

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: _____ <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:  (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