KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
May 2011
Form must be Typed

# EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: M.A. Yost Operations, Inc
License Number: 30737
Operator Address: PO BOX 811 RUSSELL KS 67665 0811
Contact Person: Marcia Blundon
Phone Number: ( 785 ) 483 - 0273
Permit Number *(API No. if applicable)*: 15-167-23764-00-00
Lease Name: HAINES
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): NE - NE - SW - NE
Sec. 25 Twp. 13 R. 15 [ ] East [x] West
3719 Feet from [ ] North / [x] South Line of Section
1410 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: Russell

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 10 Barrels _____ Tons _____ YDS

Destination of waste: [ ] Reserve Pit [ ] Haul Off Pit [x] 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: 01/10/2023

Operator Name: M.A. Yost Operations, Inc
License No.: 30737
Lease Name: WAUDBY B 2
Sec. 26 Twp. 14 R. 15 [ ] East [x] West
Docket No./API No.: 15-167-19195-00-02
County: Russell

Comments:

Waudby B #2 is where the waste water was transferred to.

Submitted Electronically