

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:
[] Emergency Pit [] Settling Pit
[] Workover Pit [] Drilling Pit
[] Burn Pit [] Haul-off Pit
[] Steel Pit [] Spill / Escape
[] Dike
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:
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)
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