KOLAR Document ID: 1795970

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form CDP-5 May 2011 Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name:	License Number:
Operator Address:	
Contact Person:	Phone Number: () -
Permit Number (API No. if applicable):	Lease Name:
Source of Waste:	Well Number:
Emergency Pit Settling Pit Workover Pit Drilling Pit Burn Pit Haul-off Pit Steel Pit Spill / Escape Dike	Source Location (QQQQ): -
No Waste to be Hauled: (If checked, provide an explanation as to why r	no waste was hauled in the Comments area.)
Type of waste to be disposed: Fluid Soil Mud /	Cuttings Other:
Amount of waste: No. of loads Barrels	TonsYDS
Destination of waste: Reserve Pit Haul Off Pit 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 v	vaste was hauled in the Comments area.)
	Date of Waste Transfer:
Operator Name:	License No.:
Lease Name:	Sec Twp R East West
Docket No./API No.:	County:
Comments:	
Submitted Elect	ronically



Waste Management of CO Energy Services 16655 Weld County Rd. 59 Keenesburg, CO 80643 720-977-2102

Customer Online WM ezPay ID Invoice Date MAS Invoice Number Account Number Service Period

SUMMIT OIL & GAS D REINHARDT 27-1

10/07/2024

821648

09/01/2024 - 09/05/2024

Disposal Summary							
Date	Ticket	Manifest	Tons	Rate	Amount		
09/05/2024	1292133	10960684	20.90				
09/01/2024	1293667	10960686	25.60				
09/02/2024	2396588	10960685	15.95				
Total Disposal Summary 3 Total Tons 62.45				Total Amount	\$		

Total Disposal Summary

Total Tons 62.45

Total Amount

NON-HAZARDOUS MANIFEST	nerator's US EP/	ni, ¹⁹	Manifest Doc	2. Page 1	of							
3. Generator's Mailing Address: (wfuld Carbon Capturk	LLL	Generator's Site Address (If different than mailing):				est Number /MNA	10960684					
10 SUMMIT OIL Gas ox 983038 Park City Who Generators Phone Generators Phone HULL 4144 94	H 693						Generator	's ID				
5. Transporter 1 Company Name		6. U	C. State Transporter's ID									
7. Transporter 2 Company Name		8. U	D. Transporter's Phone E. State Transporter's ID									
). Designated Facility Name and Site Address Worth WCld Land Fill	(ui)		JS EPA ID Number		F. Transporter's Phone G. State Facility ID H. State Facility Phone							
BRLF Landhil,			TP, Nu wy									
1. Description of Waste Materials			12. Con	tainers	13. Total	14. Unit						
NON REGULATED SOLID –			No.	Туре	Quantity	Wt./Vol.		Misc. Comm				
WM Profi	le# 13610	BLO		THE SECOND			and					
1. 19W			·· · ·	Typer	Too. G	ŵ	Ĩ	87 mm	1¢			
	g 103 CC				Provident State	Mary Solar						
с. WM Profile # 138103 (U -				Typ		uti idi	n					
	01121	~		8 1	Tatal		di entre C	onmen	13			
WM Profile # 13 Additional Descriptions for Materials Liste	<u> 21 03 (</u> d Above	0	K. Disposa	Location	sentil dimension		N		the second			
ACCOUNT # CUST NAME:	a the second state of the second state state state and the second state stat				Cell Level							
5. Special Handling Instructions and Addition	al Information		Grid				P					
urchase Order # P. Case O datat	ė.	EMERGEN	CY CONTACT / PHO	NE NO.:	1-800-42	4-9300 24	HR TOLL	FREE				
 GENERATOR'S CERTIFICATE: nereby certify that the above-described mate ccurately described, classified and packaged a 	rials are not haz	ardous wastes as	s defined by CFR Pa	rt 261 or a	ny applicable	e state law, ha	ive been fu	illy and				
Tansporter 1 Acknowledgement of Receip		Signature Or		2			Month 9	Day 2	Year 24			
Printed Name Tay2		Signature	À				Month	Day	Year			
3. Transporter 2 Acknowledgement of Receip Arinted Name	t of Materials	Signature	10				Month	Day	Year			
Certificate of Final Treatment/Disposal	2		\checkmark				9	02	24			
ertify, on behalf of the above listed treatmen plicable laws, regulations, permits and licens	es on the dates	listed above.			ed waste wa	is managed in	compliant	e with a	L			
0. Facility Owner or Operator: Ceptification o Printed Name		Signature	rials covered by this	manifest.		Kl.	Month	Day	D ^{Year}			
hite- TREATMENT, STORAGE, DISPOSAL FACI	LITY COPY	Blue- GENER	ATOR #2 COPY		Vel	ow- GENERAT	I /					

