

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:  <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>(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)</small> Datum: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84 County: _____
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: 20px;">Date of Waste Transfer: _____</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Operator Name: _____</span> <span>License No.: _____</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Lease Name: _____</span> <span>Sec. _____ Twp. _____ R. _____    <input type="checkbox"/> East    <input type="checkbox"/> West</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Docket No./API No.: _____</span> <span>County: _____</span> </div> <div style="margin-top: 10px;">         Comments:       </div>	
Submitted Electronically	