KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
May 2011
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: FourWinds Oil Corporation
License Number: 34916
Operator Address: PO BOX 1063 HAYS KS 67601 1063
Contact Person: Dan Windholz
Phone Number: (785) 259 - 8403
Permit Number *(API No. if applicable)*: 15-147-20763-00-00
Lease Name: MARY
Well Number: 2

Source of Waste:

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

Source Location (QQQQ): NE - SW - NE - NW
Sec. 28 Twp. 5 R. 20 [ ] East [x] West
750 Feet from [x] North / [ ] South Line of Section
1800 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: Phillips

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 120 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: 9/27/2023

Operator Name: FourWinds Oil Corporation
License No.: 34916
Lease Name: STATES AG 2
Sec. 36 Twp. 4 R. 21 [ ] East [x] West
Docket No./API No.: 15-137-20577-00-00
County: Norton

Comments:

Submitted Electronically