KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
May 2011
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: Castle Resources, Inc.
License Number: 9860

Operator Address: PO BOX 583 RUSSELL KS 67665 0583

Contact Person: Jerry Green
Phone Number: (785) 625 - 5155

Permit Number *(API No. if applicable)*: 15-057-21045-00-00
Lease Name: DOC HOLLIDAY/FISCHER

Source of Waste:

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

Well Number: 2

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

Sec. 12 Twp. 25 R. 24 [ ] East [x] West

830 Feet from [x] North / [ ] South Line of Section

759 Feet from [ ] East / [x] West Line of Section

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

Datum: [ ] NAD27 [ ] NAD83 [ ] WGS84

County: Ford

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: 0 No. of loads _____ Barrels _____ Tons _____ YDS

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

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: 10/22/2020

Operator Name: Castle Resources, Inc.
License No.: 9860

Lease Name: _____
Sec. 12 Twp. 25 R. 24 [ ] East [x] West

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

Comments:

As explained on our ACO1 of a year ago, there was not enough free fluid to haul off.

Submitted Electronically