KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
May 2011
**Form must be Typed**

# EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: Colt Energy Inc
License Number: 5150
Operator Address: PO BOX 388 IOLA KS 66749 0388
Contact Person: Wes Mots
Phone Number: ( 620 ) 750 - 0045
Permit Number *(API No. if applicable)*: 15-001-31867-00-00
Lease Name: CHARLOTTE HOBBS
Well Number: 89

Source of Waste:

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

Source Location (QQQQ): NE - SW - NE - NW
Sec. 9 Twp. 24 R. 18 [x] East [ ] West
777 Feet from [x] North / [ ] South Line of Section
1757 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: Allen

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 170 Barrels _____ Tons _____ YDS

Destination of waste: [ ] Reserve Pit [ ] Haul Off Pit [ ] Disposal Well [x] 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: 7/26/2024

Operator Name: Colt Energy Inc
License No.: 5150
Lease Name: _____
Sec. 9 Twp. 24 R. 18 [x] East [ ] West
Docket No./API No.: _____
County: Allen

Comments:

Submitted Electronically