West	Docket No./API No.: _____	County: _____				
Operator Name: _____	License No.: _____										
Lease Name: _____	Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West										
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Submitted Electronically											