

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: Well Number: Source Location (QQQQ): Sec. Twp. R. East West Feet from North / South Line of Section Feet from East / West Line of Section GPS Location: Lat: Long: Datum: NAD27 NAD83 WGS84 County: No Waste to be Hauled: (If checked, provide an explanation as to why no waste was hauled in the Comments area.) Type of waste to be disposed: Fluid Soil Mud / Cuttings Other: Amount of waste: No. of loads Barrels Tons YDS Destination of waste: Reserve Pit Haul Off Pit Disposal Well Lease Road Dike / Berm 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