

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 <i>(API No. if applicable)</i> :	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: _____</p> <p align="center"><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:  *(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