



Louisiana Public Service Commission

POST OFFICE BOX 91154
BATON ROUGE, LOUISIANA 70821-9154
lpsc.louisiana.gov

Telephone: (225) 342-4439

COMMISSIONERS

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Executive Counsel

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Deputy Undersecretary

**Certified Mail Receipt # 7002 2030 0002 6571 4980
And USPS Regular Mail**

LOUISIANA PUBLIC SERVICE COMMISSION

VS

DOCKET NO. T-36308

JENN ENERGY SERVICES LLC

In re: Alleged violation of 1) La. R.S. 45:161 through 180.1, by operating Intrastate without LPSC authority to transport saltwater utilized in oil well exploration and production on ninety-seven (97) counts occurring December 1, 2021 through December 19, 2021 and 2) General Order 9901 as amended for failure to comply with leasing rules on fourteen (14) counts occurring December 20, 2021 through December 31, 2021.

To: Jenn Energy Services LLC
1985 FM 1279
San Augustine, TX 75972

GREETINGS:

YOU ARE HEREBY NOTIFIED, COMMANDED AND REQUIRED to appear at a hearing on Thursday, May 05, 2022 at 9:30 a.m., before a Louisiana Public Service Commission Administrative Law Judge. The hearing will be held at the Louisiana Public Service Commission, Galvez Building, 11th Floor, 602 North 5th Street, Baton Rouge, Louisiana, 70802. Parking is available in the Galvez Parking Garage across from the Galvez Building on North Street.

TO SHOW CAUSE, if any, why you should not be found guilty by the Commission of violation of 1) La. R.S. 45:161 through 180.1, by operating Intrastate without LPSC authority to transport saltwater utilized in oil well exploration and production on ninety-seven (97) counts occurring December 1, 2021 through December 19, 2021 and 2) General Order 9901 as amended for failure to comply with leasing rules on fourteen (14) counts occurring December 20, 2021 through December 21, 2021.

No later than fifteen (15) days before the date of the scheduled hearing, **any party** to this proceeding may request a **status conference** to discuss the issues herein. The request must be in writing and filed in the same manner as a request for continuance. At the hearing, the Commission Staff will present testimony and evidence in support of its allegations against you. You will be provided an opportunity to cross-examine Commission Staff's witness(es) and to present evidence and testimony in your defense. You will need to bring an original and four (4) copies of each document you wish to place into evidence.

DOCKET NO. T-36308
LOUISIANA PUBLIC SERVICE COMMISSION VS.
JENN ENERGY SERVICES LLC
MAIL OUT DATE: MARCH 30, 2022
PUBLISHED IN BULLETIN #1268 ON APRIL 1, 2022

PLEASE BE ADVISED that any requests to reschedule this hearing will be considered if the request meets the following four (4) requirements:

1. One original and two copies of the request must be mailed, hand delivered or faxed to the Commission's Records and Recordings Division at the following address:

Mail:

Louisiana Public Service Commission
Records and Recording Division
P.O. Box 91154
Baton Rouge, Louisiana 70821-9154

Hand Delivery:

Louisiana Public Service Commission
Records and Recording Division
602 North Fifth Street
Galvez Building, 12th Floor
Baton Rouge, Louisiana

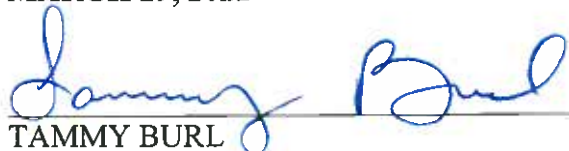
Fax¹:

Louisiana Public Service Commission
Records and Recording Division
(225) 342-0877

2. The Records and Recordings Division must receive the request at least five (5) business days prior to the hearing date;
3. The request must contain the proceeding's docket number and the name of the party requesting the continuance; and
4. The request must also contain good cause for the requested continuance.

If you have questions concerning the scheduled hearing, you may contact the Administrative Hearings Division at (225) 219-9417. Also, if you are disabled and need special accommodation at the hearing, please notify the Administrative Hearings Division at least five (5) days prior to the hearing date.

BY ORDER OF THE COMMISSION
BATON ROUGE, LOUISIANA
MARCH 29, 2022



TAMMY BURL
TRANSPORTATION ADMINISTRATOR
LOUISIANA PUBLIC SERVICE COMMISSION



¹ Filings of twenty-five (25) pages or less by facsimile are now allowed provided that they are in compliance with the procedures detailed in Rule 3 of the Commission's Rules of Practice and Procedure. A filing is complete only upon receipt of a confirmation from the Records Division confirming complete transmission, and the receipt by the Records Division, within five days of the transmission, of the original signed document accompanied by a \$25 filing fee. Facsimile must be received by 4:30 on a business day to be considered filed that day. If a party fails to comply with the rules regarding facsimile filings, the filing shall have no force and effect. For further information contact the Louisiana Public Service Commission at 1-800-256-2397 and request the Records and Recordings Division. You may access the Commission Rules of Practice and Procedure on our website at <https://lpsc.louisiana.gov/>.

SERVICE LIST

DOCKET NO. T-36308

LOUISIANA PUBLIC SERVICE COMMISSION VS.

JENN ENERGY SERVICES LLC

MAIL OUT DATE: MARCH 30, 2022

PUBLISHED IN BULLETIN #1268 ON APRIL 1, 2022

Jenn Energy Services LLC
1985 FM 1279
San Augustine, TX 75972

Certified Mail Receipt #7002 2030 0002 6571 4980

Staff Attorney

Transportation Staff

All Commissioners

Allegation 1)

La. R.S. 45:161 through 180.1, by operating Intrastate without LPSC authority to transport saltwater utilized in oil well exploration and production on ninety-seven (97) counts occurring December 1, 2021 through December 19, 2021



JOHN BEL EDWARDS
GOVERNOR

State of Louisiana
DEPARTMENT OF NATURAL RESOURCES
OFFICE OF CONSERVATION

THOMAS F. HARRIS
SECRETARY

RICHARD P. IEYOUB
COMMISSIONER OF CONSERVATION

March 7, 2022

Derenda Geter
Louisiana Public Service Commission
Transportation Division
602 N. Fifth St.
Baton Rouge, LA 70802

RECEIVED

MAR 10 2022

LA. PUBLIC SERVICE COMMISSION
TRANSPORTATION

Re: 4th Quarter 2021, UIC-28 Manifest Audit
Site Code 0104, Acadia Parish, December 2021
Site Code 1608, De Soto Parish, December 2021
Site Code 3902, Pointe Coupee Parish, December 2021
Site Code 4304, Sabine Parish, December 2021

Dear Ms. Geter:

The Office of Conservation (Environmental) conducted a manifest audit on the referenced sites for the referenced period. Per our arrangement, Conservation has completed its audit of the above reference sites and therefore forwards the UIC-28 manifests to your office for review of Part II as requested.

If you have any questions, you may contact me by phone at (225) 342-7334 or send an email to benjamin.cartner@la.gov. Any correspondence by fax should be directed to (225) 242-3505.

Yours very truly,

Ben Cartner
Petroleum Scientist

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275Manifest No.
ORIGINALPP1-157659
10415

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator SWN
Address 10000 Emerg Drive 781-237-5000
City/State/Zip Spring Tx 77389
Telephone No.
ORIGINATION OF WASTE (see instructions on back)
Well Name & No. / Description HARA 5053; JEN 31-6-10-10 HC #1 ALT
Field Code San Mnl. Creek

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|------------|---------------------------|--|-------------------------------|--|
| 01 Salt Water | <u>130</u> | 07 Prod. Sands/Solids | | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | | 08 Fresh Water | | 15 Com. Facility Waste | |
| 03 Water Base Mud | | 09 Rainwater | | 16 Oil Spill Waste | |
| 04 Completion Fluids | | 10 Washout Water | | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | | 11 Washout Pit Water | | 99 Other* | |
| 06 Storage Tank Sludges | | 12 Gas Plant Waste Solids | | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name Ventana midstream
Site Name Andries

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Jason Grosster LM 12/1/21 5:00
Signature of Generator's Authorized Agent Date and Time of Shipment

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

PSC PERMIT

Transporter Jenn Emerg 936-275-7070
Address 1987 FM 1279 Telephone No.
City/State/Zip San Angelo Augustine Tx 76927 3881
Truck License No.
Trailer License No.
If transported by barge, barge and tug identification NA Barge and Tug Id.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Lamar Montoney 12/1/21 5:15
Signature of Transporter's Agent Date and Time Received

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

SITE CODE

Facility (Company) Name Ventana Midstream
Site Name Andries

CHEMICAL ANALYSES

Chloride (Mg/l)

27.13

Conductivity (mmhos/cm)

88.64

pH

6.3

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Paul De... 12-1-21
Signature of Facility Agent Date and Time Received

6.55
☒ am
☐ pm

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275Manifest No.
ORIGINALPP1-157658
10414

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

Address

City/State/Zip

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

Field Code

Field

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | |
|-------------------------|---------------------------|-------------------------|
| 01 Salt Water | 07 Prod. Sands/Solids | 14 Pipeline Water/Waste |
| 02 Oil Base Mud | 08 Fresh Water | 15 Com. Facility Waste |
| 03 Water Base Mud | 09 Rainwater | 16 Oil Spill Waste |
| 04 Completion Fluids | 10 Washout Water | 50 Salvage Hydrocarbons |
| 05 Prod. Pit Sludges | 11 Washout Pit Water | 99 Other* |
| 06 Storage Tank Sludges | 12 Gas Plant Waste Solids | |

* (Written Approval Required)

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Site Name

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Jason Gosster

LM

Signature of Generator's Authorized Agent

12/1/21 3:00

Date and Time of Shipment

☒ am
☐ pm

PSC PERMIT

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter

Address

City/State/Zip

If transported by barge, barge and tug identification

Barge and Tug Id.

936-275-0020
Telephone No.
3481
Truck License No.
16
Trailer License No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Lamar Montgomery

Signature of Transporter's Agent

12/1/21 3:45

Date and Time Received

☒ am
☐ pm

SITE CODE

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Site Name

CHEMICAL ANALYSES

Chloride (Mg/l)

Conductivity (mmhos/cm)

pH

23.12

86.13

6.3

8:30

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Jed Babbler

Signature of Facility Agent

12-1-21

Date and Time Received

☒ am
☐ pm

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

Manifest No. C01-0089812

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

Address

City/State/Zip

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

Field Code

Field

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|-----|---------------------------|--|-------------------------------|--|
| 01 Salt Water | 130 | 07 Prod. Sands/Solids | | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | | 08 Fresh Water | | 15 Com. Facility Waste | |
| 03 Water Base Mud | | 09 Rainwater | | 16 Oil Spill Waste | |
| 04 Completion Fluids | | 10 Washout Water | | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | | 11 Washout Pit Water | | 99 Other* | |
| 06 Storage Tank Sludges | | 12 Gas Plant Waste Solids | | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Site Name

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of Generator's Authorized Agent

Date and Time of Shipment

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

PSC PERMIT

Transporter

Address

City/State/Zip

If transported by barge, barge and tug identification

Barge and Tug Id.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Signature of Transporter's Agent

Date and Time Received

SITE CODE

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Site Name

CHEMICAL ANALYSES

Chloride (Mg/l)

Conductivity (mmhos/cm)

pH

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

Date and Time Received

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

CODES

PART I: TO BE COMPLETED BY GENERATORGenerator SWNAddress 16000 Energy DriveCity/State/Zip Spring Tx 77389

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description Tristar 1-12-9-11 H #1Field Code San migund CreekTelephone No. (713)-237-5000

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | |
|--------------------------|---------------------------|-------------------------------|
| 01 Salt Water <u>130</u> | 07 Prod. Sands/Solids | 14 Pipeline Water/Waste |
| 02 Oil Base Mud | 08 Fresh Water | 15 Com. Facility Waste |
| 03 Water Base Mud | 09 Rainwater | 16 Oil Spill Waste |
| 04 Completion Fluids | 10 Washout Water | 50 Salvage Hydrocarbons |
| 05 Prod. Pit Sludges | 11 Washout Pit Water | 99 Other* |
| 06 Storage Tank Sludges | 12 Gas Plant Waste Solids | * (Written Approval Required) |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name Ventura midstreamSite Name Andries

CERTIFICATION: The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of Generator's Authorized Agent Jason GosserDate and Time of Shipment 12/1/21 7:00 ☒ am ☐ pmPART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATORTransporter Jenn EnergyAddress 1987 FM 1279City/State/Zip San Augustine Tx 75927If transported by barge, barge and tug identification NA

Barge and Tug Id.

Telephone No. 936-275-7070
Truck License No. 3881
Trailer License No. 16

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the above destination.

Signature of Transporter's Agent Lamar MontgomeryDate and Time Received 12/1/21 7:15 ☒ am ☐ pmPART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATORFacility (Company) Name Ventura midstreamSite Name Andries sub

CHEMICAL ANALYSES

Chloride (Mg/l)

19.63

Conductivity (mmhos/cm)

6527

pH

6.38.45

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent Del DobleDate and Time Received 12-1-21 ☒ am ☐ pm

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

Manifest No. C01-0089810

CODES

PART I: TO BE COMPLETED BY GENERATOR



Generator

Southwestern Energy - Indigo

Address

10000 Energy Drive

713-237-5000

Telephone No.

City/State/Zip

Spring, TX 77389

ORIGINATION OF WASTE (see instructions on back)



Well Name & No. / Description

HARRIS PAV 13-12-9-11 #3



Field Code

Field San Miguel Creek

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|-----|---------------------------|--|-------------------------------|--|
| 01 Salt Water | 130 | 07 Prod. Sands/Solids | | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | | 08 Fresh Water | | 15 Com. Facility Waste | |
| 03 Water Base Mud | | 09 Rainwater | | 16 Oil Spill Waste | |
| 04 Completion Fluids | | 10 Washout Water | | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | | 11 Washout Pit Water | | 99 Other* | |
| 06 Storage Tank Sludges | | 12 Gas Plant Waste Solids | | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Ventana

Site Name

Andries SWD

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of Generator's Authorized Agent

Chris Riggs

Date and Time of Shipment

12-1-21 7:00

☐ am☐ pm

PSC PERMIT

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR



Transporter

Jenn Energy

Address

1985 Fm 1279

City/State/Zip

San Augustine, TX 75972

936-275-7070

Telephone No.

11

Truck License No.

02

Trailer License No.

If transported by barge, barge and tug identification

N/A
Barge and Tug Id.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Signature of Transporter's Agent

Anthony Calabrese

Date and Time Received

12-1-21 7:15

☒ am☐ pm

SITE CODE

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Ventana Midstream

Site Name

Andries SWD

CHEMICAL ANALYSES

Chloride (Mg/l)

35.12

Conductivity (mmhos/cm)

8902

pH

6.3

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

John

Date and Time Received

12-1-21

☒ am☐ pm

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

Manifest No. C01-0089813

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator Southwestern Energy - Indigo
Address 10000 Energy Drive 713-237-5000
City/State/Zip Spring, TX 77389
Telephone No.
ORIGINATION OF WASTE (see instructions on back)
Well Name & No. / Description HARA 5054 GLVR 6+31-9-10#1
Field Code San Miguel Creek

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|------------|---------------------------|--|-------------------------------|--|
| 01 Salt Water | <u>130</u> | 07 Prod. Sands/Solids | | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | | 08 Fresh Water | | 15 Com. Facility Waste | |
| 03 Water Base Mud | | 09 Rainwater | | 16 Oil Spill Waste | |
| 04 Completion Fluids | | 10 Washout Water | | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | | 11 Washout Pit Water | | 99 Other* | |
| 06 Storage Tank Sludges | | 12 Gas Plant Waste Solids | | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name Ventana
Site Name Andries SWD

CERTIFICATION: The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of Generator's Authorized Agent

Date and Time of Shipment

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

PSC PERMIT

Transporter Jenn Energy 936-275-7070
Address 1985 FM 1279 Telephone No.
City/State/Zip San Augustine, TX 75972 11 Truck License No.
Trailer License No. 02
If transported by barge, barge and tug identification N/A Barge and Tug Id.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the above destination.

Signature of Transporter's Agent

Date and Time Received

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

SITE CODE

Facility (Company) Name Ventana Midstream
Site Name Andries SWD

CHEMICAL ANALYSES

| | | |
|-----------------|-------------------------|------------|
| Chloride (Mg/l) | Conductivity (mmhos/cm) | pH |
| <u>2716</u> | <u>7425</u> | <u>6.2</u> |

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

Date and Time Received

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275Manifest No.
ORIGINAL

PP1-157015

CODES

60005

252313
4319

PART I: TO BE COMPLETED BY GENERATOR

Generator SWE / IndigoAddress 10000 Energy DrCity/State/Zip Spring, TX 77389

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description HA RA Suww Rom 34-27-22-11-10Field Code Chogan318. 770. 0245
Telephone No.HC #1
#1

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|------------|---------------------------|--|-------------------------------|--|
| 01 Salt Water | <u>130</u> | 07 Prod. Sands/Solids | | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | | 08 Fresh Water | | 15 Com. Facility Waste | |
| 03 Water Base Mud | | 09 Rainwater | | 16 Oil Spill Waste | |
| 04 Completion Fluids | | 10 Washout Water | | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | | 11 Washout Pit Water | | 99 Other* | |
| 06 Storage Tank Sludges | | 12 Gas Plant Waste Solids | | * (Written Approval Required) | |

SITE CODE

4304

DESTINATION OF WASTE

Facility (Company) Name Ventura midstreamSite Name William H Andres

CERTIFICATION: The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Chris Ross

Signature of Generator's Authorized Agent

12-2-21 3:00
Date and Time of Shipment☒ am
☐ pm

PSC PERMIT

7604

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter Jenn EnergyAddress 1985 FM 1279City/State/Zip San Augustine, Tx 75972If transported by barge, barge and tug identification N/A

Barge and Tug Id.

936-275-7020
Telephone No.
15
Truck License No.
15
Trailer License No.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the above destination.

