

**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:
<p>Source of Waste:</p> <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 </p>	<p>Well Number:</p> <p>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: _____</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