KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
May 2011
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: ONEOK NGL Pipeline, LLC
License Number: 33659
Operator Address: 100 W. 5TH ST. MD 12-2 TULSA OK 74103 4298
Contact Person: Wiley Martens
Phone Number: (918) 588 - 7632
Permit Number *(API No. if applicable)*: 15-069-20510-00-00
Lease Name: KGS-14.1
Well Number: 1

Source of Waste:

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

Source Location (QQQQ): SE - NE - NE - SE
Sec. 36 Twp. 28 R. 29 [ ] East [x] West
2152 Feet from [ ] North / [x] South Line of Section
10 Feet from [x] East / [ ] West Line of Section
GPS Location: Lat: 37.568064 *(e.g. xx.xxxxx)*, Long: -100.433742 *(e.g. -xxx.xxxxx)*
Datum: [ ] NAD27 [ ] NAD83 [x] WGS84
County: Gray

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: [x] Fluid [ ] Soil [ ] Mud / Cuttings [ ] Other: _____

Amount of waste: 1 No. of loads 51 Barrels _____ Tons _____ YDS

Destination of waste: [ ] Reserve Pit [ ] Haul Off Pit [ ] Disposal Well [ ] Lease Road [ ] Dike / Berm [x] Other: Permitted Landfill

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: 12/10/2020

Operator Name: ONEOK NGL Pipeline, LLC
License No.: 33659
Lease Name: Plumb Thicket Landfill
Sec. 3 Twp. 31 R. 6 [ ] East [x] West
Docket No./API No.: _____
County: Harper

Comments:

Waste Transfer occurred on 12/10/2020. Manifest attached.

Submitted Electronically

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 15328

Section I — GENERATOR (Generator complete all of Section I)

MC 347923 7.96

a. Generator Name: ONEOK NGL, LLC. (ATTN: Coy Pyle)
b. Generating Location: KGS14
c. Address: PO Box 871; MD 6-1, Tulsa, OK 74102
d. Address: 37.566664, -100.433742, Montezuma, KS 67867
e. Phone No.: 918-607-8735
f. Phone No.: Job #: 2010-0347

If owner of the generating facility differs from the generator, provide:

g. Owner's Name:
Owner's Phone No.:

I. WCI WASTE CODE: PTL 20144

j. Description of Waste: Drilling Mud and Water

k. Quantity: 1600 Units: G No.: 01 TYPE: TT

Containers: 1 920 PTL

TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL PLASTIC BAG OR WRAP
T - TRUCK
O - OTHER

UNITS
P - POUNDS
Y - YARDS
M^3 - CUBIC METERS
Y^3 - CUBIC YARDS
O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations. **AND, if the waste is a treatment residue of a previously restricted hazardous waste** subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Clay Davis — Generator Authorized Agent Name
Clay — Signature
Shipment Date: 121020

Section II — TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I

a. Name: SET Environmental Inc.
b. Address: 1100 N. Main Street, Noble, OK 73068
c. Driver Name / Title: TODD BURZETTE
d. Phone No.: 405-872-1400
e. Truck No.: 1414
f. Vehicle License No. / State: PU42495

Acknowledgement of Receipt of Materials.

g. Driver's Signature
Shipment Date: 121020

TRANSPORTER II

h. Name:
i. Address:
j. Driver Name / Title:
k. Phone No.:
l. Truck No.:
m. Vehicle License No. / State:

Acknowledgement of Receipt of Materials.

n. Driver's Signature
Shipment Date

Section III — DESTINATION (Generator complete a-d, destination site completes e-f.)

a. Site Name: PLUMB THICKET LANDFILL
b. Physical Address: 440 N/E 150TH ROAD, HARPER, KS 67058
c. Phone No.: 620-896-2229
d. Mailing Address: PO BOX 495, HARPER, KS 67058

e. Discrepancy Indication Space:

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. MC — Name of Authorized Agent
Morgan Clark — Signature
Receipt Date: 12/11/20

Section IV — ASBESTOS (Generator completes a-d, f, g; Operator * completes e.)

a. Operator's * Name:
b. Operator's * Phone No.:
c. Operator's * Address
d. Special handling instructions and additional information:

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations

e. Operator's Name & Title: Print / Type — Operator's * Signature — Date

f. Name & address of Responsible Agency:

g. ☐ Friable; ☐ Non-friable; ☐ Both _____ % friable _____ % nonfriable _____

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

TRANSPORTER RETAIN