Detne Clark

Signature of Transporter's Agent

12-2-21 3:30
Date and Time Received☒ am
☐ pm

SITE CODE

4304

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name Ventura midstreamSite Name William H Andres swap

CHEMICAL ANALYSES

Chloride (Mg/l)

0.06

Conductivity (mmhos/cm)

31.31

pH

6.9

4:40

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

Brian Hawk

Signature of Facility Agent

12-2-21
Date and Time Received☒ am
☐ pm

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275Manifest No.
ORIGINALPP1-157626
10418

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator SWN
Address 10000 Energy Drive 781-237-5000
City/State/Zip Spring TX 77389
Telephone No.
ORIGINATION OF WASTE (see instructions on back)
Well Name & No. / Description HARA Sugar Room 33-28-11-10 Hc #1
Field Code Grogan

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | |
|--------------------------|---------------------------|-----------------------------|
| 01 Salt Water <u>130</u> | 07 Prod. Sands/Solids | 14 Pipeline Water/Waste |
| 02 Oil Base Mud | 08 Fresh Water | 15 Com. Facility Waste |
| 03 Water Base Mud | 09 Rainwater | 16 Oil Spill Waste |
| 04 Completion Fluids | 10 Washout Water | 50 Salvage Hydrocarbons |
| 05 Prod. Pit Sludges | 11 Washout Pit Water | 99 Other* |
| 06 Storage Tank Sludges | 12 Gas Plant Waste Solids | (Written Approval Required) |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name Ventana midstream
Site Name Andries

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Jason Gosster
Signature of Generator's Authorized Agent

12/2/21 4:00 ☒ am
Date and Time of Shipment

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

PSC PERMIT

Transporter Jenn Energy 936-276-7070
Address 1987 FM 1279 3881
City/State/Zip San Augustine TX 75927 16
Truck License No.
Trailer License No.
If transported by barge, barge and tug identification NA Barge and Tug Id.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Lamar Montgomery
Signature of Transporter's Agent

12/2/21 4:15 ☒ am
Date and Time Received

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

SITE CODE

Facility (Company) Name Ventana midstream
Site Name William H. Andre sub

CHEMICAL ANALYSES

Chloride (Mg/l) 0.06 Conductivity (mmhos/cm) 45.80 pH 6.9 5:10

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Brian Harts
Signature of Facility Agent

12-2-21 ☒ am
Date and Time Received

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

Manifest No.
ORIGINAL

PP1-157627

10419

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator SWN
Address 10000 Energy Drive Telephone No. 731-237-5000
City/State/Zip Spring Tx 77389
ORIGINATION OF WASTE (see instructions on back)
Well Name & No. / Description HARA; Rom 33-28-11-10 Hc #1
Field Code Crangan

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | |
|--------------------------|---------------------------|-----------------------------|
| 01 Salt Water <u>130</u> | 07 Prod. Sands/Solids | 14 Pipeline Water/Waste |
| 02 Oil Base Mud | 08 Fresh Water | 15 Com. Facility Waste |
| 03 Water Base Mud | 09 Rainwater | 16 Oil Spill Waste |
| 04 Completion Fluids | 10 Washout Water | 50 Salvage Hydrocarbons |
| 05 Prod. Pit Sludges | 11 Washout Pit Water | 99 Other* |
| 06 Storage Tank Sludges | 12 Gas Plant Waste Solids | (Written Approval Required) |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name Ventana midstream
Site Name Andries

CERTIFICATION: The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Jason Gosster LM
Signature of Generator's Authorized Agent

12/2/21 6:10
Date and Time of Shipment

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

PSC PERMIT

7604

Transporter Jenn Energy Telephone No. 936-276-7070
Address 1987 FM 1279 3881
City/State/Zip San Augustine TX 75922 16
Trailer License No. NA
If transported by barge, barge and tug identification _____ Barge and Tug Id. _____

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the above destination.

Lamer montgomery
Signature of Transporter's Agent

12/2/21 6:40
Date and Time Received

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

SITE CODE

4344

Facility (Company) Name Ventana midstream
Site Name Andries

CHEMICAL ANALYSES

| | | |
|-----------------|-------------------------|------------|
| Chloride (Mg/l) | Conductivity (mmhos/cm) | pH |
| <u>27.88</u> | <u>8612</u> | <u>6.2</u> |

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

Red Duke
Signature of Facility Agent

12-2-21
Date and Time Received

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

Manifest No. C01-0089765

CODES

PART I: TO BE COMPLETED BY GENERATOR

↔

Generator

Southwestern Energy

↔

Address

1500 Travis

713-237-5860

Telephone No.

City/State/Zip

Spring TX,

ORIGINATION OF WASTE (see instructions on back)

↔

Well Name & No. / Description

HARRIS SUEW; Patton 11-12-10

↔

Field Code

Field

San Miguel Creek

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

01 Salt Water

130

07 Prod. Sands/Solids

14 Pipeline Water/Waste

02 Oil Base Mud

08 Fresh Water

15 Com. Facility Waste

03 Water Base Mud

09 Rainwater

16 Oil Spill Waste

04 Completion Fluids

10 Washout Water

50 Salvage Hydrocarbons

05 Prod. Pit Sludges

11 Washout Pit Water

99 Other*

06 Storage Tank Sludges

12 Gas Plant Waste Solids

* (Written Approval Required)

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Ventura SWD

↔

Site Name

Williams H Drive

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of Generator's Authorized Agent

Date and Time of Shipment

12-1-21 3:00

☐ am
☒ pm

PSC PERMIT

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

↔

Transporter

Jenn Energy Service

Address

1985 FM 1279

City/State/Zip

SAN AUGUSTINE TX, 75972

If transported by barge, barge and tug identification

N/A

Barge and Tug Id.

936-275-7020

Telephone No.

T 127

Truck License No.

T 31

Trailer License No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Signature of Transporter's Agent

Date and Time Received

12-1-21 3:15

☐ am
☒ pm

SITE CODE

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Ventura midstream

↔

Site Name

William H Andre SWD

CHEMICAL ANALYSES

Chloride (Mg/l)

0.07

Conductivity (mmhos/cm)

4281

pH

6.9

4:00

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

Date and Time Received

12-2-21

☒ am
☐ pm

Manifest No.
ORIGINAL

PP1-157017

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

Address

City/State/Zip

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

Field Code

Field Crogan

318.770.0245
Telephone No.

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|-----|---------------------------|--|-------------------------------|--|
| 01 Salt Water | 130 | 07 Prod. Sands/Solids | | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | | 08 Fresh Water | | 15 Com. Facility Waste | |
| 03 Water Base Mud | | 09 Rainwater | | 16 Oil Spill Waste | |
| 04 Completion Fluids | | 10 Washout Water | | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | | 11 Washout Pit Water | | 99 Other* | |
| 06 Storage Tank Sludges | | 12 Gas Plant Waste Solids | | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Site Name

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Chris Riggs

Signature of Generator's Authorized Agent

12-2-21

Date and Time of Shipment

☒ am
☐ pmPART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter

Address

City/State/Zip

If transported by barge, barge and tug identification

Barge and Tug Id.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Detric Clark

Signature of Transporter's Agent

12-2-21

Date and Time Received

☒ am
☐ pmPART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Site Name

CHEMICAL ANALYSES

Chloride (Mg/l)

Conductivity (mmhos/cm)

pH

39.85

94.46

6.2

9:35

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

12-2-21

Date and Time Received

☒ am
☐ pm

Manifest No.
ORIGINAL

PP1-157016

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator SWE / Indigo

Address 10000 Energy Dr 388. 770. 0245
Telephone No.

City/State/Zip Spring, TX 77389

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description HA RA SUTT ; Crest 32-11 10 #1

Field Code Field Morgan Field

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | |
|--------------------------|---------------------------|------------------------------|
| 01 Salt Water <u>130</u> | 07 Prod. Sands/Solids | 14 Pipeline Water/Waste |
| 02 Oil Base Mud | 08 Fresh Water | 15 Com. Facility Waste |
| 03 Water Base Mud | 09 Rainwater | 16 Oil Spill Waste |
| 04 Completion Fluids | 10 Washout Water | 50 Salvage Hydrocarbons |
| 05 Prod. Pit Sludges | 11 Washout Pit Water | 99 Other* |
| 06 Storage Tank Sludges | 12 Gas Plant Waste Solids | *(Written Approval Required) |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name Ventura midstream

Site Name William H Andres

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Chris Riggs

Signature of Generator's Authorized Agent

12-2-21

Date and Time of Shipment

☒ am
☐ pm
PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

PSC PERMIT

Transporter Jenn Energy 936-275-7070
Telephone No.

Address 1985 FM 1279
Truck License No. 15

City/State/Zip San Augustine, TX 75972
Trailer License No. 15

If transported by barge, barge and tug identification

N/A
Barge and Tug Id.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Debra Clark

Signature of Transporter's Agent

12-2-21

Date and Time Received

☒ am
☐ pm
PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

SITE CODE

Facility (Company) Name Ventura midstream

Site Name Andres Sub

CHEMICAL ANALYSES

Chloride (Mg/l)

43.67

Conductivity (mmhos/cm)

8432

pH

6.27.10

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Paul Solz

Signature of Facility Agent

12-2-21

Date and Time Received

☒ am
☐ pm

Manifest No.
ORIGINAL

PP1-157030

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

SWE / Indigo

Address

10000 Energy Dr

City/State/Zip

Spring, TX 77389

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

~~Wentworth 2214~~ HA RA SUTT; Crest 32-11-10

Field Code

Field Crogan Field

(385) 770-0245
Telephone No.

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|-----|---------------------------|--|-------------------------------|--|
| 01 Salt Water | 130 | 07 Prod. Sands/Solids | | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | | 08 Fresh Water | | 15 Com. Facility Waste | |
| 03 Water Base Mud | | 09 Rainwater | | 16 Oil Spill Waste | |
| 04 Completion Fluids | | 10 Washout Water | | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | | 11 Washout Pit Water | | 99 Other* | |
| 06 Storage Tank Sludges | | 12 Gas Plant Waste Solids | | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Ventura Midstream

Site Name

William H Andres

CERTIFICATION: The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Chris Rogers

Signature of Generator's Authorized Agent

12:00
12-2-21

Date and Time of Shipment

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

PSC PERMIT

Transporter

Jenn Energy

Address

1985 Fm 1279

City/State/Zip

San Augustine, TX 75972

If transported by barge, barge and tug identification

N 7 A

Barge and Tug Id.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the above destination.

Dennis Clark

Signature of Transporter's Agent

12:15
12-2-21

Date and Time Received

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

SITE CODE

Facility (Company) Name

Ventura Midstream

Site Name

Andres J-1

CHEMICAL ANALYSES

Chloride (Mg/l)

44.29

Conductivity (mmhos/cm)

21.17

pH

6.3

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

12:22
12-2-21

Date and Time Received

1:20
☐ am
☐ pm

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

Manifest No.
ORIGINAL

PP1-157024

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

Southwestern Energy / Indigo

Address

10000 Energy Dr

318-770-0245

Telephone No.

City/State/Zip

Spring, TX 77389

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

HA RA SOWW. ROM 34-27-22-11-10 AC#1 ACT

Field Code

Field Crogen Field

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|-----|---------------------------|--|-------------------------------|--|
| 01 Salt Water | 130 | 07 Prod. Sands/Solids | | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | | 08 Fresh Water | | 15 Com. Facility Waste | |
| 03 Water Base Mud | | 09 Rainwater | | 16 Oil Spill Waste | |
| 04 Completion Fluids | | 10 Washout Water | | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | | 11 Washout Pit Water | | 99 Other* | |
| 06 Storage Tank Sludges | | 12 Gas Plant Waste Solids | | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Ventura Midstream

Site Name

William A Andres

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Chris Riggs

Signature of Generator's Authorized Agent

12-3-21 5:00

Date and Time of Shipment

☒ am
☐ pm

PSC PERMIT

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter

Jenn Energy

936-275-7070

Telephone No.

Address

1985 FM 1279

15

Truck License No.

City/State/Zip

San Augustine, TX 75972

15

Trailer License No.

If transported by barge, barge and tug identification

N/A

Barge and Tug Id.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Deane Clark

Signature of Transporter's Agent

12-3-21 5:00

Date and Time Received

☒ am
☐ pm

SITE CODE

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Ventura Midstream

Site Name

William H. Andres Sr.

CHEMICAL ANALYSES

Chloride (Mg/l)

86.09

Conductivity (mmhos/cm)

109.11

pH

6.7

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

12-3-21

Date and Time Received

6:5
6:30
☒ am
☐ pm

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

Manifest No.
ORIGINAL

PP1-157025

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

Address

City/State/Zip

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

Field Code

Field

381-770-0245
Telephone No.

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|-----|---------------------------|--|-------------------------------|--|
| 01 Salt Water | 130 | 07 Prod. Sands/Solids | | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | | 08 Fresh Water | | 15 Com. Facility Waste | |
| 03 Water Base Mud | | 09 Rainwater | | 16 Oil Spill Waste | |
| 04 Completion Fluids | | 10 Washout Water | | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | | 11 Washout Pit Water | | 99 Other* | |
| 06 Storage Tank Sludges | | 12 Gas Plant Waste Solids | | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Site Name

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Chris Riggs

Signature of Generator's Authorized Agent

12-3-21 7:00 ☒ am
Date and Time of Shipment

PSC PERMIT

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter

Address

City/State/Zip

If transported by barge, barge and tug identification

Barge and Tug Id.

936-275-7070
Telephone No.
15
Truck License No.
15
Trailer License No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

John C. Clark

Signature of Transporter's Agent

12-3-21 7:25 ☒ am
Date and Time Received

SITE CODE

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Site Name

CHEMICAL ANALYSES

Chloride (Mg/l)

Conductivity (mmhos/cm)

pH

39.02

52.18

7.4

830
900

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

12-3-21 ☒ am
Date and Time Received

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

Manifest No. C01-0089851

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

Address

City/State/Zip

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

Field Code

Field

(917) 237-5030
Telephone No.

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|-----|---------------------------|--|-------------------------------|--|
| 01 Salt Water | 130 | 07 Prod. Sands/Solids | | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | | 08 Fresh Water | | 15 Com. Facility Waste | |
| 03 Water Base Mud | | 09 Rainwater | | 16 Oil Spill Waste | |
| 04 Completion Fluids | | 10 Washout Water | | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | | 11 Washout Pit Water | | 99 Other* | |
| 06 Storage Tank Sludges | | 12 Gas Plant Waste Solids | | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Site Name

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of Generator's Authorized Agent

Date and Time of Shipment

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter

Address

City/State/Zip

If transported by barge, barge and tug identification

Barge and Tug Id.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Signature of Transporter's Agent

Date and Time Received

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Site Name

CHEMICAL ANALYSES

Chloride (Mg/l)

Conductivity (mmhos/cm)

pH

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

Date and Time Received

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

Manifest No. C01-0089850

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

Address

City/State/Zip

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

Field Code

Field

713-237-5040
Telephone No.

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

01 Salt Water

02 Oil Base Mud

03 Water Base Mud

04 Completion Fluids

05 Prod. Pit Sludges

06 Storage Tank Sludges

07 Prod. Sands/Solids

08 Fresh Water

09 Rainwater

10 Washout Water

11 Washout Pit Water

12 Gas Plant Waste Solids

14 Pipeline Water/Waste

15 Com. Facility Waste

16 Oil Spill Waste

50 Salvage Hydrocarbons

99 Other*

* (Written Approval Required)

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Site Name

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of Generator's Authorized Agent

Date and Time of Shipment

PART II:

TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter

Address

City/State/Zip

If transported by barge, barge and tug identification

Barge and Tug Id.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Signature of Transporter's Agent

Date and Time Received

PART III:

TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Site Name

CHEMICAL ANALYSES

Chloride (Mg/l)

Conductivity (mmhos/cm)

pH

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

Date and Time Received

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

Manifest No. C01-0089855

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

Address

City/State/Zip

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

Field Code

Field

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

01 Salt Water

02 Oil Base Mud

03 Water Base Mud

04 Completion Fluids

05 Prod. Pit Sludges

06 Storage Tank Sludges

07 Prod. Sands/Solids

08 Fresh Water

09 Rainwater

10 Washout Water

11 Washout Pit Water

12 Gas Plant Waste Solids

14 Pipeline Water/Waste

15 Com. Facility Waste

16 Oil Spill Waste

50 Salvage Hydrocarbons

99 Other*

* (Written Approval Required)

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Site Name

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of Generator's Authorized Agent

Date and Time of Shipment

☐ am
☒ pm

PSC PERMIT

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter

Address

City/State/Zip

If transported by barge, barge and tug identification

Barge and Tug Id.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Signature of Transporter's Agent

Date and Time Received

☐ am
☒ pm

SITE CODE

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Site Name

CHEMICAL ANALYSES

Chloride (Mg/l)

Conductivity (mmhos/cm)

pH

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

Date and Time Received

☐ am
☒ pm

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

Manifest No. C01-0089854

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

Address

City/State/Zip

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

Field Code

Field

Telephone No.

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

- 01 Salt Water
02 Oil Base Mud
03 Water Base Mud
04 Completion Fluids
05 Prod. Pit Sludges
06 Storage Tank Sludges

- 07 Prod. Sands/Solids
08 Fresh Water
09 Rainwater
10 Washout Water
11 Washout Pit Water
12 Gas Plant Waste Solids

- 14 Pipeline Water/Waste
15 Com. Facility Waste
16 Oil Spill Waste
50 Salvage Hydrocarbons
99 Other*

* (Written Approval Required)

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Site Name

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of Generator's Authorized Agent

Date and Time of Shipment

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter

Address

City/State/Zip

If transported by barge, barge and tug identification

Barge and Tug Id.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Signature of Transporter's Agent

Date and Time Received

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Site Name

CHEMICAL ANALYSES

Chloride (Mg/l)

Conductivity (mmhos/cm)

pH

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

Date and Time Received

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

Address

City/State/Zip

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

Field Code

Field

Telephone No.

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|-----|---------------------------|--|-------------------------------|--|
| 01 Salt Water | 130 | 07 Prod. Sands/Solids | | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | | 08 Fresh Water | | 15 Com. Facility Waste | |
| 03 Water Base Mud | | 09 Rainwater | | 16 Oil Spill Waste | |
| 04 Completion Fluids | | 10 Washout Water | | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | | 11 Washout Pit Water | | 99 Other* | |
| 06 Storage Tank Sludges | | 12 Gas Plant Waste Solids | | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Site Name

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of Generator's Authorized Agent

Date and Time of Shipment

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

PSC PERMIT

Transporter

Address

City/State/Zip

If transported by barge, barge and tug identification

Barge and Tug Id.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Signature of Transporter's Agent

Date and Time Received

SITE CODE

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Site Name

CHEMICAL ANALYSES

Chloride (Mg/l)

Conductivity (mmhos/cm)

pH

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

Date and Time Received

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

ORIGINAL

CODES

PART I: TO BE COMPLETED BY GENERATOR

60003

Generator

Indigo

Address

600 TRAVIS

City/State/Zip

Houston TX

ORIGINATION OF WASTE (see instructions on back)

25203

Well Name & No. / Description

PAU 13 + 12.4.1 H H

7370

Field Code

Field

JAN Miquel Creek

713-237-5030

Telephone No.

