

**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: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Emergency Pit   <input type="checkbox"/> Workover Pit   <input type="checkbox"/> Burn Pit   <input type="checkbox"/> Steel Pit   <input type="checkbox"/> Dike         </div> <div style="width: 50%;"> <input type="checkbox"/> Settling Pit   <input type="checkbox"/> Drilling Pit   <input type="checkbox"/> Haul-off Pit   <input type="checkbox"/> Spill / Escape         </div> </div>	Well Number:  Source Location (QQQQ): _____ - _____ - _____ - _____ Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West _____ Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section _____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section  GPS Location: Lat: _____, Long: _____ <small>(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)</small> Datum: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84 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:  Destination Out of State: <input type="checkbox"/> (If checked, provide the location of where the waste was hauled in the Comments area.)   <div style="display: flex; justify-content: flex-end;">         Date of Waste Transfer: _____       </div> <div style="display: flex; justify-content: space-between;">         Operator Name: _____         License No.: _____       </div> <div style="display: flex; justify-content: space-between;">         Lease Name: _____         Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West       </div> <div style="display: flex; justify-content: space-between;">         Docket No./API No.: _____         County: _____       </div> Comments:	

Submitted Electronically