KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
May 2011
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: Hummon Corporation
License Number: 5050
Operator Address: PO BOX 365 MEDICINE LODGE KS 67104
Contact Person: Tyler Bell
Phone Number: (620) 213 - 1029
Permit Number *(API No. if applicable)*: 15-007-21826-00-00
Lease Name: MARK
Well Number: 1-1

Source of Waste:

- [ ] Emergency Pit
- [ ] Settling Pit
- [x] Workover Pit
- [ ] Drilling Pit
- [ ] Burn Pit
- [ ] Haul-off Pit
- [ ] Steel Pit
- [ ] Spill / Escape
- [ ] Dike

Source Location (QQQQ): _____ - _____ - SW - NE
Sec. 1 Twp. 32 R. 11 [ ] East [x] West
3307 Feet from [ ] North / [x] South Line of Section
1995 Feet from [x] East / [ ] West Line of Section
GPS Location: Lat: _____ (e.g. xx.xxxxx), Long: _____ (e.g. -xxx.xxxxx)
Datum: [ ] NAD27 [ ] NAD83 [ ] WGS84
County: Barber

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 [x] Mud / Cuttings [ ] Other: _____

Amount of waste: 1 No. of loads 120 Barrels _____ Tons _____ YDS

Destination of waste: [ ] Reserve Pit [ ] Haul Off Pit [x] 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: 11/2/2017

Operator Name: Hummon Corporation
License No.: 5050
Lease Name: CHAPIN INJ WELL (EOR) 1-35
Sec. 35 Twp. 31 R. 11 [ ] East [x] West
Docket No./API No.: 15-007-21584-00-02
County: Barber

Comments:

Submitted Electronically