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

01 Salt Water
02 Oil Base Mud
03 Water Base Mud
04 Completion Fluids
05 Prod. Pit Sludges
06 Storage Tank Sludges

130

07 Prod. Sands/Solids
08 Fresh Water
09 Rainwater
10 Washout Water
11 Washout Pit Water
12 Gas Plant Waste Solids

14 Pipeline Water/Waste
15 Com. Facility Waste
16 Oil Spill Waste
50 Salvage Hydrocarbons
99 Other*

* (Written Approval Required)

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Ventura Midstream

Site Name

William H. Andres

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Chris Riggs

Signature of Generator's Authorized Agent

12-5-21

Date and Time of Shipment

5:00

☒ am
☐ pm

PSC PERMIT

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

7604

Transporter

Jenn Energy

Address

1815 PM 1279

City/State/Zip

SAN AUGUSTINE TX

936-275-7070

Telephone No.

177

Truck License No.

11

Trailer License No.

If transported by barge, barge and tug identification

N/A

Barge and Tug Id.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

McIlwain

Signature of Transporter's Agent

12-5-21

Date and Time Received

5:05

☒ am
☐ pm

SITE CODE

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Ventura Midstream

Site Name

William H. Andres son

CHEMICAL ANALYSES

Chloride (Mg/l)

7.92

Conductivity (mmhos/cm)

11.08

pH

7.9

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

ef

Signature of Facility Agent

12-5-21

Date and Time Received

☐ am
☒ pm

6:00

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

Address

City/State/Zip

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

Field Code

Field

Telephone No.

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|-----|---------------------------|--|-------------------------------|--|
| 01 Salt Water | 130 | 07 Prod. Sands/Solids | | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | | 08 Fresh Water | | 15 Com. Facility Waste | |
| 03 Water Base Mud | | 09 Rainwater | | 16 Oil Spill Waste | |
| 04 Completion Fluids | | 10 Washout Water | | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | | 11 Washout Pit Water | | 99 Other* | |
| 06 Storage Tank Sludges | | 12 Gas Plant Waste Solids | | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Site Name

CERTIFICATION: The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of Generator's Authorized Agent

Date and Time of Shipment

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

PSC PERMIT

Transporter

Address

City/State/Zip

If transported by barge, barge and tug identification

Barge and Tug Id.

Telephone No.

Truck License No.

Trailer License No.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the above destination.

Signature of Transporter's Agent

Date and Time Received

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Site Name

CHEMICAL ANALYSES

Chloride (Mg/l)

Conductivity (mmhos/cm)

pH

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

Date and Time Received

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

Manifest No.
ORIGINAL

PP1-157103

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

Address

City/State/Zip

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

Field Code

Field

(38) 737-5000
Telephone No.

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

01 Salt Water
02 Oil Base Mud
03 Water Base Mud
04 Completion Fluids
05 Prod. Pit Sludges
06 Storage Tank Sludges

07 Prod. Sands/Solids
08 Fresh Water
09 Rainwater
10 Washout Water
11 Washout Pit Water
12 Gas Plant Waste Solids

14 Pipeline Water/Waste
15 Com. Facility Waste
16 Oil Spill Waste
50 Salvage Hydrocarbons
99 Other*
* (Written Approval Required)

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Site Name

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Chris Riggs

Signature of Generator's Authorized Agent

12-6-21

Date and Time of Shipment

3:00
☒ am
☐ pm

PSC PERMIT

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter

Address

City/State/Zip

If transported by barge, barge and tug identification

Barge and Tug Id.

936-275-7070

Telephone No.

Truck License No.

Trailer License No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Patric Clark

Signature of Transporter's Agent

12-6-21

Date and Time Received

3:15
☒ am
☐ pm

SITE CODE

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Site Name

CHEMICAL ANALYSES

Chloride (Mg/l)

Conductivity (mmhos/cm)

pH

0.05

11.26

6.9

4:50

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Bria Hader

Signature of Facility Agent

12-6-21

Date and Time Received

☒ am
☐ pm

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275Manifest No.
ORIGINAL

PP1-157106

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

Address

City/State/Zip

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

Field Code

Field

Telephone No.

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | |
|-------------------------|---------------------------|-------------------------|
| 01 Salt Water | 07 Prod. Sands/Solids | 14 Pipeline Water/Waste |
| 02 Oil Base Mud | 08 Fresh Water | 15 Com. Facility Waste |
| 03 Water Base Mud | 09 Rainwater | 16 Oil Spill Waste |
| 04 Completion Fluids | 10 Washout Water | 50 Salvage Hydrocarbons |
| 05 Prod. Pit Sludges | 11 Washout Pit Water | 99 Other* |
| 06 Storage Tank Sludges | 12 Gas Plant Waste Solids | |

* (Written Approval Required)

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Site Name

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of Generator's Authorized Agent

Date and Time of Shipment

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

PSC PERMIT

Transporter

Address

City/State/Zip

Telephone No.

Truck License No.

Trailer License No.

If transported by barge, barge and tug identification

Barge and Tug Id.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Signature of Transporter's Agent

Date and Time Received

SITE CODE

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Site Name

CHEMICAL ANALYSES

Chloride (Mg/l)

Conductivity (mmhos/cm)

pH

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

Date and Time Received

Manifest No.
ORIGINAL

PP1-157107

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

Address

City/State/Zip

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

Field Code

Field

(385)-720-0245
Telephone No.

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

01 Salt Water
02 Oil Base Mud
03 Water Base Mud
04 Completion Fluids
05 Prod. Pit Sludges
06 Storage Tank Sludges

07 Prod. Sands/Solids
08 Fresh Water
09 Rainwater
10 Washout Water
11 Washout Pit Water
12 Gas Plant Waste Solids

14 Pipeline Water/Waste
15 Com. Facility Waste
16 Oil Spill Waste
50 Salvage Hydrocarbons
99 Other*
* (Written Approval Required)

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Site Name

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of Generator's Authorized Agent

Date and Time of Shipment

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter

Address

City/State/Zip

If transported by barge, barge and tug identification

Barge and Tug Id.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Signature of Transporter's Agent

Date and Time Received

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Site Name

CHEMICAL ANALYSES

Chloride (Mg/l)

Conductivity (mmhos/cm)

pH

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

Date and Time Received

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

ORIGINAL

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

Address

City/State/Zip

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

Field Code

Field

(318) 770-0245
Telephone No.

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

01 Salt Water
02 Oil Base Mud
03 Water Base Mud
04 Completion Fluids
05 Prod. Pit Sludges
06 Storage Tank Sludges

07 Prod. Sands/Solids

08 Fresh Water

09 Rainwater

10 Washout Water

11 Washout Pit Water

12 Gas Plant Waste Solids

14 Pipeline Water/Waste

15 Com. Facility Waste

16 Oil Spill Waste

50 Salvage Hydrocarbons

99 Other*

* (Written Approval Required)

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Site Name

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Chris Pigg

Signature of Generator's Authorized Agent

12-6-21

Date and Time of Shipment

☒ am☐ pm

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter

Address

City/State/Zip

If transported by barge, barge and tug identification

Barge and Tug Id.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Diane Clonk

Signature of Transporter's Agent

12-6-21

Date and Time Received

☒ am☐ pm

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Site Name

SITE CODE

CHEMICAL ANALYSES

Chloride (Mg/l)

Conductivity (mmhos/cm)

pH

9210

117.07

7.0

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

12-6-21

Date and Time Received

☒ am☐ pm

Manifest No.
ORIGINAL

PP1-157109

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator SWE / Indigo

Address 10000 Energy Dr Telephone No. (318) 770-295

City/State/Zip Spring, TX

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description HA RA SUWW; Rom 34+27+22-11-10#1

Field Code Field Energy Drive

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|------------|---------------------------|-------|-------------------------------|-------|
| 01 Salt Water | <u>130</u> | 07 Prod. Sands/Solids | _____ | 14 Pipeline Water/Waste | _____ |
| 02 Oil Base Mud | _____ | 08 Fresh Water | _____ | 15 Com. Facility Waste | _____ |
| 03 Water Base Mud | _____ | 09 Rainwater | _____ | 16 Oil Spill Waste | _____ |
| 04 Completion Fluids | _____ | 10 Washout Water | _____ | 50 Salvage Hydrocarbons | _____ |
| 05 Prod. Pit Sludges | _____ | 11 Washout Pit Water | _____ | 99 Other* | _____ |
| 06 Storage Tank Sludges | _____ | 12 Gas Plant Waste Solids | _____ | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name Ventura midstream

Site Name William H Andrews

CERTIFICATION: The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Chris Riggs
Signature of Generator's Authorized Agent

3:00 ☒ am
12-7-21 ☐ pm
Date and Time of Shipment

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

PSC PERMIT

Transporter Jenn Energy Telephone No. 936-275-7070

Address 1985 FM 1279 15
Truck License No.

City/State/Zip San Augustine, TX 75972 15
Trailer License No.

If transported by barge, barge and tug identification N/A Barge and Tug Id.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the above destination.

Debra Clark
Signature of Transporter's Agent

3:15 ☒ am
12-7-21 ☐ pm
Date and Time Received

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

SITE CODE

Facility (Company) Name Ventura midstream

Site Name Andrews

CHEMICAL ANALYSES

Chloride (Mg/l) 2268 Conductivity (mmhos/cm) 76-39 pH 6.2

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]
Signature of Facility Agent

4:00 ☒ am
12-7-21 ☐ pm
Date and Time Received

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

ORIGINAL

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

SWE / Indigo

Address

10000 Energy Dr

City/State/Zip

Spring, TX

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

HA RA SUII; LA Min 4-10-11 #1

Field Code

Gorgan Field

Telephone No.

38-770.0245

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

01 Salt Water
02 Oil Base Mud
03 Water Base Mud
04 Completion Fluids
05 Prod. Pit Sludges
06 Storage Tank Sludges

130

07 Prod. Sands/Solids
08 Fresh Water
09 Rainwater
10 Washout Water
11 Washout Pit Water
12 Gas Plant Waste Solids

14 Pipeline Water/Waste
15 Com. Facility Waste
16 Oil Spill Waste
50 Salvage Hydrocarbons
99 Other*

* (Written Approval Required)

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Ventura midstream

Site Name

Chris William H Andrees

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Chris Reggs

Signature of Generator's Authorized Agent

12-7-21

Date and Time of Shipment

9:20 am

PSC PERMIT

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter

Jenn Energy

Address

1985 Fm 1279

City/State/Zip

San Augustine, TX 75472

If transported by barge, barge and tug identification

Barge and Tug Id.

N/A

936-275-7072

Telephone No.

Truck License No.

Trailer License No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Detric Clark

Signature of Transporter's Agent

12-7-21

Date and Time Received

8:35 am

SITE CODE

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Ventura midstream

Site Name

William H Andrees Sep

CHEMICAL ANALYSES

Chloride (Mg/l)

59.86

Conductivity (mmhos/cm)

70.19

pH

6.2

9.30

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

Date and Time Received

12/7/21

9:30 am

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

CODES

60005

PART I: TO BE COMPLETED BY GENERATOR

Generator

SWE / Indigo

Address

10000 Energy Dr

381-770 0245
Telephone No.

City/State/Zip

Spring, TX

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

HA RA SU 11 ; LA min 4-10-11 #1

Field Code

Field Morgan Field

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|-----|---------------------------|--|-------------------------------|--|
| 01 Salt Water | 130 | 07 Prod. Sands/Solids | | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | | 08 Fresh Water | | 15 Com. Facility Waste | |
| 03 Water Base Mud | | 09 Rainwater | | 16 Oil Spill Waste | |
| 04 Completion Fluids | | 10 Washout Water | | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | | 11 Washout Pit Water | | 99 Other* | |
| 06 Storage Tank Sludges | | 12 Gas Plant Waste Solids | | * (Written Approval Required) | |

SITE CODE

4304

DESTINATION OF WASTE

Facility (Company) Name

Ventura midstream

Site Name

William H Andreas

CERTIFICATION: The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Chris Rogers

Signature of Generator's Authorized Agent

12-7-21

Date and Time of Shipment

830
☒ am
☐ pm

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter

Jenn Energy

Address

1985 Fm 1279

City/State/Zip

San Augustine, TX 75472

If transported by barge, barge and tug identification

N/A

Barge and Tug Id.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the above destination.

Debra Clark

Signature of Transporter's Agent

12-7-21

Date and Time Received

845
☒ am
☐ pm

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Ventura midstream

Site Name

William H Andreas JCO

CHEMICAL ANALYSES

Chloride (Mg/l)

67.04

Conductivity (mmhos/cm)

25.30

pH

7.8

1030
1100

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

12-7-21

Date and Time Received

☒ am
☐ pm

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

SWE / Indigo

Address

10000 Energy Dr

City/State/Zip

Spring, TX

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

HA RA SUWW; Rom 34+27+22-11-10 #1

Field Code

Field Crogan Field

381-770-0245
Telephone No.

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

01 Salt Water 130
02 Oil Base Mud
03 Water Base Mud
04 Completion Fluids
05 Prod. Pit Sludges
06 Storage Tank Sludges

07 Prod. Sands/Solids
08 Fresh Water
09 Rainwater
10 Washout Water
11 Washout Pit Water
12 Gas Plant Waste Solids

14 Pipeline Water/Waste
15 Com. Facility Waste
16 Oil Spill Waste
50 Salvage Hydrocarbons
99 Other*
* (Written Approval Required)

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Verlura Midstream

Site Name

William H Andres

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Chris Briggs

Signature of Generator's Authorized Agent

12-7-21

Date and Time of Shipment

5:30
☒ am
☐ pm

PSC PERMIT

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter

Jenn Energy

Address

1985 FM 1279

City/State/Zip

San Augustine, TX 75472

If transported by barge, barge and tug identification

N/A

Barge and Tug Id.

930-275-7070

Telephone No.

Truck License No.

Trailer License No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Debra Clark

Signature of Transporter's Agent

12-7-21

Date and Time Received

5:45
☒ am
☐ pm

SITE CODE

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Verlura Midstream

Site Name

William H Andres SWP

CHEMICAL ANALYSES

Chloride (Mg/l)

17.09

Conductivity (mmhos/cm)

28.81

pH

7.4

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

Date and Time Received

12-7-21

6:30
☒ am
☐ pm

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275Manifest No.
ORIGINAL

PP1-157634

10424

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

Address

City/State/Zip

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

Field Code

Field

Telephone No.

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|-----|---------------------------|--|-------------------------------|--|
| 01 Salt Water | 130 | 07 Prod. Sands/Solids | | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | | 08 Fresh Water | | 15 Com. Facility Waste | |
| 03 Water Base Mud | | 09 Rainwater | | 16 Oil Spill Waste | |
| 04 Completion Fluids | | 10 Washout Water | | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | | 11 Washout Pit Water | | 99 Other* | |
| 06 Storage Tank Sludges | | 12 Gas Plant Waste Solids | | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Site Name

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Jason Gosster

Signature of Generator's Authorized Agent

LM

12/8/21

Date and Time of Shipment

1:30

☒ am
☐ pm

PSC PERMIT

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter

Address

City/State/Zip

If transported by barge, barge and tug identification

Barge and Tug Id.

936-275-7070

Telephone No.

3851

Truck License No.

16

Trailer License No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Lamar Montgomery

Signature of Transporter's Agent

12/8/21

Date and Time Received

1:45

☒ am
☐ pm

SITE CODE

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Site Name

CHEMICAL ANALYSES

Chloride (Mg/l)

Conductivity (mmhos/cm)

pH

2756

82.13

6.2

3:10

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Joe

Signature of Facility Agent

12-8-21

Date and Time Received

☒ am
☐ pm

Manifest No.
ORIGINALPP1-157635
10425

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

Address

City/State/Zip

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

Field Code

Field

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|-----|---------------------------|--|-------------------------------|--|
| 01 Salt Water | 130 | 07 Prod. Sands/Solids | | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | | 08 Fresh Water | | 15 Com. Facility Waste | |
| 03 Water Base Mud | | 09 Rainwater | | 16 Oil Spill Waste | |
| 04 Completion Fluids | | 10 Washout Water | | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | | 11 Washout Pit Water | | 99 Other* | |
| 06 Storage Tank Sludges | | 12 Gas Plant Waste Solids | | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Site Name

CERTIFICATION: The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Jason Gosster

Signature of Generator's Authorized Agent

12/8/21

Date and Time of Shipment

2:45 ☒ am
☐ pm

PSC PERMIT

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter

Address

City/State/Zip

If transported by barge, barge and tug identification

Barge and Tug Id.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the above destination.

Lamor Montgomery

Signature of Transporter's Agent

12/8/21

Date and Time Received

3:00 ☒ am
☐ pm

SITE CODE

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Site Name

CHEMICAL ANALYSES

Chloride (Mg/l)

Conductivity (mmhos/cm)

pH

31.09

76.42

6.2

4:50

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

Jed Duke

Signature of Facility Agent

12-8-21

Date and Time Received

☒ am
☐ pm

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

Manifest No.
ORIGINAL

PP1-157636
B2S1

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator SWN

Address 10000 Energy Drive 273-237-5000
Telephone No.

City/State/Zip Spring Tx 77389

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description HARA sux; RKS CRK 7-6-9-10 H[#]2

Field Code San Miguel Creek

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | |
|--------------------------|---------------------------|-------------------------|
| 01 Salt Water <u>130</u> | 07 Prod. Sands/Solids | 14 Pipeline Water/Waste |
| 02 Oil Base Mud | 08 Fresh Water | 15 Com. Facility Waste |
| 03 Water Base Mud | 09 Rainwater | 16 Oil Spill Waste |
| 04 Completion Fluids | 10 Washout Water | 50 Salvage Hydrocarbons |
| 05 Prod. Pit Sludges | 11 Washout Pit Water | 99 Other* |
| 06 Storage Tank Sludges | 12 Gas Plant Waste Solids | |

* (Written Approval Required)

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name Ventana midstream

Site Name Andries

CERTIFICATION: The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Jason Grosster 12/8/21 5:00
Signature of Generator's Authorized Agent Date and Time of Shipment

PSC PERMIT

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter Jenn Energy 936-2757070
Telephone No.

