

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> <table style="width: 100%;"><tr><td><input type="checkbox"/> Emergency Pit</td><td><input type="checkbox"/> Settling Pit</td></tr><tr><td><input type="checkbox"/> Workover Pit</td><td><input type="checkbox"/> Drilling Pit</td></tr><tr><td><input type="checkbox"/> Burn Pit</td><td><input type="checkbox"/> Haul-off Pit</td></tr><tr><td><input type="checkbox"/> Steel Pit</td><td><input type="checkbox"/> Spill / Escape</td></tr><tr><td><input type="checkbox"/> Dike</td><td></td></tr></table>	<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>Well Number:</p> <p>Source Location (QQQQ): _____ - _____ - _____ - _____</p> <p>Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West</p> <p>_____ Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section</p> <p>_____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section</p> <p>GPS Location: Lat: _____, Long: _____ <small>(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)</small></p> <p>Datum: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84</p> <p>County: _____</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											

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