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:

☐ Emergency Pit   ☐ Settling Pit

☐ Workover Pit   ☐ Drilling Pit

☐ Burn Pit   ☐ Haul-off Pit

☐ Steel Pit   ☐ Spill / Escape

☐ Dike

Well Number: _____

Source Location (QQQQ): _____ - _____ - _____ - _____

Sec. _____ Twp. _____ R. _____   ☐ East ☐ West

_____ Feet from ☐ North / ☐ South Line of Section

_____ Feet from ☐ East / ☐ West Line of Section

GPS Location: Lat:_____ , Long: _____
(e.g. xx.xxxxx)   *(e.g. -xxx.xxxxx)*

Datum: ☐ NAD27 ☐ NAD83 ☐ 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. _____ ☐ East ☐ West

Docket No./API No.: _____

County: _____

Comments:

Submitted Electronically