Address 1985 FM 1279 3881
Truck License No.

City/State/Zip San Augustine Tx 75972 16
Trailer License No.

If transported by barge, barge and tug identification NA

Barge and Tug Id.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the above destination.

Lamar Montgomerie 12/8/21 5:15
Signature of Transporter's Agent Date and Time Received

SITE CODE

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name Ventana midstream

Site Name William H. Andries

CHEMICAL ANALYSES

| | | | |
|-----------------|-------------------------|------------|--------------------------|
| Chloride (Mg/l) | Conductivity (mmhos/cm) | pH | |
| <u>91.74</u> | <u>108.17</u> | <u>6.7</u> | <u>645</u> <u>715</u> |

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

WJ 12-8-21
Signature of Facility Agent Date and Time Received

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

ORIGINAL

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

Indigo Minerals

Address

600 Travis St

City/State/Zip

Houston TX

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

Tristar 1-12-9-11 H H oil

Field Code

Field San Miguel

713-285-0558
Telephone No.

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

01 Salt Water
02 Oil Base Mud
03 Water Base Mud
04 Completion Fluids
05 Prod. Pit Sludges
06 Storage Tank Sludges

130

07 Prod. Sands/Solids
08 Fresh Water
09 Rainwater
10 Washout Water
11 Washout Pit Water
12 Gas Plant Waste Solids

14 Pipeline Water/Waste
15 Com. Facility Waste
16 Oil Spill Waste
50 Salvage Hydrocarbons
99 Other*

* (Written Approval Required)

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Ventana midstream

Site Name

William H. Arnes SWD

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Chris Riggs

Signature of Generator's Authorized Agent

8:30

☒ am☐ pm

Date and Time of Shipment

12-8-21

PSC PERMIT

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter

Jenn Frangy

Address

1985 Fm 1279

City/State/Zip

San Augustine TX

If transported by barge, barge and tug identification

N/A

Barge and Tug Id.

936-275-7070
Telephone No.

Truck License No.

Trailer License No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Ade Caldwell

Signature of Transporter's Agent

9:00

☒ am☐ pm

Date and Time Received

12-8-21

SITE CODE

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Ventana midstream

Site Name

William H. Arnes SWD

CHEMICAL ANALYSES

Chloride (Mg/l)

87.18

Conductivity (mmhos/cm)

109.21

pH

6.8

1000

1030

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

Date and Time Received

12/8/21

☒ am☐ pm

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

ORIGINAL

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

Indigo

Address

600 Travis

City/State/Zip

Houston TX

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

PAU 13 & 24.9.11

Field Code

SAN MIGUEL CREEK

783-237-5004
Telephone No.

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|-----|---------------------------|--|-------------------------------|--|
| 01 Salt Water | 130 | 07 Prod. Sands/Solids | | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | | 08 Fresh Water | | 15 Com. Facility Waste | |
| 03 Water Base Mud | | 09 Rainwater | | 16 Oil Spill Waste | |
| 04 Completion Fluids | | 10 Washout Water | | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | | 11 Washout Pit Water | | 99 Other* | |
| 06 Storage Tank Sludges | | 12 Gas Plant Waste Solids | | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Ventana Midstreams

Site Name

William H. Andrews

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of Generator's Authorized Agent

Date and Time of Shipment

4:00 ☐ am
12/8/21 ☒ pm

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

PSC PERMIT

Transporter

JENN Energy

Address

1985 FM 1279

City/State/Zip

SAN AUGUSTINE TX

If transported by barge, barge and tug identification

Barge and Tug Id.

936-275-7070
Telephone No.

Truck License No.

Trailer License No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Signature of Transporter's Agent

Date and Time Received

4:15 ☐ am
12/8/21 ☒ pm

SITE CODE

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Ventana Midstream

Site Name

William H. Andrews SUD

CHEMICAL ANALYSES

Chloride (Mg/l)

115.45

Conductivity (mmhos/cm)

192.30

pH

7.6

500
530

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

Date and Time Received

12-8-21 ☒ pm

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

Address

City/State/Zip

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

Field Code

Field

318-770-0245
Telephone No.

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

01 Salt Water

02 Oil Base Mud

03 Water Base Mud

04 Completion Fluids

05 Prod. Pit Sludges

06 Storage Tank Sludges

07 Prod. Sands/Solids

08 Fresh Water

09 Rainwater

10 Washout Water

11 Washout Pit Water

12 Gas Plant Waste Solids

14 Pipeline Water/Waste

15 Com. Facility Waste

16 Oil Spill Waste

50 Salvage Hydrocarbons

99 Other*

* (Written Approval Required)

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Site Name

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Chris Riggs

Signature of Generator's Authorized Agent

12-9-21 4:45

Date and Time of Shipment

☒ am
☐ pm

PSC PERMIT

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter

Address

City/State/Zip

If transported by barge, barge and tug identification

Barge and Tug Id.

936-275-7070

Telephone No.

Truck License No.

Trailer License No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Brian McCall

Signature of Transporter's Agent

12-9-21 5:00

Date and Time Received

☒ am
☐ pm

SITE CODE

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Site Name

CHEMICAL ANALYSES

Chloride (Mg/l)

Conductivity (mmhos/cm)

pH

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

Date and Time Received

☒ am
☐ pm

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator Southern Energy
 Address 11000 Energy Dr Telephone No. (318)-770-6245
 City/State/Zip Spring Tx
 ORIGINATION OF WASTE (see instructions on back)
 Well Name & No. / Description 14 17 RIT SWW; PAD 13+12 911 HC#3
 Field Code San Miguel Creek

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | |
|--------------------------|---------------------------|-------------------------------|--|
| 01 Salt Water <u>130</u> | 07 Prod. Sands/Solids | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | 08 Fresh Water | 15 Com. Facility Waste | |
| 03 Water Base Mud | 09 Rainwater | 16 Oil Spill Waste | |
| 04 Completion Fluids | 10 Washout Water | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | 11 Washout Pit Water | 99 Other* | |
| 06 Storage Tank Sludges | 12 Gas Plant Waste Solids | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name Ventura midstream
 Site Name William H Andrew

CERTIFICATION: The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Chris Briggs
 Signature of Generator's Authorized Agent

12-9-21 7:45 ☒ am
 Date and Time of Shipment ☐ pm

PSC PERMIT

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter Serv Energy Telephone No. 936-275-7020
 Address 1985 FM 127A Truck License No. 15
 City/State/Zip San Augustine, TX 75972 Trailer License No. 15
 If transported by barge, barge and tug identification N/A Barge and Tug Id.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the above destination.

Brian McCall
 Signature of Transporter's Agent

12-9-21 8:00 ☒ am
 Date and Time Received ☐ pm

SITE CODE

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name Ventura midstream
 Site Name William H. Andrew SW

CHEMICAL ANALYSES

Chloride (Mg/l) 0.07 Conductivity (mmhos/cm) 381.2 pH 7.0 8:20

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

Brian Horton
 Signature of Facility Agent

12-9-21 ☒ am
 Date and Time Received ☐ pm

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator Southwestern Energy / Indigo

Address 10000 Energy Dr (318)-770-0245
Telephone No.

City/State/Zip Spring TX

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description HA RA SUWW ; PTSN 12-9-11 H 001

Field Code Field San Miguel Creek Field

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|------------|---------------------------|-------|-------------------------------|-------|
| 01 Salt Water | <u>130</u> | 07 Prod. Sands/Solids | _____ | 14 Pipeline Water/Waste | _____ |
| 02 Oil Base Mud | _____ | 08 Fresh Water | _____ | 15 Com. Facility Waste | _____ |
| 03 Water Base Mud | _____ | 09 Rainwater | _____ | 16 Oil Spill Waste | _____ |
| 04 Completion Fluids | _____ | 10 Washout Water | _____ | 50 Salvage Hydrocarbons | _____ |
| 05 Prod. Pit Sludges | _____ | 11 Washout Pit Water | _____ | 99 Other* | _____ |
| 06 Storage Tank Sludges | _____ | 12 Gas Plant Waste Solids | _____ | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name Ventana midstream

Site Name William H Andree

CERTIFICATION: The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Chris Riggs

Signature of Generator's Authorized Agent

12-9-21 9:45 ☒ am
☐ pm
Date and Time of Shipment

PSC PERMIT

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter Jenn Energy 936-775-7070
Telephone No.

Address 1985 FM 1279
Truck License No. 15

City/State/Zip San Augustine, TX
Trailer License No. 15

If transported by barge, barge and tug identification N/A
Barge and Tug Id.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the above destination.

Brian McCall

Signature of Transporter's Agent

12-9-21 10:15 ☒ am
☐ pm
Date and Time Received

SITE CODE

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name Ventana midstream

Site Name William H. Andree

CHEMICAL ANALYSES

Chloride (Mg/l) 0.06 Conductivity (mmhos/cm) 387.5 pH 7.0 11:00

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

Brian Andree

Signature of Facility Agent

12-9-21 ☒ am
☐ pm
Date and Time Received

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

Address

City/State/Zip

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

Field Code

Field

936-465-7070
Telephone No.

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

01 Salt Water

02 Oil Base Mud

03 Water Base Mud

04 Completion Fluids

05 Prod. Pit Sludges

06 Storage Tank Sludges

07 Prod. Sands/Solids

08 Fresh Water

09 Rainwater

10 Washout Water

11 Washout Pit Water

12 Gas Plant Waste Solids

14 Pipeline Water/Waste

15 Com. Facility Waste

16 Oil Spill Waste

50 Salvage Hydrocarbons

99 Other*

* (Written Approval Required)

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Site Name

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of Generator's Authorized Agent

Date and Time of Shipment

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

PSC PERMIT

Transporter

Address

City/State/Zip

If transported by barge, barge and tug identification

Barge and Tug Id.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Signature of Transporter's Agent

Date and Time Received

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

SITE CODE

Facility (Company) Name

Site Name

CHEMICAL ANALYSES

Chloride (Mg/l)

Conductivity (mmhos/cm)

pH

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

Date and Time Received

Manifest No.
ORIGINAL

PP1-157259

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator Southwestern Energy / Indigo

Address 10000 Energy Dr. Telephone No. 718-770-0245

City/State/Zip Spring, TX 77389

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description hark sub, PAR 13224-7-11 HC #2

Field Code San Miguel Creek

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|------------|---------------------------|-------|-------------------------------|-------|
| 01 Salt Water | <u>130</u> | 07 Prod. Sands/Solids | _____ | 14 Pipeline Water/Waste | _____ |
| 02 Oil Base Mud | _____ | 08 Fresh Water | _____ | 15 Com. Facility Waste | _____ |
| 03 Water Base Mud | _____ | 09 Rainwater | _____ | 16 Oil Spill Waste | _____ |
| 04 Completion Fluids | _____ | 10 Washout Water | _____ | 50 Salvage Hydrocarbons | _____ |
| 05 Prod. Pit Sludges | _____ | 11 Washout Pit Water | _____ | 99 Other* | _____ |
| 06 Storage Tank Sludges | _____ | 12 Gas Plant Waste Solids | _____ | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name Ventana midstream

Site Name William H Andries

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of Generator's Authorized Agent

Date and Time of Shipment

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

PSC PERMIT

Transporter John Energy Telephone No. 936-775-7070

Address 1985 FM 1229 Truck License No. 7

City/State/Zip San Augustine, TX 75772 Trailer License No. 7

If transported by barge, barge and tug identification W11T Barge and Tug Id. 12/30

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Signature of Transporter's Agent

Date and Time Received

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

SITE CODE

Facility (Company) Name Ventana midstream

Site Name William H. Andries sub

CHEMICAL ANALYSES

| | | | |
|-----------------|-------------------------|------------|--------------|
| Chloride (Mg/l) | Conductivity (mmhos/cm) | pH | |
| <u>0.06</u> | <u>37.06</u> | <u>6.9</u> | <u>12:50</u> |

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

Date and Time Received

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

ORIGINAL

CODES

PART I: TO BE COMPLETED BY GENERATOR



Generator

Swe

Address

10000 Engery Dr

318-776-0245
Telephone No.

City/State/Zip

Spring, TX 77389

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

TriStar 1+12 9-11 H#4

Field Code

Field

San Miguel Creek

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|-----|---------------------------|--|-------------------------------|--|
| 01 Salt Water | 180 | 07 Prod. Sands/Solids | | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | | 08 Fresh Water | | 15 Com. Facility Waste | |
| 03 Water Base Mud | | 09 Rainwater | | 16 Oil Spill Waste | |
| 04 Completion Fluids | | 10 Washout Water | | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | | 11 Washout Pit Water | | 99 Other* | |
| 06 Storage Tank Sludges | | 12 Gas Plant Waste Solids | | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Ventana MidStream

Site Name

William H Andreas

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Chris Riggs

Signature of Generator's Authorized Agent

12-10-21

Date and Time of Shipment

4:00 ☒ am
☐ pm

PSC PERMIT

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter

Jenn Engery

Address

1985 FM 1279

City/State/Zip

San Augustine, TX 75972

If transported by barge, barge and tug identification

N/A

Barge and Tug Id.

936-275-7076
Telephone No.

15

Truck License No.

15

Trailer License No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Roderick Cochran

Signature of Transporter's Agent

12-10-21

Date and Time Received

4:30 ☒ am
☐ pm

SITE CODE

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Ventana midstream

Site Name

William H. Andreas

CHEMICAL ANALYSES

Chloride (Mg/l)

0.06

Conductivity (mmhos/cm)

20.8

pH

6.9

6:10

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Bria Hester

Signature of Facility Agent

12-10-21

Date and Time Received

☒ am
☐ pm

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

SWC

Address

10000 Engery Dr

City/State/Zip

Spring, TX 77389

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

Tri Star 1412 9-11 H#1

Field Code

Field San Miguel Creek

388-770 0245
Telephone No.

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|-----|---------------------------|--|-------------------------------|--|
| 01 Salt Water | 130 | 07 Prod. Sands/Solids | | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | | 08 Fresh Water | | 15 Com. Facility Waste | |
| 03 Water Base Mud | | 09 Rainwater | | 16 Oil Spill Waste | |
| 04 Completion Fluids | | 10 Washout Water | | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | | 11 Washout Pit Water | | 99 Other* | |
| 06 Storage Tank Sludges | | 12 Gas Plant Waste Solids | | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Ventura Mid Stream

Site Name

William H Andreas

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Chris Riggs

Signature of Generator's Authorized Agent

2:00 ☒ am
12-10-21 ☐ pm

Date and Time of Shipment

PSC PERMIT

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter

Yenn Engery

Address

1985 FM 1279

City/State/Zip

San Augustine, TX 75972

If transported by barge, barge and tug identification

N/A

Barge and Tug Id.

936-875-7070
Telephone No.15
Truck License No.15
Trailer License No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Roderick Caldwell

Signature of Transporter's Agent

2:30 ☒ am
12-10-21 ☐ pm
Date and Time Received

SITE CODE

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Ventura Mid Stream

Site Name

Archies SW

CHEMICAL ANALYSES

Chloride (Mg/l)

48.62

Conductivity (mmhos/cm)

76.31

pH

6.2

3:30

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Jed Dehler

Signature of Facility Agent

12-10-21 ☐ am
Date and Time Received

Manifest No.
ORIGINAL

PP1-157130

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

Address

City/State/Zip

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

Field Code

Field

381-770 .0245
Telephone No.

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|-----|---------------------------|--|-------------------------------|--|
| 01 Salt Water | 130 | 07 Prod. Sands/Solids | | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | | 08 Fresh Water | | 15 Com. Facility Waste | |
| 03 Water Base Mud | | 09 Rainwater | | 16 Oil Spill Waste | |
| 04 Completion Fluids | | 10 Washout Water | | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | | 11 Washout Pit Water | | 99 Other* | |
| 06 Storage Tank Sludges | | 12 Gas Plant Waste Solids | | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Site Name

Ventura midstream

William A Andreas

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Chris Reggs

Signature of Generator's Authorized Agent

12-10-21

Date and Time of Shipment

☒ am
☐ pm

PSC PERMIT

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter

Address

City/State/Zip

If transported by barge, barge and tug identification

Jern Energy

1985 FM 1279

San Augustine, TX 75972

N/A

Barge and Tug Id.

936-275-7070

Telephone No.

Truck License No.

Trailer License No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Roderick Caldwell

Signature of Transporter's Agent

12-10-11

Date and Time Received

☒ am
☐ pm

SITE CODE

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Site Name

Ventura midstream

Andreas

CHEMICAL ANALYSES

Chloride (Mg/l)

Conductivity (mmhos/cm)

pH

21.03

59.06

6.3

1:20

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

12-10-21

Date and Time Received

☒ am
☐ pm

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

Manifest No.
ORIGINAL

PP1-157134

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

Address

City/State/Zip

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

Field Code

Field

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

- 01 Salt Water
02 Oil Base Mud
03 Water Base Mud
04 Completion Fluids
05 Prod. Pit Sludges
06 Storage Tank Sludges

- 07 Prod. Sands/Solids
08 Fresh Water
09 Rainwater
10 Washout Water
11 Washout Pit Water
12 Gas Plant Waste Solids

- 14 Pipeline Water/Waste
15 Com. Facility Waste
16 Oil Spill Waste
50 Salvage Hydrocarbons
99 Other*
* (Written Approval Required)

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Site Name

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

~~Robert Caldwell~~ Chris Riggs
Signature of Generator's Authorized Agent

7:00 ☒ am
12-10-21 ☐ pm
Date and Time of Shipment

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

PSC PERMIT

Transporter

Address

City/State/Zip

If transported by barge, barge and tug identification

Barge and Tug Id.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Robert Caldwell
Signature of Transporter's Agent

7:15 ☒ am
12-10-21 ☐ pm
Date and Time Received

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

SITE CODE

Facility (Company) Name

Site Name

CHEMICAL ANALYSES

Chloride (Mg/l)

Conductivity (mmhos/cm)

pH

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Ben Horton
Signature of Facility Agent

12-10-21 ☐ pm
Date and Time Received

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275Manifest No.
ORIGINAL

PP1-157640

13254

CODES

PART I: TO BE COMPLETED BY GENERATOR

60005

Generator SWN / IndigoAddress 10000 Energy Drive(237) - 273-5000
Telephone No.City/State/Zip Spring Tx

ORIGINATION OF WASTE (see instructions on back)

252295

Well Name & No. / Description HA RA suw; PAU 13-12-9-11 Hc #3

7570

Field Code Field San miguel Creek

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|------------|---------------------------|--|-------------------------------|--|
| 01 Salt Water | <u>130</u> | 07 Prod. Sands/Solids | | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | | 08 Fresh Water | | 15 Com. Facility Waste | |
| 03 Water Base Mud | | 09 Rainwater | | 16 Oil Spill Waste | |
| 04 Completion Fluids | | 10 Washout Water | | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | | 11 Washout Pit Water | | 99 Other* | |
| 06 Storage Tank Sludges | | 12 Gas Plant Waste Solids | | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

4304

Facility (Company) Name Ventana midstenSite Name Andries SWD

CERTIFICATION: The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Jason Gosster
Signature of Generator's Authorized AgentLM12/11/21 1:30 ☒ am
Date and Time of Shipment ☐ pm

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

PSC PERMIT

7604

Transporter Jenn EnergyAddress 1985 FM 1279936-275-7070
Telephone No.City/State/Zip San Augustine Tx 759723881
Truck License No.If transported by barge, barge and tug identification NA16
Trailer License No.

