KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
May 2011
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: Crown Well Service Inc
License Number: 3722
Operator Address: PO Box 236 Capon Bridge WV 26711 0236
Contact Person: Steve Crawford
Phone Number: (143) 579 - 9700
Permit Number *(API No. if applicable)*: 15-163-22392-00-00
Lease Name: HRABE G
Well Number: 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): E2 - NW - SE - NE
Sec. 12 Twp. 9 R. 17 [ ] East [x] West
3630 Feet from [ ] North / [x] South Line of Section
988 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: Rooks

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: _____ No. of loads 18 Barrels _____ Tons _____ YDS

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

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: 3/30/2022

Operator Name: CFMI, LLC
License No.: 34828
Lease Name: _____
Sec. 11 Twp. 10 R. 18 [ ] East [x] West
Docket No./API No.: _____
County: Rooks

Comments:

Submitted Electronically