

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: _____ <span style="font-size: small; margin-left: 20px;">(e.g. xx.xxxxx)</span> <span style="margin-left: 100px;">(e.g. -xxx.xxxxx)</span> 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>	
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