Barge and Tug Id.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the above destination.

Lamar montgomery
Signature of Transporter's Agent12/11/21 1:45 ☒ am
Date and Time Received ☐ pm

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

SITE CODE

4304

Facility (Company) Name Ventana midstenSite Name Andries SWD

CHEMICAL ANALYSES

Chloride (Mg/l)

45.69

Conductivity (mmhos/cm)

9203

pH

63250☐ am
☐ pm

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]
Signature of Facility Agent12/11/21
Date and Time Received

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

ORIGINAL

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

SWN Indigo

Address

10 000 Energy Dr.

013-217 5000
Telephone No.

City/State/Zip

Spring TX

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

HA RA SWN; PAV 13 + 12-9-11 HC #3

Field Code

Field San Miguel Creek

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|-----|---------------------------|--|-------------------------------|--|
| 01 Salt Water | 130 | 07 Prod. Sands/Solids | | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | | 08 Fresh Water | | 15 Com. Facility Waste | |
| 03 Water Base Mud | | 09 Rainwater | | 16 Oil Spill Waste | |
| 04 Completion Fluids | | 10 Washout Water | | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | | 11 Washout Pit Water | | 99 Other* | |
| 06 Storage Tank Sludges | | 12 Gas Plant Waste Solids | | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Basic Energy Ventura Midstream

Site Name

Andriessno

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

8:15 ☐ am
12-11-21 ☒ pm

Signature of Generator's Authorized Agent

Date and Time of Shipment

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

PSC PERMIT

Transporter

Jenn Energy

Address

1985 FM 1279

City/State/Zip

San Augustine, TX 75972

936-275-7070
Telephone No.P272289
Truck License No.013C 331
Trailer License No.

If transported by barge, barge and tug identification

N/A
Barge and Tug Id.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

12-11-21 8:30 ☒ pm
Date and Time Received

Signature of Transporter's Agent

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

SITE CODE

Facility (Company) Name

Ventura Midstream

Site Name

Andriessno

CHEMICAL ANALYSES

Chloride (Mg/l)

46.91

Conductivity (mmhos/cm)

98.12

pH

6.1

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

12-11-21 10:55 ☒ pm
Date and Time Received

Signature of Facility Agent

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

Manifest No. C01-0089779

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

Address

City/State/Zip

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

Field Code

Field

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

01 Salt Water

02 Oil Base Mud

03 Water Base Mud

04 Completion Fluids

05 Prod. Pit Sludges

06 Storage Tank Sludges

07 Prod. Sands/Solids

08 Fresh Water

09 Rainwater

10 Washout Water

11 Washout Pit Water

12 Gas Plant Waste Solids

14 Pipeline Water/Waste

15 Com. Facility Waste

16 Oil Spill Waste

50 Salvage Hydrocarbons

99 Other*

* (Written Approval Required)

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Site Name

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Chris Riggs

Signature of Generator's Authorized Agent

12/11/21

Date and Time of Shipment

☒ am
☐ pm

PSC PERMIT

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter

Address

City/State/Zip

If transported by barge, barge and tug identification

Barge and Tug Id.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Malcolm Cooper

Signature of Transporter's Agent

12/11/21 11:30

Date and Time Received

☒ am
☐ pm

SITE CODE

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Site Name

CHEMICAL ANALYSES

Chloride (Mg/l)

Conductivity (mmhos/cm)

pH

0.06

21.21

7.0

2:50

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Brie Hovis

Signature of Facility Agent

12-11-21

Date and Time Received

☐ am
☒ pm

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275Manifest No.
ORIGINAL

PP1-157646

13260

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator SUN/Indigo
 Address 10000 Energy DR Telephone No. 713-237-5000
 City/State/Zip Spring Tx 77389
 ORIGINATION OF WASTE (see instructions on back)
 Well Name & No. / Description HA RA SUXX; RKSCRK 7-18-9-10 H #2
 Field Code San miguel creek

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | |
|--------------------------|---------------------------|-------------------------------|--|
| 01 Salt Water <u>130</u> | 07 Prod. Sands/Solids | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | 08 Fresh Water | 15 Com. Facility Waste | |
| 03 Water Base Mud | 09 Rainwater | 16 Oil Spill Waste | |
| 04 Completion Fluids | 10 Washout Water | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | 11 Washout Pit Water | 99 Other* | |
| 06 Storage Tank Sludges | 12 Gas Plant Waste Solids | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name Ventana midstream
 Site Name Andries

CERTIFICATION: The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Jason Gogster
 Signature of Generator's Authorized Agent

LM

12/12/21

3:00 ☒ am
☐ pm

Date and Time of Shipment

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter Jenn Energy Telephone No. 936-275-7070
 Address 1955 FM 1279 3881
 City/State/Zip San Angelo Stine Tx 75979 16
 If transported by barge, barge and tug identification N/A Trailer License No.

Barge and Tug Id.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the above destination.

Lamar Montgomery
 Signature of Transporter's Agent

12/12/21

3:45 ☒ am
☐ pm

Date and Time Received

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name Ventana midstream
 Site Name Andries Snd

CHEMICAL ANALYSES

Chloride (Mg/l)

Conductivity (mmhos/cm)

pH

29.87

73.21

6.3

4:55

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]
 Signature of Facility Agent

12-12-21
 Date and Time Received

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator SWF

Address 10000 Engery Dr Telephone No. (381)-770-0245

City/State/Zip Spring, TX 77389

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description TriStar 1#12 9-11 H#1

Field Code Field San Miguel Creek

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | |
|--------------------------------------------------------------|---------------------------|-------------------------|
| <input checked="" type="checkbox"/> 01 Salt Water <u>130</u> | 07 Prod. Sands/Solids | 14 Pipeline Water/Waste |
| 02 Oil Base Mud | 08 Fresh Water | 15 Com. Facility Waste |
| 03 Water Base Mud | 09 Rainwater | 16 Oil Spill Waste |
| 04 Completion Fluids | 10 Washout Water | 50 Salvage Hydrocarbons |
| 05 Prod. Pit Sludges | 11 Washout Pit Water | 99 Other* |
| 06 Storage Tank Sludges | 12 Gas Plant Waste Solids | |

* (Written Approval Required)

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name Ventura Mid Stream

Site Name William H. Andreas

CERTIFICATION: The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Chris Riggs

Signature of Generator's Authorized Agent

12/12/21

Date and Time of Shipment

☒ am
☐ pm

PSC PERMIT

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter Yenn Engery Telephone No. 936-275-7076

Address 1985 FM 1279

City/State/Zip San Augustine, TX 75972 Truck License No. 15

Trailer License No. 15

If transported by barge, barge and tug identification

N/A Barge and Tug Id.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the above destination.

R. Goodwell

Signature of Transporter's Agent

12/12/21

Date and Time Received

☒ am
☐ pm

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name Ventura midstream

Site Name William H. Andreas

CHEMICAL ANALYSES

Chloride (Mg/l)

0.06

Conductivity (mmhos/cm)

22.25

pH

7.111:00

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

Bria Horton

Signature of Facility Agent

12/12/21

Date and Time Received

☒ am
☐ pm

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

Manifest No. No 1- 3833918
ORIGINAL

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

Address

City/State/Zip

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

Field Code

Field

Telephone No.

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|-----|---------------------------|--|-------------------------------|--|
| 01 Salt Water | 130 | 07 Prod. Sands/Solids | | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | | 08 Fresh Water | | 15 Com. Facility Waste | |
| 03 Water Base Mud | | 09 Rainwater | | 16 Oil Spill Waste | |
| 04 Completion Fluids | | 10 Washout Water | | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | | 11 Washout Pit Water | | 99 Other* | |
| 06 Storage Tank Sludges | | 12 Gas Plant Waste Solids | | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Site Name

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of Generator's Authorized Agent

Date and Time of Shipment

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

PSC PERMIT

Transporter

Address

City/State/Zip

If transported by barge, barge and tug identification

Barge and Tug Id.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Signature of Transporter's Agent

Date and Time Received

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

SITE CODE

Facility (Company) Name

Site Name

CHEMICAL ANALYSES

Chloride (Mg/l)

Conductivity (mmhos/cm)

pH

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

Date and Time Received

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

Manifest No. No 1- 3943195
ORIGINAL 13264

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

SWA/Indigo

Address

10000 Energy DR

213-237-5000
Telephone No.

City/State/Zip

Spring Tx 77389

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

Tristar 1-12-9-11 HC #1

Field Code

Field San Miguel Creek

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|-----|---------------------------|--|-------------------------------|--|
| 01 Salt Water | 130 | 07 Prod. Sands/Solids | | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | | 08 Fresh Water | | 15 Com. Facility Waste | |
| 03 Water Base Mud | | 09 Rainwater | | 16 Oil Spill Waste | |
| 04 Completion Fluids | | 10 Washout Water | | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | | 11 Washout Pit Water | | 99 Other* | |
| 06 Storage Tank Sludges | | 12 Gas Plant Waste Solids | | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Ventana midstream

Site Name

Andreas SWD

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

100 ☒ am
☐ pm

Jason Gosster LM
Signature of Generator's Authorized Agent

12/13/21
Date and Time of Shipment

PSC PERMIT

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter

Jenn Energy

Address

19555 FM 1279

City/State/Zip

San Augustine Tx 75972

If transported by barge, barge and tug identification

N/A

Barge and Tug Id.

936-275-7070
Telephone No.
3581
Truck License No.
16
Trailer License No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

☒ am
☐ pm

Lamar Montgomery
Signature of Transporter's Agent

12/13/21 1:30
Date and Time Received

SITE CODE

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Ventana midstream

Site Name

William H. Andreas SWD

CHEMICAL ANALYSES

Chloride (Mg/l)

74.30

Conductivity (mmhos/cm)

108.70

pH


6.1

880
300

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

☒ am
☐ pm


Signature of Facility Agent

12-13-21
Date and Time Received

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275Manifest No. No 1- 3943196
ORIGINAL 13265

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

Address

City/State/Zip

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

Field Code

Field

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|-----|---------------------------|--|-------------------------------|--|
| 01 Salt Water | 130 | 07 Prod. Sands/Solids | | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | | 08 Fresh Water | | 15 Com. Facility Waste | |
| 03 Water Base Mud | | 09 Rainwater | | 16 Oil Spill Waste | |
| 04 Completion Fluids | | 10 Washout Water | | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | | 11 Washout Pit Water | | 99 Other* | |
| 06 Storage Tank Sludges | | 12 Gas Plant Waste Solids | | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Site Name

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

3:25

☒ am
☐ pm

Jason Gosster

Signature of Generator's Authorized Agent

LM

12/13/21

Date and Time of Shipment

PSC PERMIT

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter

Address

City/State/Zip

If transported by barge, barge and tug identification

Barge and Tug Id.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

3:55

☒ am
☐ pm

Lamar Montgomery

Signature of Transporter's Agent

12/13/21

Date and Time Received

SITE CODE

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Site Name

CHEMICAL ANALYSES

Chloride (Mg/l)

Conductivity (mmhos/cm)

pH

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

☒ am
☐ pm

Signature of Facility Agent

12-13-21

Date and Time Received

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275Manifest No.
ORIGINAL

PP1-157141

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

Address

City/State/Zip

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

Field Code

Field

Telephone No.

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

01 Salt Water

02 Oil Base Mud

03 Water Base Mud

04 Completion Fluids

05 Prod. Pit Sludges

06 Storage Tank Sludges

07 Prod. Sands/Solids

08 Fresh Water

09 Rainwater

10 Washout Water

11 Washout Pit Water

12 Gas Plant Waste Solids

14 Pipeline Water/Waste

15 Com. Facility Waste

16 Oil Spill Waste

50 Salvage Hydrocarbons

99 Other*

* (Written Approval Required)

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Site Name

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Chris Riggs

Signature of Generator's Authorized Agent

9:45 am
12-13-21
Date and Time of Shipment

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter

Address

City/State/Zip

If transported by barge, barge and tug identification

Barge and Tug Id.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Brian McCall

Signature of Transporter's Agent

11:45 am
12-13-21
Date and Time Received

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Site Name

CHEMICAL ANALYSES

Chloride (Mg/l)

Conductivity (mmhos/cm)

pH

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Brian Horton

Signature of Facility Agent

11:50
12-13-21
Date and Time Received

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

Manifest No.
ORIGINAL

PP1-157139

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

Address

City/State/Zip

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

Field Code

Field

318-770-0245
Telephone No.

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|-----|---------------------------|--|-------------------------------|--|
| 01 Salt Water | 130 | 07 Prod. Sands/Solids | | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | | 08 Fresh Water | | 15 Com. Facility Waste | |
| 03 Water Base Mud | | 09 Rainwater | | 16 Oil Spill Waste | |
| 04 Completion Fluids | | 10 Washout Water | | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | | 11 Washout Pit Water | | 99 Other* | |
| 06 Storage Tank Sludges | | 12 Gas Plant Waste Solids | | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Site Name

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Chris Riggs

Signature of Generator's Authorized Agent

12/13/12

Date and Time of Shipment

7:00

☒ am
☐ pm

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter

Address

City/State/Zip

If transported by barge, barge and tug identification

936-2757020

Telephone No.

15

Truck License No.

15

Trailer License No.

1/4

Barge and Tug Id.

8:00

☒ am
☐ pm

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Brian McCall

Signature of Transporter's Agent

12/13/12

Date and Time Received

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Site Name

SITE CODE

4304

CHEMICAL ANALYSES

Chloride (Mg/l)

Conductivity (mmhos/cm)

pH

0.05

30.63

7.1

8:00

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Brian Horton

Signature of Facility Agent

12-13-21

Date and Time Received

☒ am
☐ pm

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275Manifest No. No 1- 3943197
ORIGINAL 13266

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

SWN

Address

10000 Energy DR

713-237-4000
Telephone No.

City/State/Zip

Spring Tx 77839

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

HA RA suwv; PTSN 12-1-911 Hc^F/ALT

Field Code

Field

San Miguel Creek

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

01 Salt Water

130

07 Prod. Sands/Solids

14 Pipeline Water/Waste

02 Oil Base Mud

08 Fresh Water

15 Com. Facility Waste

03 Water Base Mud

09 Rainwater

16 Oil Spill Waste

04 Completion Fluids

10 Washout Water

50 Salvage Hydrocarbons

05 Prod. Pit Sludges

11 Washout Pit Water

99 Other*

06 Storage Tank Sludges

12 Gas Plant Waste Solids

* (Written Approval Required)

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Ventana midstream

Site Name

~~Ventana midstream~~ Andreas suwD
5125

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Jason Gosster

Lun

Signature of Generator's Authorized Agent

12/13/21

Date and Time of Shipment

☒ am
☐ pm

PSC PERMIT

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter

Jenn Energy

Address

1985 FM 1279

City/State/Zip

San Augustine Tx 75972

If transported by barge, barge and tug identification

NA

Barge and Tug Id.

5145

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Lamar Wadsworth

Signature of Transporter's Agent

12/13/21

Date and Time Received

☒ am
☐ pm

SITE CODE

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Ventana midstream

Site Name

William H. Andre suwD

CHEMICAL ANALYSES

Chloride (Mg/l)

0.06

Conductivity (mmhos/cm)

65.56

pH

6.3

6:40

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Brian Horton

Signature of Facility Agent

12-13-21

Date and Time Received

☒ am
☐ pm

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275Manifest No.
ORIGINAL

PP1-157138

CODES

60005

PART I: TO BE COMPLETED BY GENERATOR

Generator

SWE

Address

10000 Engery Dr

City/State/Zip

Spring, TX 77389

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

TriStar #12 9-11 H#4

Field Code

Field

San Miguel Creek

38-770-0245

Telephone No.

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

- ☒ 01 Salt Water
02 Oil Base Mud
03 Water Base Mud
04 Completion Fluids
05 Prod. Pit Sludges
06 Storage Tank Sludges

130

- 07 Prod. Sands/Solids
08 Fresh Water
09 Rainwater
10 Washout Water
11 Washout Pit Water
12 Gas Plant Waste Solids

- 14 Pipeline Water/Waste
15 Com. Facility Waste
16 Oil Spill Waste
50 Salvage Hydrocarbons
99 Other*

* (Written Approval Required)

SITE CODE

4304

DESTINATION OF WASTE

Facility (Company) Name

Ventara Mid Stream

Site Name

William H Andreas

CERTIFICATION: The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Chris Riggs

Signature of Generator's Authorized Agent

12/13/21

Date and Time of Shipment

4:00 ☒ am
☐ pm

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

PSC PERMIT

7604

Transporter

Senn Engery

Address

1985 FM 1279

City/State/Zip

San Augustine, TX 75972

If transported by barge, barge and tug identification

N/A

Barge and Tug Id.

936-275-7076

Telephone No.

Truck License No.

Trailer License No.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the above destination.

