KOLAR Document ID: 1689687

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
May 2011
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: Bluestem Pipeline LLC
License Number: 35733

Operator Address: 839 KIOWA RD MCPHERSON KS 67460 6000

Contact Person: Bryce Kerby
Phone Number: (918) 951 - 2868

Permit Number *(API No. if applicable)*: 15-155-21777-00-00
Lease Name: HUTCHINSON

Source of Waste:

- ☐ Emergency Pit
- ☐ Settling Pit
- ☐ Workover Pit
- ☐ Drilling Pit
- ☐ Burn Pit
- ☐ Haul-off Pit
- ☑ Steel Pit
- ☐ Spill / Escape
- ☐ Dike

Well Number: 1

Source Location (QQQQ): SW - SE - SW - SE
Sec. 20 Twp. 23 R. 4 ☐ East ☑ West
187 Feet from ☐ North / ☑ South Line of Section
1837 Feet from ☑ East / ☐ West Line of Section
GPS Location: Lat: _____ *(e.g. xx.xxxxx)* , Long: _____ *(e.g. -xxx.xxxxx)*
Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84
County: Reno

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: ☐ Fluid ☐ Soil ☑ Mud / Cuttings ☐ Other: _____

Amount of waste: 2 No. of loads 84 Barrels _____ Tons _____ YDS

Destination of waste: ☐ Reserve Pit ☐ Haul Off Pit ☐ Disposal Well ☐ Lease Road ☐ Dike / Berm ☑ Other: Underground Cavern

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: 12/8/2020

Operator Name: Bluestem Pipeline LLC
License No.: 35733

Lease Name: Hutchinson 1
Sec. 29 Twp. 23 R. 4 ☐ East ☑ West

Docket No./API No.: _____
County: Reno

Comments:

Submitted Electronically

Beneficial Reuse Material Approval Number: 171-1269

MATERIAL EMPLACEMENT PERMIT APPLICATION
(Process Knowledge)
BENEFICIAL REUSE MATERIAL SITE
UCS-Hutchinson Facility

GENERAL INFORMATION

Generator/Operator Name: MATCOR INC.
Address: 1700 E. SEWARD DR. GUTHRIE, OK 73044

If Applicable
API #
KDHE#

Billing Name: MATCOR INC.
Address: PO Box 33518 Indianapolis, IN 46203

If Applicable
KCC Spill #

☐ (check if same as above)

KDHE Spill#.

Beneficial Reuse Material description:
WATER WELL DRILL CUTTINGS

Is material classified as drilling fluids/mud? ☐ Yes ☑ No
Daily field analytical results are required for emplacement of drilling fluids

Quantity 3500 ☐ Tons ☑ Gallons ☐ Drums ☐ Other:

Frequency of emplacement: ☐ One Time ☐ Monthly ☐ Weekly ☐ Daily: ☑ Other:

Process generating beneficial reuse material:
WATER WELL DRILLING

Beneficial Reuse Material site address *(include county & zip code)*:
38.0288817 -97.7816578 RENO, KANSAS 67501

Generator/Operator Contact: JIM VAN ORDEN Phone: 405-250-2350 Fax:

Transporter Contact: JUSTIN WALLAGE Phone: 405-657-7598 Fax:

MATERIAL CERTIFICATION STATEMENT

I hereby certify that all information contained herein is true and correct, and the material described is properly identified, classified, packaged, labeled, and prepared as indicated. I certify this material is not hazardous or dangerous as defined by the U.S. EPA, or the state or province of origin. I certify this material does not contain any regulated radioactive materials. I certify that all samples used for this analysis are representative of the materials described herein. I will notify the company if there is a change in the composition of, or process generating this material.

JEREMIAH OLIVER
Name (print)

Authorized representative's signature

SR. PROJECT MANAGER
Title

12/8/2020
Date

UCS APPROVAL DETERMINATION (to be completed by UCS)

Beneficial Reuse Material Approved for Emplacement? ☒ Yes ☐ No
Beneficial Reuse Material Approval Number: 171-1269
Eligible for re-submittal? ☐ Yes ☐ No
Reason:

Steven Pangburn
Name (print)

Authorized representative's signature

Facility Manager
Title

12-8-2020
Date

BENEFICIAL REUSE MATERIALS MANIFEST-PROCESS KNOWLEDGE

Please print or type

GENERATOR/OPERATOR

1. Generator/Operator UCS ID Number:	2. Page 1 of 1	3. Emergency Response Phone #:	4. Manifest Tracking Number:	5. UCS BRM Approval Number:
171		405-293-9777		171-1269

6. Generator/Operator Name and Mailing Address:	Generator/Operator Site Address (if different than mailing address)
MATCOR 1700 E. SEWARD RD GUTHRIE, OK 73044	38.0288817 -97.7816578

7. Generator/Operator Source Location: Legal	Generator/Operator Source Location: Longitude & Latitude
Sec. 29 Twp. 23S R. 4 East _ West ✓ 187 feet from ✓ North/ _ South line of section 1697 feet from _ East/ ✓ West line of section RENO County, Kansas	38.0288817 Longitude -97.7816578 Latitude Generator/Operator Source Location: Physical Address: NO PHYSICAL ADDRESS

8. Transporter 1 Company Name: MATCOR INC. — UCS ID Number:

9. Transporter 2 Company Name — UCS ID Number:

10. Designated Facility Name and Site Address: Underground Cavern Stabilization, LLC, 7513 South K14 Hwy, South Hutchinson, KS 67505

Facility's Phone Number: **620.662.6367**

BRM Description (as noted on the Form 150)	11. Containers No.	11. Containers Type	12. Total Quantity	13. Unit Wt./Vol.
1. WATER WELL DRILL CUTTNGS			3500	GALLONS
2.				
3.				

14. GENERATOR/OPERATOR CERTIFICATION: Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001; 42 U.S.C. 6928 and U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate, and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as a company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate, and complete.

Generator/Operator Name	Signature	Month	Day	Year	
MATCOR INC.		12	8	2020	

TRANSPORTER

15. Transporter's Acknowledgment of Receipt of Materials

Transporter 1 Name	Signature	Month	Day	Year	Time
Transporter 2 Name	Signature	Month	Day	Year	Time

16. TRANSPORTER'S CERTIFICATION: I hereby declare that the contents of this consignment have been delivered as prepared by the Generator/Operator and have not been tampered with in any way, nor have the materials been out of my custody unless otherwise noted by additional transporter signature, and that this consignment has been transported by the most direct route possible by current road conditions. I certify that the contents of this consignment conform to the terms of the attached Materials Emplacement Permit Application.

Transporter 1 Name	Signature	Month	Day	Year	Time
Transporter 2 Name	Signature	Month	Day	Year	Time

UCS FACILITY

17. Discrepancy

17a. Discrepancy Indication Space ✓ Quantity Type ✓ Residue Full Rejection

18. Material Emplacement Cavern Well Location:

19. Designated Facility Owner or Operator: Certification of receipt of beneficial reuse materials covered by the manifest except as noted in Item 17a.

Name	Signature	Month	Day	Year	Time