

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> <table style="width: 100%; border: none;"> <tr> <td style="padding: 5px;"><input type="checkbox"/> Emergency Pit</td> <td style="padding: 5px;"><input type="checkbox"/> Settling Pit</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Workover Pit</td> <td style="padding: 5px;"><input type="checkbox"/> Drilling Pit</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Burn Pit</td> <td style="padding: 5px;"><input type="checkbox"/> Haul-off Pit</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Steel Pit</td> <td style="padding: 5px;"><input type="checkbox"/> Spill / Escape</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Dike</td> <td></td> </tr> </table> | <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 | | <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 style="font-size: small; text-align: center;">(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)</p> <p>Datum: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84</p> <p>County: _____</p> |
| <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 | | | | | | | | | | | |
| No Waste to be Hauled: <input type="checkbox"/> <i>(If checked, provide an explanation as to why no waste was hauled in the Comments area.)</i> | | | | | | | | | | | |
| 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"/> <i>(If checked, provide the location of where the waste was hauled in the Comments area.)</i> | | | | | | | | | | | |
| 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