R Caldwell

Signature of Transporter's Agent

12/13/21

Date and Time Received

4:00 ☒ am
☐ pm

SITE CODE

4304

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Ventara midstream

Site Name

William H. Andreas

CHEMICAL ANALYSES

Chloride (Mg/l)

86.40

Conductivity (mmhos/cm)

109.78

pH

7.9

545
615

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

12-13-21

Date and Time Received

☒ am
☐ pm

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

Manifest No.
ORIGINAL

PP1-157142

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator SWN
Address 10000 Energy Dr Telephone No. (913) 237 5000
City/State/Zip Spring TX 77389
ORIGINATION OF WASTE (see instructions on back)
Well Name & No. / Description HARA Supp, PAU B-12-5-11 EIC #3
Field Code San Miguel Creek

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | |
|--------------------------|---------------------------|-------------------------------|--|
| 01 Salt Water <u>130</u> | 07 Prod. Sands/Solids | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | 08 Fresh Water | 15 Com. Facility Waste | |
| 03 Water Base Mud | 09 Rainwater | 16 Oil Spill Waste | |
| 04 Completion Fluids | 10 Washout Water | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | 11 Washout Pit Water | 99 Other* | |
| 06 Storage Tank Sludges | 12 Gas Plant Waste Solids | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name Ventura Midstream
Site Name Andrew William

CERTIFICATION: The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Chris Riggs

Signature of Generator's Authorized Agent

1230 ☐ am
12/13/21 ☒ pm
Date and Time of Shipment

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter Jens Energy Telephone No. 936-2727070
Address 1981 FM 1279
City/State/Zip San Augustine TX 75972
Truck License No. 5
Trailer License No. 15
If transported by barge, barge and tug identification NA Barge and Tug Id.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the above destination.

Bryan McCall

Signature of Transporter's Agent

12/13/21 140 ☐ am
12/13/21 ☒ pm
Date and Time Received

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name Ventura midstream
Site Name William H. Andrews

CHEMICAL ANALYSES

Chloride (Mg/l)

0.06

Conductivity (mmhos/cm)

15.0

pH

7.0

2.00

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

Bryan McCall

Signature of Facility Agent

12-13-21 ☐ am
12-13-21 ☒ pm
Date and Time Received

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275Manifest No.
ORIGINALPP1-158003
13296

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

Address

City/State/Zip

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

Field Code

Field

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

- 01 Salt Water
02 Oil Base Mud
03 Water Base Mud
04 Completion Fluids
05 Prod. Pit Sludges
06 Storage Tank Sludges

- 07 Prod. Sands/Solids
08 Fresh Water
09 Rainwater
10 Washout Water
11 Washout Pit Water
12 Gas Plant Waste Solids

- 14 Pipeline Water/Waste
15 Com. Facility Waste
16 Oil Spill Waste
50 Salvage Hydrocarbons
99 Other*

* (Written Approval Required)

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Site Name

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Jason Gosster

Signature of Generator's Authorized Agent

LM

12/14/21

Date and Time of Shipment

☒ am
☐ pm

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

PSC PERMIT

Transporter

Address

City/State/Zip

If transported by barge, barge and tug identification

Barge and Tug Id.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Lamar Montgomery

Signature of Transporter's Agent

12/14/21

Date and Time Received

☐ am
☐ pm

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

SITE CODE

Facility (Company) Name

Site Name

CHEMICAL ANALYSES

Chloride (Mg/l)

Conductivity (mmhos/cm)

pH

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

Date and Time Received

☒ am
☐ pm

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275Manifest No.
ORIGINALPP1-158002
13268

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

Southwestern

Address

10000 Energy TOR

(713) 237-5000
Telephone No.

City/State/Zip

Spring Tx 77889

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

HARA 5053; Jam 31-6-10-10 HC #1

Field Code

Field

San Miguel Creek

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

01 Salt Water

130

07 Prod. Sands/Solids

14 Pipeline Water/Waste

02 Oil Base Mud

08 Fresh Water

15 Com. Facility Waste

03 Water Base Mud

09 Rainwater

16 Oil Spill Waste

04 Completion Fluids

10 Washout Water

50 Salvage Hydrocarbons

05 Prod. Pit Sludges

11 Washout Pit Water

99 Other*

06 Storage Tank Sludges

12 Gas Plant Waste Solids

* (Written Approval Required)

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Ventana Midstream

Site Name

Andres SWD

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Jason Grosster

LM

12/14/21

Signature of Generator's Authorized Agent

Date and Time of Shipment

☒ am
☐ pm

1:30

PSC PERMIT

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter

Jenn Energy

Address

1985 FM 1279

City/State/Zip

San Augustine Tx 75972

If transported by barge, barge and tug identification

N/A

Barge and Tug Id.

2:00

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Lamar Montgomery

Signature of Transporter's Agent

12/14/21

Date and Time Received

☒ am
☐ pm

SITE CODE

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Ventana Midstream

Site Name

William H. Andres SWD

CHEMICAL ANALYSES

Chloride (Mg/l)

69.18

Conductivity (mmhos/cm)

80.43

pH

7.8

230
300

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

12-14-21

Date and Time Received

☒ am
☐ pm

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

Manifest No.
ORIGINAL

PP1-157145

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

SWN

Address

10000 Energy Dr

(713) 257-5000

Telephone No.

City/State/Zip

Spring Tx 77389

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

HARA Swi Tristar 18-12-9-11 Hc #1

Field Code

Field

San Miguel Creek

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|-----|---------------------------|--|-------------------------------|--|
| 01 Salt Water | 130 | 07 Prod. Sands/Solids | | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | | 08 Fresh Water | | 15 Com. Facility Waste | |
| 03 Water Base Mud | | 09 Rainwater | | 16 Oil Spill Waste | |
| 04 Completion Fluids | | 10 Washout Water | | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | | 11 Washout Pit Water | | 99 Other* | |
| 06 Storage Tank Sludges | | 12 Gas Plant Waste Solids | | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Ventana Midstream

Site Name

Andrew SWN

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of Generator's Authorized Agent

Date and Time of Shipment

800

☒ am
☐ pm

PSC PERMIT

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter

Jew Energy

Address

1985 FM 1279

City/State/Zip

San Augustine Tx 75972

If transported by barge, barge and tug identification

N/A

Barge and Tug Id.

9362157070

Telephone No.

Truck License No.

21

Trailer License No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Signature of Transporter's Agent

Date and Time Received

905

☒ am
☐ pm

SITE CODE

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Ventana midstream

Site Name

William H. Andx SWD

CHEMICAL ANALYSES

Chloride (Mg/l)

0.06

Conductivity (mmhos/cm)

10.19

pH

6.9

9130

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

Date and Time Received

☐ am
☐ pm

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

Manifest No.
ORIGINAL

PP1-158005

13271

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

SWN

Address

10000 Energy DR

713-223-5020
Telephone No.

City/State/Zip

Spring TX 77434

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

HA RA SUSH GLVRG-31-9-10 H[#]1 ALT

Field Code

Field San Miguel Creek

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|-----|---------------------------|--|-------------------------------|--|
| 01 Salt Water | 130 | 07 Prod. Sands/Solids | | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | | 08 Fresh Water | | 15 Com. Facility Waste | |
| 03 Water Base Mud | | 09 Rainwater | | 16 Oil Spill Waste | |
| 04 Completion Fluids | | 10 Washout Water | | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | | 11 Washout Pit Water | | 99 Other* | |
| 06 Storage Tank Sludges | | 12 Gas Plant Waste Solids | | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Ventana midstream

Site Name

Andres SWD

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Jason Grosster

Signature of Generator's Authorized Agent

LM

12/14/21

Date and Time of Shipment

☒ am
☐ pm

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

PSC PERMIT

Transporter

Jenn Energy

Address

1985 FM 1279

City/State/Zip

San Augustine TX 75972

If transported by barge, barge and tug identification

N N

Barge and Tug Id.

936-275-7070
Telephone No.

3551

Truck License No.

16

Trailer License No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Lamar Montgomery

Signature of Transporter's Agent

12/14/21

Date and Time Received

☒ am
☐ pm

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

SITE CODE

Facility (Company) Name

Ventana midstream

Site Name

William H. Andrus SWD

CHEMICAL ANALYSES

Chloride (Mg/l)

006

Conductivity (mmhos/cm)

5021

pH

6.9

8:20

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Bria Horton

Signature of Facility Agent

12-14-21

Date and Time Received

☒ am
☐ pm

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

Manifest No.
ORIGINAL

PP1-157144

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator SWN
Address 10000 Energy Dr Telephone No. () 713-237-5000
City/State/Zip Spring Tx 77344
ORIGINATION OF WASTE (see instructions on back)
Well Name & No. / Description UARA Suo, TrisStar 18-12-4-11 Hc #1
Field Code San Miguel Creek

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | |
|--------------------------|---------------------------|-------------------------------|
| 01 Salt Water <u>130</u> | 07 Prod. Sands/Solids | 14 Pipeline Water/Waste |
| 02 Oil Base Mud | 08 Fresh Water | 15 Com. Facility Waste |
| 03 Water Base Mud | 09 Rainwater | 16 Oil Spill Waste |
| 04 Completion Fluids | 10 Washout Water | 50 Salvage Hydrocarbons |
| 05 Prod. Pit Sludges | 11 Washout Pit Water | 99 Other* |
| 06 Storage Tank Sludges | 12 Gas Plant Waste Solids | * (Written Approval Required) |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name Ventura Midstream
Site Name Andres SWD

CERTIFICATION: The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of Generator's Authorized Agent

Date and Time of Shipment

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter Jeno Energy Telephone No. 936-2757000
Address 1905 FM 1274
City/State/Zip San Augustine Tx 75572
Truck License No. 21
Trailer License No. N/A
If transported by barge, barge and tug identification N/A Barge and Tug Id.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the above destination.

Signature of Transporter's Agent

Date and Time Received

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name Ventura midstream
Site Name William H. Andres SWD

CHEMICAL ANALYSES

Chloride (Mg/l)

Conductivity (mmhos/cm)

pH

0.06

29.16

7.0

7:30

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

Date and Time Received

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

Manifest No.
ORIGINAL

PP1-158004

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

Address

City/State/Zip

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

Field Code

Field

Telephone No.

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

01 Salt Water
02 Oil Base Mud
03 Water Base Mud
04 Completion Fluids
05 Prod. Pit Sludges
06 Storage Tank Sludges

07 Prod. Sands/Solids
08 Fresh Water
09 Rainwater
10 Washout Water
11 Washout Pit Water
12 Gas Plant Waste Solids

14 Pipeline Water/Waste
15 Com. Facility Waste
16 Oil Spill Waste
50 Salvage Hydrocarbons
99 Other*
* (Written Approval Required)

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Site Name

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

☒ am
☐ pm

Jason Gosser LM
Signature of Generator's Authorized Agent

Date and Time of Shipment

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter

Address

City/State/Zip

If transported by barge, barge and tug identification

Barge and Tug Id.

PSC PERMIT

7604

936-275-7070
Telephone No.
3887
Truck License No.
16
Trailer License No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

☒ am
☐ pm

Kamar Montgomery
Signature of Transporter's Agent

Date and Time Received

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Site Name

SITE CODE

4304

CHEMICAL ANALYSES

Chloride (Mg/l)

Conductivity (mmhos/cm)

pH

0.04

14.95

6.7

6:40

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

☒ am
☐ pm

Brian Horton
Signature of Facility Agent

Date and Time Received

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

Address

City/State/Zip

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

Field Code

Field

231-231-5000
Telephone No.

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|-----|---------------------------|--|-------------------------------|--|
| 01 Salt Water | 130 | 07 Prod. Sands/Solids | | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | | 08 Fresh Water | | 15 Com. Facility Waste | |
| 03 Water Base Mud | | 09 Rainwater | | 16 Oil Spill Waste | |
| 04 Completion Fluids | | 10 Washout Water | | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | | 11 Washout Pit Water | | 99 Other* | |
| 06 Storage Tank Sludges | | 12 Gas Plant Waste Solids | | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Site Name

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Chris Riggs
Signature of Generator's Authorized Agent12/14/21 400
Date and Time of Shipment

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter

Address

City/State/Zip

If transported by barge, barge and tug identification

Barge and Tug Id.

PSC PERMIT

7604

936-275-7000
Telephone No.
15
Truck License No.
15
Trailer License No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Brian McCall
Signature of Transporter's Agent12/14/21 400
Date and Time Received

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Site Name

SITE CODE

4304

CHEMICAL ANALYSES

Chloride (Mg/l)

Conductivity (mmhos/cm)

pH

76.20

104.30

7.9

545
630

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

12-14-21
Date and Time Receivedam
pm

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

Manifest No.
ORIGINAL

PP1-158006
13272

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator SWN
Address 10000 Energy DR 713-232-5000
City/State/Zip Spring Tx 77389
Telephone No.
ORIGINATION OF WASTE (see instructions on back)
Well Name & No. / Description HARRA SWW; PAV 13-12-9-11 HC #1,2
Field Code Field San Miguel Creek

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | |
|--------------------------|---------------------------|------------------------------|
| 01 Salt Water <u>130</u> | 07 Prod. Sands/Solids | 14 Pipeline Water/Waste |
| 02 Oil Base Mud | 08 Fresh Water | 15 Com. Facility Waste |
| 03 Water Base Mud | 09 Rainwater | 16 Oil Spill Waste |
| 04 Completion Fluids | 10 Washout Water | 50 Salvage Hydrocarbons |
| 05 Prod. Pit Sludges | 11 Washout Pit Water | 99 Other* |
| 06 Storage Tank Sludges | 12 Gas Plant Waste Solids | *(Written Approval Required) |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name Ventana midstream
Site Name Andres SWD

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Jason Gosster LM 12/14/21 9:15
Signature of Generator's Authorized Agent Date and Time of Shipment

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

PSC PERMIT

Transporter Jenn Energy 936-275-7070
Address 1985 FM 1279 3881
City/State/Zip San Augustine Tx 75972 16
Truck License No.
Trailer License No.
If transported by barge, barge and tug identification NN Barge and Tug Id.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Lamar Montgomery 12/14/21 9:45
Signature of Transporter's Agent Date and Time Received

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

SITE CODE

Facility (Company) Name Ventana midstream
Site Name William H. Andrus SWD

CHEMICAL ANALYSES

Chloride (Mg/l) 0.06 Conductivity (mmhos/cm) 71.83 pH 6.9 11:30

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Bria Horton 12-14-21 11:30
Signature of Facility Agent Date and Time Received

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275Manifest No.
ORIGINAL

PP1-157150

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

Address

City/State/Zip

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

Field Code

Field

(832 796 2573
Telephone No.

HA 2A50W: 13512-4-11 HCB

PAV
FISH~~12-11-11~~

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|-----|---------------------------|--|-------------------------------|--|
| 01 Salt Water | 130 | 07 Prod. Sands/Solids | | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | | 08 Fresh Water | | 15 Com. Facility Waste | |
| 03 Water Base Mud | | 09 Rainwater | | 16 Oil Spill Waste | |
| 04 Completion Fluids | | 10 Washout Water | | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | | 11 Washout Pit Water | | 99 Other* | |
| 06 Storage Tank Sludges | | 12 Gas Plant Waste Solids | | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Site Name

4304

Ventana Midstream

Andrix

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

715 ☐ am
☒ pm

Signature of Generator's Authorized Agent

Date and Time of Shipment

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

PSC PERMIT

Transporter

Address

City/State/Zip

If transported by barge, barge and tug identification

Barge and Tug Id.

936 275 7070
Telephone No.

Truck License No.

Trailer License No.

N/A

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

745 ☐ am
☒ pm

Signature of Transporter's Agent

Date and Time Received

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

SITE CODE

Facility (Company) Name

Site Name

4304

Ventana midstream

William H. Andres Sun

CHEMICAL ANALYSES

Chloride (Mg/l)

Conductivity (mmhos/cm)

pH

60.30

72.04

7.9

900

930

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

745 ☐ am
☒ pm

Signature of Facility Agent

Date and Time Received

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

Manifest No.
ORIGINAL

PP1-157151

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

SWE

Address

10000 Engery Dr

(218)-237-5032

Telephone No.

City/State/Zip

Spring, TX

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

HARASUX: RKS CRK 7-18-9-10 HC #2 ALT

Field Code

Field San Miguel Creek

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|---------------------------------------------------|-----|---------------------------|--|-------------------------------|--|
| <input checked="" type="checkbox"/> 01 Salt Water | 130 | 07 Prod. Sands/Solids | | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | | 08 Fresh Water | | 15 Com. Facility Waste | |
| 03 Water Base Mud | | 09 Rainwater | | 16 Oil Spill Waste | |
| 04 Completion Fluids | | 10 Washout Water | | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | | 11 Washout Pit Water | | 99 Other* | |
| 06 Storage Tank Sludges | | 12 Gas Plant Waste Solids | | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Ventana Midstream

Site Name

Ventana Midstream Andries SWD

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Chris Riggs

Signature of Generator's Authorized Agent

9:40 am

12/15/21

pm

Date and Time of Shipment

PSC PERMIT

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter

Jenn Engery

936-275-7070

Telephone No.

Address

1985 FM 1279

15

Truck License No.

City/State/Zip

San Augustine, TX 75972

15

Trailer License No.

If transported by barge, barge and tug identification

N/A

Barge and Tug Id.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

R Goodwell

Signature of Transporter's Agent

10:00 am

12/15/21

pm

Date and Time Received

SITE CODE

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Ventana Midstream

Site Name

William H. Andries SWD

CHEMICAL ANALYSES

Chloride (Mg/l)

64.113

Conductivity (mmhos/cm)

80.21

pH

7.2

7100
7300

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

12-15-21

Date and Time Received

am

pm

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

Manifest No.
ORIGINAL

PP1-158012

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator SWN
Address 10000 Energy DR Telephone No. (713) 273-5000
City/State/Zip Spring Tx 77439
ORIGINATION OF WASTE (see instructions on back)
Well Name & No. / Description HA RA SUSH; G-LVR 31-9-10 Hc # 1,2
Field Code San Miguel Creek

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | |
|--------------------------------------------------------------|---------------------------------|-------------------------------|
| <input checked="" type="checkbox"/> 01 Salt Water <u>130</u> | 07 Prod. Sands/Solids _____ | 14 Pipeline Water/Waste _____ |
| 02 Oil Base Mud _____ | 08 Fresh Water _____ | 15 Com. Facility Waste _____ |
| 03 Water Base Mud _____ | 09 Rainwater _____ | 16 Oil Spill Waste _____ |
| 04 Completion Fluids _____ | 10 Washout Water _____ | 50 Salvage Hydrocarbons _____ |
| 05 Prod. Pit Sludges _____ | 11 Washout Pit Water _____ | 99 Other* _____ |
| 06 Storage Tank Sludges _____ | 12 Gas Plant Waste Solids _____ | * (Written Approval Required) |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name Ventana midstream
Site Name Andries SWD

CERTIFICATION: The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Jason Grosster
Signature of Generator's Authorized Agent

L.M.

