

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

### 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:<br><br><input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit<br><br><input type="checkbox"/> Workover Pit <input type="checkbox"/> Drilling Pit<br><br><input type="checkbox"/> Burn Pit <input type="checkbox"/> Haul-off Pit<br><br><input type="checkbox"/> Steel Pit <input type="checkbox"/> Spill / Escape<br><br><input type="checkbox"/> Dike | Well Number: _____<br><br>Source Location (QQQQ): _____ - _____ - _____ - _____<br>Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West<br>_____ Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section<br>_____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section<br><br>GPS Location: Lat: _____ , Long: _____<br><small>(e.g. xx.xxxxx)    (e.g. -xxx.xxxxx)</small><br><br>Datum: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84<br><br>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:<br>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