

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISIONForm CDP-5  
May 2011  
Form must be Typed

## EXPLORATION &amp; PRODUCTION WASTE TRANSFER

|  |  |
|--|--|
| Operator Name:   | License Number:  |
| Operator Address:  |  |
| Contact Person:  | Phone Number: (      )      -  |
| Permit Number (API No. if applicable):   | Lease Name:  |
| Source of Waste:<br><input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit<br><input type="checkbox"/> Workover Pit <input type="checkbox"/> Drilling Pit<br><input type="checkbox"/> Burn Pit <input type="checkbox"/> Haul-off Pit<br><input type="checkbox"/> Steel Pit <input type="checkbox"/> Spill / Escape<br><input type="checkbox"/> Dike  | Well Number:<br><br>Source Location (QQQQ): _____ - _____ - _____ - _____<br>Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West<br>_____<br>Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section<br>_____<br>Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section<br>GPS Location: Lat: _____ , Long: _____<br>(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)<br>Datum: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84<br>County: _____ |
| 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:<br>Destination Out of State: <input type="checkbox"/> (If checked, provide the location of where the waste was hauled in the Comments area.)<br><br><div style="text-align: right;">Date of Waste Transfer: _____</div><br>Operator Name: _____ License No.: _____<br>Lease Name: _____ Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West<br>Docket No./API No.: _____ County: _____<br>Comments: |  |
| <b>Submitted Electronically</b>  |  |