KOLAR Document ID: 1600478

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
May 2011
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: Mid-Continent Fractionation and Storage LLC
License Number: 33471

Operator Address: 839 Kiowa Road McPherson KS 67460

Contact Person: Matt Webre
Phone Number: (505) 215 - 8059

Permit Number *(API No. if applicable)*: 15-159-22876-00-00
Lease Name: MITCHELL

Source of Waste:
Well Number: 2C

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

Source Location (QQQQ): NE - NE - NW - NE
Sec. 27 Twp. 19 R. 7 ☐ East ☑ West
205 Feet from ☑ North / ☐ South Line of Section
1644 Feet from ☑ East / ☐ West Line of Section
GPS Location: Lat: _____ *(e.g. xx.xxxxx)* , Long: _____ *(e.g. -xxx.xxxxx)*
Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84
County: Rice

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: 1 No. of loads _____ Barrels 13.12 Tons _____ YDS

Destination of waste: ☐ Reserve Pit ☐ Haul Off Pit ☐ Disposal Well ☐ Lease Road ☐ Dike / Berm ☑ Other: Plumb Thicket

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: 10/28/2021

Operator Name: Mid-Continent Fractionation and Storage LLC
License No.: 33471

Lease Name: _____
Sec. 6 Twp. 31 R. 7 ☐ East ☑ West

Docket No./API No.: _____
County: Harper

Comments:

Waste was disposed of at the Plumb Thicket Landfill in Harper, KS per the approved special waste authorization number 21-1461. This waste was associated with multiple permit numbers including: API 15-159-22876-00-00; API 15-159-22877-00-00; API 15-159-22878-00-00; API 15-159-22879-00-00; API 15-113-21403-00-00; API 15-113-21404-00-00; API 15-113-21405-00-00; and API 15-113-21406-00-00.

Submitted Electronically

Division of Environment
Curtis State Office Building
1000 SW Jackson St., Suite 400
Topeka, KS 66612-1367

Kansas
Department of Health
and Environment

Phone: 785-296-1535
Fax: 785-559-4264
www.kdheks.gov

Lee A. Norman, M.D., Secretary

Laura Kelly, Governor

October 25, 2021

Jeremiah Oliver
MATCOR
1700 E Seward Rd.
GUTHRIE, OK 73044

RE: Special Waste Disposal Authorization Number 21-1461

THIS AUTHORIZATION EXPIRES: April 25, 2022

Dear Jeremiah Oliver:

We have considered your request for disposal of seventy four (74) drums of cathodic drilling mud from MATCOR, 38.375972032547 -98.0778954029083 & 38.364950 -97.780197, KS.

Based on your signed statement that this waste stream is not a hazardous waste as defined by K.A.R. 28-31-261, the waste is not considered a hazardous waste. As stated in K.A.R.28-31-261, it is the responsibility of the generator to determine if generated waste is a hazardous waste by either knowledge of process or by proper testing by a KDHE certified lab. If there are questions as to the status of this waste, please contact me at 785-296-0681. **If MATCOR is confident the material for disposal is not a hazardous waste for any characteristic or listed constituent, the following applies.**

Approval is given to dispose of this waste at Plumb Thicket (Permit 0842), provided the following conditions are met:

1. Approval to deliver the waste must be obtained from the landfill operator prior to transporting the waste to the landfill. The final decision on whether to accept or reject the waste rests with the landfill operator. Please contact Randy Boehmke, Site Manager, at 575-263-6959, to obtain approval. If the landfill operator refuses to accept this waste, you should contact us to determine alternate disposal options.

2. The waste must be transported separately to the landfill and be identified to the operator upon delivery.

3. Kansas Administrative Regulation 28-29-108(r) (12) and (13) requires solid waste disposal facilities to maintain a log of commercial or industrial wastes received such as sludges, barreled wastes, and special wastes. The log must indicate the source and quantity of waste and the disposal location thereof. The special waste authorization number should be used as identification when entering the shipment into the log.

4. This approval is valid for disposal of the waste described, and in the amount shown above. If additional shipments are required, you must contact us to amend the disposal authorization.

5. Operating standards as defined by K.A.R. 28-29-108(k) prohibit the disposal of liquid waste. "Liquid waste" means any waste material that is determined to contain "free liquids" as defined by method 9095A, revision 1, paint filter liquids test, as described in "Test Methods for Evaluating Solid Waste, Physical/Chemical Methods," EPA Pub. No. SW-846 dated December 1996. **For purposes of this disposal authorization, all waste for disposal must be able to pass the "paint filter test".**

6. Any change in the process producing this waste, any change in the materials used in producing this waste or any other change to this waste stream requires that a new Special Waste Disposal Authorization be obtained prior to disposal.

If you have any questions, feel free to contact me at 785-296-0681.

Sincerely,

Anthony (Tony) Guy
Environmental Scientist
Special Waste Coordinator
KDHE/Bureau of Waste Management

ABG

C Randy Boehmke
e-file

Requester phone: 405-630-9122

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. 005018

Section I GENERATOR (Generator complete all of Section I)

a. Generator Name: Matcor Inc
b. Generating Location: Williams (Mitchell/Cue)
c. Address: 1700 E. Seward Rd. Guthrie, OK 73044
d. Address: Mitchell, Ks 38.37597 -98.07789 Conway, KS 38.36459 -97.78019
e. Phone No.: 405-760-1386
f. Phone No.: 405-630-9122

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

g. Owner's Name: Williams
Owner's Phone No.: 405-760-1386

i. WCI WASTE CODE: 21 | 140 | 21 | 461 | | Containers

j. Description of Waste: Drill Spoils (Mud)

k. Quantity | Units | No. | TYPE

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.

Jeremiah Oliver — Generator Authorized Agent Name | Signature | Shipment Date

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

TRANSPORTER I

a. Name:
b. Address:
c. Driver Name / Title:
d. Phone No.: (Print / Type) e. Truck No.:
f. Vehicle License No. / State:
Acknowledgement of Receipt of Materials.
g. Driver's Signature | Shipment Date

TRANSPORTER II

h. Name:
i. Address:
j. Driver Name / Title:
k. Phone No.: (PRINT / TYPE) 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. Name of Authorized Agent | Signature | Receipt Date

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.

DESTINATION RETAIN

Plumb Thicket Landfill
PO Box 495, 440 NE 150th Rd.
Harper, KS 67058

000263 STUTZMAN REFUSE DISPOSAL INC
315 WEST BLANCHARD
SOUTH HUTCHINSON KS 67505

SITE	TICKET	GRID	WEIGHMASTER
01	00369875		ASHLEE G

DATE IN	DATE OUT	TIME IN	TIME OUT	VEHICLE	ROLL OFF
10/28/21	10/28/21	16:02	16:16	FARM TRUCK	

REFERENCE	ORIGIN
PTL21140	*

Inbound - Charge ticket

Scale 1 Gross Wt.	58960	LB
Scale 1 Tare Wt.	32720	LB
Net Weight	26240	LB

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	FEE	TOTAL
13.12	TON	Special Waste Tons I	28.750	377.20	55.76	432.96

Operating hours 7AM to 4PM Monday thru Friday.

This is to certify that this load does not contain any hazardous materials, medical waste or liquids of any ty
Generator MATCOR
Manifest# 5018

State	13.12
County	42.64
State-Int	0.00
County-Int	0.00

NET AMOUNT
432.96
TENDERED
CHANGE
CHECK NO.

SIGNATURE _____