

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: _____   |
| <p>Source of Waste:</p> <p><input type="checkbox"/> Emergency Pit      <input type="checkbox"/> Settling Pit</p> <p><input type="checkbox"/> Workover Pit      <input type="checkbox"/> Drilling Pit</p> <p><input type="checkbox"/> Burn Pit      <input type="checkbox"/> Haul-off Pit</p> <p><input type="checkbox"/> Steel Pit      <input type="checkbox"/> Spill / Escape</p> <p><input type="checkbox"/> Dike</p> | <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: _____<br/><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"/> (If checked, provide an explanation as to why no waste was hauled in the Comments area.)   |   |
| 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"/> (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. _____ <input type="checkbox"/> East <input type="checkbox"/> West   |   |
| Docket No./API No.: _____ County: _____  |   |
| Comments:  |   |
| Submitted Electronically   |   |