

**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:
Source of Waste:  <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	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: _____ <span style="margin-left: 100px;"><small>(e.g. xx.xxxxx)</small></span> <span style="margin-left: 100px;"><small>(e.g. -xxx.xxxxx)</small></span> Datum: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84 County: _____

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. _____ <input type="checkbox"/> East <input type="checkbox"/> West
Docket No./API No.: _____	County: _____

Comments:

Submitted Electronically