

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:
<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	
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.)	
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	