12/15/21
Date and Time of Shipment

10:15
☐ am
☒ pm

PSC PERMIT

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter Jenn Energy Telephone No. 936-275-7070
Address 1985 FM 1279 3581
City/State/Zip San Augustine Tx 75972 16
Truck License No. _____
Trailer License No. _____
If transported by barge, barge and tug identification NA Barge and Tug Id. 10:15

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the above destination.

Lamar Montgomery
Signature of Transporter's Agent

12/15/21
Date and Time Received

10:15
☐ am
☒ pm

SITE CODE

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name ventana midstream
Site Name William H. Andries SWD

CHEMICAL ANALYSES

| | | | |
|-----------------|-------------------------|------------|----------------------------|
| Chloride (Mg/l) | Conductivity (mmhos/cm) | pH | |
| <u>125.08</u> | <u>150.37</u> | <u>7.9</u> | <u>1130</u> <u>1200</u> |

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]
Signature of Facility Agent

12-15-21
Date and Time Received

☐ am
☒ pm

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

Manifest No.
ORIGINAL

PP1-158007
13223

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator SWN
Address 10000 Energy DR Telephone No. (713)-232-9000
City/State/Zip Spring Tx 77389
ORIGINATION OF WASTE (see instructions on back)
Well Name & No. / Description HARA SUT; FORD 269-11 H#1
Field Code San Miguel Creek

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | |
|--------------------------------------------------------------|---------------------------|-------------------------------|--|
| <input checked="" type="checkbox"/> 01 Salt Water <u>130</u> | 07 Prod. Sands/Solids | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | 08 Fresh Water | 15 Com. Facility Waste | |
| 03 Water Base Mud | 09 Rainwater | 16 Oil Spill Waste | |
| 04 Completion Fluids | 10 Washout Water | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | 11 Washout Pit Water | 99 Other* | |
| 06 Storage Tank Sludges | 12 Gas Plant Waste Solids | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name Ventana midstream
Site Name Andres SUD

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Jason Grosster LM 12/15/21
Signature of Generator's Authorized Agent Date and Time of Shipment

PSC PERMIT

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter Jenn Energy Telephone No. 936-275-7070
Address 1985 FM 1279 3581
City/State/Zip San Augustine Tx 75972 16
Trailer License No.
If transported by barge, barge and tug identification NA Barge and Tug Id. 1120

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Lamar Montgomery 12/15/21
Signature of Transporter's Agent Date and Time Received

SITE CODE

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name Ventana midstream
Site Name William H Andres SUD

CHEMICAL ANALYSES

Chloride (Mg/l)

Conductivity (mmhos/cm)

pH

160.19180.417.2

200
230

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature] 12-15-21
Signature of Facility Agent Date and Time Received

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275Manifest No.
ORIGINAL

PP1-158008

13274

CODES

60005

262295
7870

PART I: TO BE COMPLETED BY GENERATOR

Generator SUN
Address 10000 Energy Drive 713-237-5000
City/State/Zip Spring Tx 77359
Telephone No.
ORIGINATION OF WASTE (see instructions on back)
Well Name & No. / Description HARASUNNY PAV 13-12-9-11 HC #3, 4
Field Code San Miguel

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|------------|---------------------------|--|-------------------------------|--|
| 01 Salt Water | <u>130</u> | 07 Prod. Sands/Solids | | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | | 08 Fresh Water | | 15 Com. Facility Waste | |
| 03 Water Base Mud | | 09 Rainwater | | 16 Oil Spill Waste | |
| 04 Completion Fluids | | 10 Washout Water | | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | | 11 Washout Pit Water | | 99 Other* | |
| 06 Storage Tank Sludges | | 12 Gas Plant Waste Solids | | * (Written Approval Required) | |

SITE CODE

4304

DESTINATION OF WASTE

Facility (Company) Name Ventana Midstream
Site Name Andries

CERTIFICATION: The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Jason Grosster CM 12/15/21
Signature of Generator's Authorized Agent Date and Time of Shipment
☐ am ☐ pm

PSC PERMIT

7604

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter J&J Energy 936-275-7070
Address 1985 FM 1279 3881
City/State/Zip San Augustine Tx 75872 16
Truck License No.
Trailer License No.
If transported by barge, barge and tug identification NA
Barge and Tug Id. 3:00

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the above destination.

Lamar Montgomery 12/15/21
Signature of Transporter's Agent Date and Time Received
☐ am ☐ pm

SITE CODE

4304

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name Ventana midstream
Site Name William H. Andries Sun

CHEMICAL ANALYSES

| | | | |
|-----------------|-------------------------|------------|--------------------------|
| Chloride (Mg/l) | Conductivity (mmhos/cm) | pH | |
| <u>62.45</u> | <u>108.70</u> | <u>6.9</u> | <u>330</u> <u>400</u> |

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

Ed 12-15-21
Signature of Facility Agent Date and Time Received
☒ am ☐ pm

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

Manifest No.
ORIGINAL

PP1-157147

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator SWN
Address 10000 Energy Telephone No. (713)-257 5000
City/State/Zip Spring tx 77389
ORIGINATION OF WASTE (see instructions on back)
Well Name & No. / Description NARA SWN Tristar 18-12-9-11 H₂#1
Field Code Field San Miguel Creek

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | |
|--------------------------|---------------------------|-------------------------------|--|
| 01 Salt Water <u>150</u> | 07 Prod. Sands/Solids | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | 08 Fresh Water | 15 Com. Facility Waste | |
| 03 Water Base Mud | 09 Rainwater | 16 Oil Spill Waste | |
| 04 Completion Fluids | 10 Washout Water | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | 11 Washout Pit Water | 99 Other* | |
| 06 Storage Tank Sludges | 12 Gas Plant Waste Solids | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name Ventura Midstream
Site Name Andrise SWN

CERTIFICATION: The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Chris Riggs
Signature of Generator's Authorized Agent

12/15/21
Date and Time of Shipment

245
☒ am
☐ pm

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

PSC PERMIT

Transporter Jern Energy Telephone No. 936 275 7070
Address 1985 FM 1279
City/State/Zip San Augustine tx 75972
Truck License No. 15
Trailer License No. 15

If transported by barge, barge and tug identification N/A
Barge and Tug Id.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the above destination.

Brice Caldwell
Signature of Transporter's Agent

12/15/21
Date and Time Received

2:45
☒ am
☐ pm

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

SITE CODE

Facility (Company) Name Ventura Midstream
Site Name William H Andrise SWN

CHEMICAL ANALYSES

Chloride (Mg/l)

78.40

Conductivity (mmhos/cm)

100.16

pH

6.3

500
530

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]
Signature of Facility Agent

12-15-21
Date and Time Received

☒ am
☐ pm

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275Manifest No.
ORIGINALPP1-158009
13275

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

Address

City/State/Zip

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

Field Code

Field

713-237-5000
Telephone No.

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|-----|---------------------------|--|-------------------------------|--|
| 01 Salt Water | 130 | 07 Prod. Sands/Solids | | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | | 08 Fresh Water | | 15 Com. Facility Waste | |
| 03 Water Base Mud | | 09 Rainwater | | 16 Oil Spill Waste | |
| 04 Completion Fluids | | 10 Washout Water | | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | | 11 Washout Pit Water | | 99 Other* | |
| 06 Storage Tank Sludges | | 12 Gas Plant Waste Solids | | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Site Name

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Jason Grobster

Signature of Generator's Authorized Agent

LM

12/15/21

Date and Time of Shipment

☒ am
☐ pm

PSC PERMIT

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter

Address

City/State/Zip

If transported by barge, barge and tug identification

Barge and Tug Id.

Telephone No.

Truck License No.

Trailer License No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Lamar Montano

Signature of Transporter's Agent

12/15/21

Date and Time Received

☒ am
☐ pm

SITE CODE

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Site Name

CHEMICAL ANALYSES

Chloride (Mg/l)

Conductivity (mmhos/cm)

pH

12.90

18.04

6.0

530
600

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

12-15-21

Date and Time Received

☒ am
☐ pm

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

Manifest No.
ORIGINAL

PP1-157148

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

SWN

Address

10000 Energy

City/State/Zip

Spring tx 77384

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

HARB Suu; Pav B-12-9-11. 4c #3

Field Code

Field San Miguel Creek

313-937-5013
Telephone No.

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|-----|---------------------------|--|-------------------------------|--|
| 01 Salt Water | 130 | 07 Prod. Sands/Solids | | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | | 08 Fresh Water | | 15 Com. Facility Waste | |
| 03 Water Base Mud | | 09 Rainwater | | 16 Oil Spill Waste | |
| 04 Completion Fluids | | 10 Washout Water | | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | | 11 Washout Pit Water | | 99 Other* | |
| 06 Storage Tank Sludges | | 12 Gas Plant Waste Solids | | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Ventana Midstream

Site Name

Andrise Suu

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

C. Riggs

Signature of Generator's Authorized Agent

12/15/21

Date and Time of Shipment

520 ☒ am
☐ pm

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

PSC PERMIT

Transporter

Jenn Energy

Address

1985 FM 127A

City/State/Zip

San Augustine tx 75972

If transported by barge, barge and tug identification

N/A
Barge and Tug Id.

936-275-7070
Telephone No.

15
Truck License No.

15
Trailer License No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Brian McCall

Signature of Transporter's Agent

12/15/21

Date and Time Received

630 ☒ am
☐ pm

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

SITE CODE

Facility (Company) Name

Ventana Midstream

Site Name

Andrise Suu

CHEMICAL ANALYSES

Chloride (Mg/l)

26.85

Conductivity (mmhos/cm)

79.11

pH

6.2

7.15

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

Date and Time Received

12/15/21 ☒ am
☐ pm

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

Manifest No.
ORIGINAL

PP1-157149

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator SWN
Address 11000 Energy Dr Telephone No. 718-257-5000
City/State/Zip Spring tx 77389
ORIGINATION OF WASTE (see instructions on back)
Well Name & No. / Description AA RA Sub; Glover 1-9-11 H#2
Field Code Sam King

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|------------|---------------------------|--|-------------------------------|--|
| 01 Salt Water | <u>130</u> | 07 Prod. Sands/Solids | | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | | 08 Fresh Water | | 15 Com. Facility Waste | |
| 03 Water Base Mud | | 09 Rainwater | | 16 Oil Spill Waste | |
| 04 Completion Fluids | | 10 Washout Water | | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | | 11 Washout Pit Water | | 99 Other* | |
| 06 Storage Tank Sludges | | 12 Gas Plant Waste Solids | | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name Ventana Midstream
Site Name Andrie Swilliam

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Chris Riggs
Signature of Generator's Authorized Agent

12/15/21 10:30 ☒ am
Date and Time of Shipment

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

OSC PERMIT

Transporter Jenn Energy Telephone No. 436-215-7070
Address 1485 FM 127A
City/State/Zip San Augustine tx 75972
Truck License No. 15
Trailer License No. 21
If transported by barge, barge and tug identification X/A Barge and Tug Id.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Brian McCall
Signature of Transporter's Agent

12/15/21 1140 ☒ am
Date and Time Received

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

SITE CODE

Facility (Company) Name Ventana Midstream
Site Name Andrie Swilliam

CHEMICAL ANALYSES

| | | |
|-----------------|-------------------------|------------|
| Chloride (Mg/l) | Conductivity (mmhos/cm) | pH |
| <u>43.67</u> | <u>96.12</u> | <u>6.3</u> |

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]
Signature of Facility Agent

12-15-21 12:45 ☒ am
Date and Time Received

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

Manifest No.
ORIGINAL

PP1-158010
1335/

000L6

PART I: TO BE COMPLETED BY GENERATOR

Generator

Address

City/State/Zip

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

Field Code

Field

Telephone No.

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|-----|---------------------------|--|-------------------------|--|
| 01 Salt Water | 130 | 07 Prod. Sands/Solids | | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | | 08 Fresh Water | | 15 Com. Facility Waste | |
| 03 Water Base Mud | | 09 Rainwater | | 16 Oil Spill Waste | |
| 04 Completion Fluids | | 10 Washout Water | | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | | 11 Washout Pit Water | | 99 Other* | |
| 06 Storage Tank Sludges | | 12 Gas Plant Waste Solids | | | |

*(Written Approval Required)

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Site Name

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Jason Gosster

Signature of Generator's Authorized Agent

LM

12/15/21

Date and Time of Shipment

☒ am
☐ pm

PSC PERMIT

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter

Address

City/State/Zip

If transported by barge, barge and tug identification

Barge and Tug Id.

936-275-7070

Telephone No.

3581

Truck License No.

16

Trailer License No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Lamar Montgomery

Signature of Transporter's Agent

12/15/21

Date and Time Received

☒ am
☐ pm

SITE CODE

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Site Name

CHEMICAL ANALYSES

Chloride (Mg/l)

Conductivity (mmhos/cm)

pH

44.16

74.25

6.2

8:00

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

12-15-21

Date and Time Received

☒ am
☐ pm

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

Manifest No.
ORIGINAL

PP1-158013

13357

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

SWN

Address

10000 Energy DR

(713)-273-5000

Telephone No.

City/State/Zip

Spring Tx 77839

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

HARA Sust, G-1VR 6-31-9-10 HC #1,2

Field Code

Field San Miguel Creek

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

01 Salt Water

130

07 Prod. Sands/Solids

14 Pipeline Water/Waste

02 Oil Base Mud

08 Fresh Water

15 Com. Facility Waste

03 Water Base Mud

09 Rainwater

16 Oil Spill Waste

04 Completion Fluids

10 Washout Water

50 Salvage Hydrocarbons

05 Prod. Pit Sludges

11 Washout Pit Water

99 Other*

06 Storage Tank Sludges

12 Gas Plant Waste Solids

* (Written Approval Required)

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Ventana midstream

Site Name

Andries SWD

12:15

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Jason Croaster

LM

12/16/21

Signature of Generator's Authorized Agent

Date and Time of Shipment

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter

Jenn Energy

936-275 2070

Telephone No.

Address

1985 FM 1279

3881

Truck License No.

City/State/Zip

San Augustine Tx 75972

16

Trailer License No.

If transported by barge, barge and tug identification

N/A

Barge and Tug Id.

12:55

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Lamor Montgomery

12/16/21

Signature of Transporter's Agent

Date and Time Received

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Ventana midstream

Site Name

William H. Andries SWD

CHEMICAL ANALYSES

Chloride (Mg/l)

90.46

Conductivity (mmhos/cm)

111.07

pH

7.8

115

130

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

Date and Time Received

12-16-21

am

pm

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

Manifest No.
ORIGINAL

PP1-157154

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

SWE

Address

10000 Engery Dr

City/State/Zip

Spring, TX

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

HARRIS SW, Tristar 1 #12-9-11 HC #3-A2T

Field Code

Field San Miguel Creek

318-237-5098
Telephone No.

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|-----|---------------------------|--|-------------------------------|--|
| 01 Salt Water | 130 | 07 Prod. Sands/Solids | | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | | 08 Fresh Water | | 15 Com. Facility Waste | |
| 03 Water Base Mud | | 09 Rainwater | | 16 Oil Spill Waste | |
| 04 Completion Fluids | | 10 Washout Water | | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | | 11 Washout Pit Water | | 99 Other* | |
| 06 Storage Tank Sludges | | 12 Gas Plant Waste Solids | | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Ventra Midstream

Site Name

Andreas

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Chris Riggs

Signature of Generator's Authorized Agent

12/16/21

Date and Time of Shipment

☒ am
☐ pm

PSC PERMIT

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter

Yenn Engery

Address

1985 FM 1279

City/State/Zip

San Augustine, TX 75972

If transported by barge, barge and tug identification

N/A

Barge and Tug Id.

936-275-7075

Telephone No.

Truck License No.

Trailer License No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

R. Coover

Signature of Transporter's Agent

12/16/21

Date and Time Received

☒ am
☐ pm

SITE CODE

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Ventra Midstream

Site Name

William H. Andreas, Sr.

CHEMICAL ANALYSES

Chloride (Mg/l)

108.22

Conductivity (mmhos/cm)

130.2

pH

7.5

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

CA

Signature of Facility Agent

12-16-21

Date and Time Received

336
400

☒ am
☐ pm

Manifest No.
ORIGINALPPT-158014
13355

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

Address

City/State/Zip

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

Field Code

Field

Telephone No.

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|-----|---------------------------|--|-------------------------------|--|
| 01 Salt Water | 130 | 07 Prod. Sands/Solids | | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | | 08 Fresh Water | | 15 Com. Facility Waste | |
| 03 Water Base Mud | | 09 Rainwater | | 16 Oil Spill Waste | |
| 04 Completion Fluids | | 10 Washout Water | | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | | 11 Washout Pit Water | | 99 Other* | |
| 06 Storage Tank Sludges | | 12 Gas Plant Waste Solids | | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Site Name

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Jason Gosster

Signature of Generator's Authorized Agent

12/16/21

Date and Time of Shipment

☐ am
☐ pm

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter

Address

City/State/Zip

If transported by barge, barge and tug identification

Barge and Tug Id.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Laurie Montgomery

Signature of Transporter's Agent

12/16/21

Date and Time Received

☐ am
☐ pm

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Site Name

CHEMICAL ANALYSES

Chloride (Mg/l)

Conductivity (mmhos/cm)

pH

108.22

190.75

6.8

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

Date and Time Received

☒ am
☐ pm

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

Address

City/State/Zip

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

Field Code

Field

Telephone No.

