

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%; border: none;"> <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>(e.g. xx.xxxxx) (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>													
		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