KOLAR Document ID: 1411749

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)*: 15-007-21585-00-00
Lease Name: CHAPIN

Source of Waste:

- ☐ Emergency Pit
- ☐ Settling Pit
- ☑ Workover Pit
- ☐ Drilling Pit
- ☐ Burn Pit
- ☐ Haul-off Pit
- ☐ Steel Pit
- ☐ Spill / Escape
- ☐ Dike

Well Number: 1-36

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

Sec. 36 Twp. 31 R. 11 ☐ East ☑ West

2124 Feet from ☐ North / ☑ South Line of Section

1983 Feet from ☑ 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 ☐ Mud / Cuttings ☐ Other: _____

Amount of waste: 3 No. of loads 240 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: 9/15/2017

Operator Name: Hummon Corporation
License No.: 5050

Lease Name: CHAPIN INJ WELL (EOR) 1-35
Sec. 35 Twp. 31 R. 11 ☐ East ☑ West

Docket No./API No.: 15-007-21584-00-02
County: Barber

Comments:

Submitted Electronically