

### 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 (API No. if applicable):	Lease Name:
Source of Waste:	Well Number:
<input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit	Source Location (QQQQ): _____ - _____ - _____ - _____
<input type="checkbox"/> Workover Pit <input type="checkbox"/> Drilling Pit	Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West
<input type="checkbox"/> Burn Pit <input type="checkbox"/> Haul-off Pit	_____ Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section
<input type="checkbox"/> Steel Pit <input type="checkbox"/> Spill / Escape	_____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section
<input type="checkbox"/> Dike	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>	
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	