

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: _____
<p>Source of Waste:</p> <div style="display: flex; flex-wrap: wrap; gap: 10px;"> <div style="width: 48%;"><input type="checkbox"/> Emergency Pit</div> <div style="width: 48%;"><input type="checkbox"/> Settling Pit</div> <div style="width: 48%;"><input type="checkbox"/> Workover Pit</div> <div style="width: 48%;"><input type="checkbox"/> Drilling Pit</div> <div style="width: 48%;"><input type="checkbox"/> Burn Pit</div> <div style="width: 48%;"><input type="checkbox"/> Haul-off Pit</div> <div style="width: 48%;"><input type="checkbox"/> Steel Pit</div> <div style="width: 48%;"><input type="checkbox"/> Spill / Escape</div> <div style="width: 48%;"><input type="checkbox"/> Dike</div> </div>	<p>Well Number: _____</p> <p>Source Location (QQQQ): _____ - _____ - _____ - _____</p> <p>Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West</p> <p>_____ Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section</p> <p>_____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section</p> <p>GPS Location: Lat: _____, Long: _____</p> <p style="text-align: center;"><small>(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)</small></p> <p>Datum: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84</p> <p>County: _____</p>
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	
<p>Location of Waste Disposal:</p> <p>Destination Out of State: <input type="checkbox"/> <i>(If checked, provide the location of where the waste was hauled in the Comments area.)</i></p> <p style="text-align: right; margin-right: 50px;">Date of Waste Transfer: _____</p> <p>Operator Name: _____ License No.: _____</p> <p>Lease Name: _____ Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West</p> <p>Docket No./API No.: _____ County: _____</p> <p>Comments: _____</p>	
<h3>Submitted Electronically</h3>	