NON-HAZARDOUS 1. Generator's US EPA ID No. Manifest Doc No.				2. Page 1 of				
N-HAZARDOUS MANIFEST			46. S					
Generator's Mailing Address:			ng):	A. Manifest Number		10960686		
A GISCH INFILLE	144e			VVIV		ienerator's ID		
Sammit Old RK CITY UT. 84018	St as all a ll							
nerator 3 mone 700 761 17 1		ID Number		133		a cara ve e		
insporter 1 Company Name	.	s in the s		C. State Transporter's ID				
DRCO OILFIELD SERVICE				D. Transporter's Phone				
ansporter 2 Company Name	0.	ID Number		E. State Tr	ansporter's ID	St. Cranspirtut I		
	1 L	n, du, ku		F. Transpo	rter's Phone	and the part of the second sec		
signated Facility Name and Site Address		A ID Number		G. State Facility ID				
AL GADINE LNC.					acility Phone	E III I' at t		
BRIF LANDPILL	4		t at a	12222222222				
		12. Containers						
Description of Waste Materials		No.	Туре	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments		
ION REGULATED SOLID -		olo	EVI -	1 13	18 C	Lang St. v		
WM Profile # 38103	00			्यं	agest 20			
138103			1 - 5	11	3			
WM Profile # +38104 Ca	0	1	1	i etai	and the second			
		(1944	1	in a la	W/t / Viz	f.gan ne n		
WM Profile #		and the	and and			No. of Street Street		
Villeka yar			- 1. a	·ta.		Controitte		
					The Other Star			
WM Profile #	15-	K. Dispo	sal Location		enter and and	0		
Additional Descriptions for Materials Listed Above ACCOUNT # CUST NAME:		in Dispe		1				
		Cell Grid				Level		
Special Handling Instructions and Additional Informat	tion							
	er Meli	35A ('	hude	OW				
hunged profile # p				1 000 /	124 0200 2	4HR TOLL FREE		
rchase Order #	EMERGENC	CONTACT / PH	IONE NO.:	1-900-2	24-3300 2			
. GENERATOR'S CERTIFICATE: ereby certify that the above-described materials are no	ot hazardous wastes as (lefined by CFR	Part 261 or	any applica	ole state law,	have been fully and		
curately described, classified and packaged and are in p	proper condition for trai	ispondulon acc	ording to a	pplicable reg	ulations.	Month Day Y		
inted Name REG_THORIAKSEN	Signatore On	HAL-				8 31- 2		
Transporter 1 Acknowledgement of Receipt of Mater	rials					• 		
Printed Name	Signatur	2				Month Day Y		
R. Transporter 2 Acknowledgement of Receipt of Mater	rials							
Printed Name	Signature					Month Day Y		
9. Certificate of Final Treatment/Disposal						d in compliance with all		
sertify, on behalf of the above listed treatment facility, pplicable laws, regulations, permits and licenses on the	that to the best of my k dates listed above.	nowledge, the	above-desc	inded waste	was managed	a in complance with an		
D. Facility Owner or Operator: Certification of receipt	of non-hazardous mater	ials covered by	this manife	est.	/			
Printed Name	Signature			/	C	Month Day		
(pnuws				μ		RATOR #1 COPY		

NON-HAZARDOUS MANIFEST	1. Generator's US EPA I	. Generator's US EPA ID No. Manifest Doc No.					2. Page 1 of					
3. Generator's Mailing Address: PURFIGED CARBON, C	Generator's Site Address (If different				-		A. Manifest Number		10960685			
(10 50 MM T. OIL & G. Box 983038 PARK 4. Generator's Phone 720-21	0.174 WI 84698 1-9249 AF			3	•		B. State	Generator's	ID			
5. Transporter 1 Company Name	1	6.	US EPA II	Number								
OILS Truck	-ing	8.) Number		D. Transp	ransporter's orter's Phone					
Transforment 1 Signi,		8. US EPA ID Number				E. State Transporter's ID F. Transporter's Phone						
9. Designated Facility Name and Site NORTH WED CANDA	Designated Facility Name and Site Address NORTH WED LANDFILL (CSI)		10. US EPA ID Number				G. State Facility ID					
	1		the state of the s			H. State Facility Phone						
									en contra			
11. Description of Waste Materials				12. Con No.	ainers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments				
a. NON REGULATED SOLID –						lim I		<i>E</i>	quinen			
	/M Profile # / 381	0201	2			an entit	Contraction Press		PACTOR N	and the		
b. Wasin Nas	IN Profile # 7 201						esti neli u alta	and initialization				
353						ALL O		Ĕ				
WM Profile #	138103 00											
с.					71 /11P	ī.otal	WILLI		all			
MAA Dee Ste H	13810300					balls Hitte a sa						
d.	1010000								A HERIT			
				ñ.e-		Xittal.	$dr x_1$					
WM Profile #	13310300						ANT STATES AND					
J. Additional Descriptions for Mater	ials Listed Above			K. Disposa	l Location							
ACCOUNT # CUST N	NAME:			C-11								
				Cell Grid				Level				
15. Special Handling Instructions and	Additional Information											
Purchase Order #		EN	IERGENCY CO	NTACT / PHO	NE NO.:	1-800-42	24-9300 24	4HR TOLL	FREE			
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-descril								iave been fu	lly and			
accurately described, classified and pa Printed Name		1	ture On beha	111-	ang to ap	pilcable regu	iduons.	Month	Day	Ye		
GROG THORLAKSE		>	Xly the	KL			-	9	1	2		
17. Transporter 1 Acknowledgement	of Receipt of Materials		L .						-	1 20		
Printed Name		Signat	hat	-				Month	Day	Ye 2		
18. Transporter 2 Acknowledgement	of Receipt of Materials	1	~						/			
Printed Name		Signat	ture					Month	Day	Ye		
19. Certificate of Final Treatment/Dis tertify, on behalf of the above listed applicable laws, regulation, permits a	treatment facility, that to			edge, the abo	ove-descril	bed waste w	as managed	in complianc	e with a	11		
20 Facility Owner or Operator: Certi		1		overed by thi	s manifest	t.						
Printed Name	8	Signa	ure					Month	Day	Ye		
		2,22										