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|-----|---------------------------|--|-------------------------------|--|
| 01 Salt Water | 130 | 07 Prod. Sands/Solids | | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | | 08 Fresh Water | | 15 Com. Facility Waste | |
| 03 Water Base Mud | | 09 Rainwater | | 16 Oil Spill Waste | |
| 04 Completion Fluids | | 10 Washout Water | | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | | 11 Washout Pit Water | | 99 Other* | |
| 06 Storage Tank Sludges | | 12 Gas Plant Waste Solids | | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Site Name

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of Generator's Authorized Agent

Date and Time of Shipment

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

PSC PERMIT

Transporter

Address

City/State/Zip

If transported by barge, barge and tug identification

Barge and Tug Id.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Signature of Transporter's Agent

Date and Time Received

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

SITE CODE

Facility (Company) Name

Site Name

CHEMICAL ANALYSES

Chloride (Mg/l)

Conductivity (mmhos/cm)

pH

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

Date and Time Received

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

Manifest No.
ORIGINAL

PP1-158017
1335Y

CODES

PART I: TO BE COMPLETED BY GENERATOR

60005

252154

252295

4319



Generator

SWN

Address

10000 Energy DR

City/State/Zip

Spring Tx 77389

ORIGINATION OF WASTE (see instructions on back)



Well Name & No. / Description

HARA SUGA; Rom 33-4-11-10 HC #1, 2 ALT



Field Code

Field G-Rogan

713-237-5000
Telephone No.

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

01 Salt Water
02 Oil Base Mud
03 Water Base Mud
04 Completion Fluids
05 Prod. Pit Sludges
06 Storage Tank Sludges

130

07 Prod. Sands/Solids
08 Fresh Water
09 Rainwater
10 Washout Water
11 Washout Pit Water
12 Gas Plant Waste Solids

14 Pipeline Water/Waste
15 Com. Facility Waste
16 Oil Spill Waste
50 Salvage Hydrocarbons
99 Other*
* (Written Approval Required)

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Ventana Midstream

Site Name

Andries SWD

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Jason Gasser

Signature of Generator's Authorized Agent

12/16/21

Date and Time of Shipment

4:30

☐ am
☒ pm

PSC PERMIT

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR



Transporter

Jenn Energy

Address

1285 FM 1279

City/State/Zip

San Augustine Tx 75972

If transported by barge, barge and tug identification

N/A

Barge and Tug Id.

936-275-7070
Telephone No.

3881

Truck License No.

16

Trailer License No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Lamar Montemayor

Signature of Transporter's Agent

12/16/21

Date and Time Received

5:15

☐ am
☒ pm

SITE CODE

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Ventana Midstream

Site Name

Andriesswo

CHEMICAL ANALYSES

Chloride (Mg/l)

27.51

Conductivity (mmhos/cm)

78.44

pH

6.2

5:50

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

Date and Time Received

12-16-21

☐ am
☒ pm

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

Manifest No.
ORIGINAL

PP1-157162

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

Address

City/State/Zip

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

Field Code

Field

832-796-6583
Telephone No.

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|-----|---------------------------|--|-------------------------------|--|
| 01 Salt Water | 130 | 07 Prod. Sands/Solids | | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | | 08 Fresh Water | | 15 Com. Facility Waste | |
| 03 Water Base Mud | | 09 Rainwater | | 16 Oil Spill Waste | |
| 04 Completion Fluids | | 10 Washout Water | | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | | 11 Washout Pit Water | | 99 Other* | |
| 06 Storage Tank Sludges | | 12 Gas Plant Waste Solids | | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Site Name

4304

CERTIFICATION: The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Chris Riggs

Signature of Generator's Authorized Agent

12/8/16/21

Date and Time of Shipment

1000
☐ am
☒ pm

PSC PERMIT

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter

Address

City/State/Zip

If transported by barge, barge and tug identification

Barge and Tug Id.

936-275-7075
Telephone No.
15
Truck License No.
15
Trailer License No.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the above destination.

R Caldwell

Signature of Transporter's Agent

12/16/21

Date and Time Received

11:30
☐ am
☒ pm

SITE CODE

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Site Name

4304

CHEMICAL ANALYSES

Chloride (Mg/l)

Conductivity (mmhos/cm)

pH

54.02

92.30

6.2

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

12-16-21

Date and Time Received

11:30
12:00

☐ am
☒ pm

Manifest No.
ORIGINALPP1-158019
13360

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator SWN

Address 10000 Energy DR Telephone No. 713-237-5000

City/State/Zip Spring Tx 77389

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description HA RA SUUU; PAV 13-12-9-11 HC #3,4

Field Code San miguel Field Creek

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|------------|---------------------------|-------|-------------------------------|-------|
| 01 Salt Water | <u>130</u> | 07 Prod. Sands/Solids | _____ | 14 Pipeline Water/Waste | _____ |
| 02 Oil Base Mud | _____ | 08 Fresh Water | _____ | 15 Com. Facility Waste | _____ |
| 03 Water Base Mud | _____ | 09 Rainwater | _____ | 16 Oil Spill Waste | _____ |
| 04 Completion Fluids | _____ | 10 Washout Water | _____ | 50 Salvage Hydrocarbons | _____ |
| 05 Prod. Pit Sludges | _____ | 11 Washout Pit Water | _____ | 99 Other* | _____ |
| 06 Storage Tank Sludges | _____ | 12 Gas Plant Waste Solids | _____ | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name Ventana Midstream

Site Name Andries SWD

CERTIFICATION: The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Jason Gosster LM 12/16/21 ☒ am ☐ pm

Signature of Generator's Authorized Agent Date and Time of Shipment

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

PSC PERMIT

Transporter Jenn Energy Telephone No. 936-275-7070

Address 1985 FM 1279 3881

City/State/Zip San Augustine Tx 75972 16

Truck License No. _____

Trailer License No. _____

If transported by barge, barge and tug identification N/A Barge and Tug Id. 915

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the above destination.

Lamar Montgomery 12/16/21 ☐ am ☒ pm

Signature of Transporter's Agent Date and Time Received

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

SITE CODE

Facility (Company) Name Ventana Midstream

Site Name William H. Andries SWD

CHEMICAL ANALYSES

Chloride (Mg/l) 49.36 Conductivity (mmhos/cm) 107.15 pH 7.1 1030
1100

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature] 12-16-21 ☐ am ☒ pm

Signature of Facility Agent Date and Time Received

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

ORIGINAL

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

SWN Indigo

Address

10,000 Energy Dr

(213) 217-5000

Telephone No.

City/State/Zip

Spring, TX.

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

HA Rt Swan PAV 13 & 12-9-11 H#3

Field Code

Field San Miguel Creek

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

01 Salt Water

130

07 Prod. Sands/Solids

14 Pipeline Water/Waste

02 Oil Base Mud

08 Fresh Water

15 Com. Facility Waste

03 Water Base Mud

09 Rainwater

16 Oil Spill Waste

04 Completion Fluids

10 Washout Water

50 Salvage Hydrocarbons

05 Prod. Pit Sludges

11 Washout Pit Water

99 Other*

06 Storage Tank Sludges

12 Gas Plant Waste Solids

* (Written Approval Required)

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Ventana Midstream LLC

Site Name

Andries SWD

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Chas Riss - Corey Mulligan
Signature of Generator's Authorized Agent

Date and Time of Shipment

8:00 am
12-16-21 pm

PSC PERMIT

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter

Jeann Energy

936-275-7070

Telephone No.

Address

1985 FM 127A

P272287

Truck License No.

City/State/Zip

San Augustine, TX 75972

013C 331

Trailer License No.

If transported by barge, barge and tug identification

N/A

Barge and Tug Id.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Signature of Transporter's Agent

Date and Time Received

815 am
12-16-21 pm

SITE CODE

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Ventana Midstream

Site Name

William H. Andries SWD

CHEMICAL ANALYSES

Chloride (Mg/l)

12.14

Conductivity (mmhos/cm)

80.19

pH

6.7

9.45
10.15

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

Date and Time Received

12-16-21 pm

Manifest No.
ORIGINALPP1-158016
13357

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator SWN

Address 10000 Energy Drive Telephone No. (713) 237-5000

City/State/Zip Spring TX 77389

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description HA RA SWW; PAV 13-12-9-11 HC 3#

Field Code Field San Miguel Creek

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | |
|--------------------------|---------------------------|-------------------------|
| 01 Salt Water <u>130</u> | 07 Prod. Sands/Solids | 14 Pipeline Water/Waste |
| 02 Oil Base Mud | 08 Fresh Water | 15 Com. Facility Waste |
| 03 Water Base Mud | 09 Rainwater | 16 Oil Spill Waste |
| 04 Completion Fluids | 10 Washout Water | 50 Salvage Hydrocarbons |
| 05 Prod. Pit Sludges | 11 Washout Pit Water | 99 Other* |
| 06 Storage Tank Sludges | 12 Gas Plant Waste Solids | |

*(Written Approval Required)

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name Ventana Midstream

Site Name Andries SWD

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Jason Gosster LM 12/16/21 6:00 ☒ am ☐ pm

Signature of Generator's Authorized Agent Date and Time of Shipment

PSC PERMIT

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter Jenn Energy Telephone No. 434-225-7070

Address 1985 FM 1279 3881

City/State/Zip San Augustine Tx 75972 16

Truck License No. 16

Trailer License No. NA

If transported by barge, barge and tug identification NA

Barge and Tug Id. 6:30 ☐ am ☐ pm

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Lamar Montgomery 12/16/21 6:30 ☐ am ☐ pm

Signature of Transporter's Agent Date and Time Received

SITE CODE

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name Ventana Midstream

Site Name Andries SW

CHEMICAL ANALYSES

Chloride (Mg/l) 4367 Conductivity (mmhos/cm) 86.39 pH 6.2 7.10

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature] 12/16/21 6:30 ☐ am ☐ pm

Signature of Facility Agent Date and Time Received

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

Manifest No.
ORIGINAL

PP1-158015
13356

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator SWN
Address 10000 Energy DR Telephone No. 713-237-5000
City/State/Zip Spring TX 77389
ORIGINATION OF WASTE (see instructions on back)
Well Name & No. / Description HARA SUT; FORD 26-9-11 H#1
Field Code San Miguel

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|------------|---------------------------|-------|-------------------------------|-------|
| 01 Salt Water | <u>130</u> | 07 Prod. Sands/Solids | _____ | 14 Pipeline Water/Waste | _____ |
| 02 Oil Base Mud | _____ | 08 Fresh Water | _____ | 15 Com. Facility Waste | _____ |
| 03 Water Base Mud | _____ | 09 Rainwater | _____ | 16 Oil Spill Waste | _____ |
| 04 Completion Fluids | _____ | 10 Washout Water | _____ | 50 Salvage Hydrocarbons | _____ |
| 05 Prod. Pit Sludges | _____ | 11 Washout Pit Water | _____ | 99 Other* | _____ |
| 06 Storage Tank Sludges | _____ | 12 Gas Plant Waste Solids | _____ | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name Ventana midstream
Site Name Andries SWD

CERTIFICATION: The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Jason Grosster LM 12/16/21
Signature of Generator's Authorized Agent Date and Time of Shipment

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

PSC PERMIT

Transporter Jenn Energy Telephone No. 936-275-7070
Address 1985 FM 1279 3851
City/State/Zip San Augustine Tx 75972 Truck License No. 16
Trailer License No. _____

If transported by barge, barge and tug identification WA Barge and Tug Id. 4:30

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the above destination.

Lamar Montgomery 12/16/21
Signature of Transporter's Agent Date and Time Received

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

SITE CODE

Facility (Company) Name Ventana midstream
Site Name William H. Andries SWD

CHEMICAL ANALYSES

| | | | |
|-----------------|-------------------------|------------|--------------------------|
| Chloride (Mg/l) | Conductivity (mmhos/cm) | pH | |
| <u>12.08</u> | <u>17.09</u> | <u>6.8</u> | <u>515</u> <u>530</u> |

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

ef 12-16-21
Signature of Facility Agent Date and Time Received

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

ORIGINAL

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

Address

City/State/Zip

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

Field Code

Field

Telephone No.

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|-----|---------------------------|--|-------------------------------|--|
| 01 Salt Water | 130 | 07 Prod. Sands/Solids | | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | | 08 Fresh Water | | 15 Com. Facility Waste | |
| 03 Water Base Mud | | 09 Rainwater | | 16 Oil Spill Waste | |
| 04 Completion Fluids | | 10 Washout Water | | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | | 11 Washout Pit Water | | 99 Other* | |
| 06 Storage Tank Sludges | | 12 Gas Plant Waste Solids | | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Site Name

CERTIFICATION: The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of Generator's Authorized Agent

Date and Time of Shipment

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

PSC PERMIT

Transporter

Address

City/State/Zip

If transported by barge, barge and tug identification

Barge and Tug Id.

Telephone No.

Truck License No.

Trailer License No.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the above destination.

Signature of Transporter's Agent

Date and Time Received

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

SITE CODE

Facility (Company) Name

Site Name

CHEMICAL ANALYSES

Chloride (Mg/l)

Conductivity (mmhos/cm)

pH

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

Date and Time Received

Manifest No.
ORIGINAL

PP1-157161

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator SWW

Address 10000 Energy Dr Telephone No. (830)-796-2876

City/State/Zip Spring Tx 77309

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description HARA Suck; NTHM 4-323-10-10 14 c#1

Field Code Crosan

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | |
|--------------------------|---------------------------|-------------------------------|
| 01 Salt Water <u>150</u> | 07 Prod. Sands/Solids | 14 Pipeline Water/Waste |
| 02 Oil Base Mud | 08 Fresh Water | 15 Com. Facility Waste |
| 03 Water Base Mud | 09 Rainwater | 16 Oil Spill Waste |
| 04 Completion Fluids | 10 Washout Water | 50 Salvage Hydrocarbons |
| 05 Prod. Pit Sludges | 11 Washout Pit Water | 99 Other* |
| 06 Storage Tank Sludges | 12 Gas Plant Waste Solids | * (Written Approval Required) |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name Ventura Midstream

Site Name Andres

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Cros Rigg Signature of Generator's Authorized Agent 12/16/21 Date and Time of Shipment 10:27 ☒ am ☐ pm

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter Jean Energy Telephone No. 936-275-7070

Address 1785 FM 127A Truck License No. 12

City/State/Zip San Augustine Tx 75972 Trailer License No. 21

If transported by barge, barge and tug identification N/A Barge and Tug Id.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

B-K Signature of Transporter's Agent 12/16/21 Date and Time Received 12:00 ☒ am ☒ pm

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name Ventura midstream

Site Name Andres

CHEMICAL ANALYSES

Chloride (Mg/l) 2213 Conductivity (mmhos/cm) 76.14 pH 6.2 12:55

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Rob Signature of Facility Agent 12-16-21 Date and Time Received 12:55 ☐ am ☒ pm

Manifest No.
ORIGINAL

PP1-157152

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator SWE

Address 10000 Engery Dr Telephone No. (318) 237-5098

City/State/Zip Spring, TX

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description HARASUO, Tristar 1412-9-11 HC #3-ALT

Field Code San Miguel Creek

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | |
|--------------------------|---------------------------|-------------------------------|
| 01 Salt Water <u>130</u> | 07 Prod. Sands/Solids | 14 Pipeline Water/Waste |
| 02 Oil Base Mud | 08 Fresh Water | 15 Com. Facility Waste |
| 03 Water Base Mud | 09 Rainwater | 16 Oil Spill Waste |
| 04 Completion Fluids | 10 Washout Water | 50 Salvage Hydrocarbons |
| 05 Prod. Pit Sludges | 11 Washout Pit Water | 99 Other* |
| 06 Storage Tank Sludges | 12 Gas Plant Waste Solids | * (Written Approval Required) |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name Ventura MidstreamSite Name Andres

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Chris Riggs

Signature of Generator's Authorized Agent

12/16/21

Date and Time of Shipment

☒ am
☐ pm

PSC PERMIT

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter Senn Engery Telephone No. 936-275-7070

Address 1985 FM 1279

City/State/Zip San Augustine, TX 75972 Truck License No. 15

If transported by barge, barge and tug identification N/A Trailer License No. 15

Barge and Tug Id.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

R Caldwell

Signature of Transporter's Agent

12/16/21

Date and Time Received

☒ am
☐ pm

SITE CODE

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATORFacility (Company) Name ventura midstreamSite Name William H. Andres Sr

CHEMICAL ANALYSES

Chloride (Mg/l)

9.76

Conductivity (mmhos/cm)

12.88

pH

6.4150
130

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

12-16-21

Date and Time Received

☒ am
☐ pm

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

Manifest No.
ORIGINAL

PP1-158018
13359

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

Sun

Address

10000 Energy DR

(713-237-5000)
Telephone No.

City/State/Zip

Spring Tx 77389

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

HA RA Sol; Hesser 23-14-11-11 HC 42

Field Code

Field Chemard Lake

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

01 Salt Water

130

07 Prod. Sands/Solids

08 Fresh Water

09 Rainwater

10 Washout Water

11 Washout Pit Water

12 Gas Plant Waste Solids

14 Pipeline Water/Waste

15 Com. Facility Waste

16 Oil Spill Waste

50 Salvage Hydrocarbons

99 Other*

* (Written Approval Required)

02 Oil Base Mud
03 Water Base Mud
04 Completion Fluids
05 Prod. Pit Sludges
06 Storage Tank Sludges

SITE CODE

4304

DESTINATION OF WASTE

Facility (Company) Name

Ventana midstream

Site Name

Andries SWD

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Jason Grosster

Signature of Generator's Authorized Agent

LM

12/16/21

Date and Time of Shipment

☐ am
☒ pm

PSC PERMIT

7604

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter

Jenn Energy

Address

1485 FM 1279

City/State/Zip

San Augustine Tx 75922

If transported by barge, barge and tug identification

Barge and Tug Id.

W A

936-275-7070
Telephone No.

Truck License No.

Trailer License No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Lamar Montgomery

Signature of Transporter's Agent

12/16/21

Date and Time Received

☐ am
☒ pm

SITE CODE

4304

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Ventana midstream

Site Name

W. H. Andries SWD

CHEMICAL ANALYSES

Chloride (Mg/l)

77.63

Conductivity (mmhos/cm)

104.80

pH

9.1

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

Date and Time Received

12-16-21

☐ am
☒ pm

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

Manifest No.
ORIGINAL

PP1-158022
13363

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

Address

City/State/Zip

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

Field Code

Field

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

01 Salt Water
02 Oil Base Mud
03 Water Base Mud
04 Completion Fluids
05 Prod. Pit Sludges
06 Storage Tank Sludges

07 Prod. Sands/Solids
08 Fresh Water
09 Rainwater
10 Washout Water
11 Washout Pit Water
12 Gas Plant Waste Solids

14 Pipeline Water/Waste
15 Com. Facility Waste
16 Oil Spill Waste
50 Salvage Hydrocarbons
99 Other*
* (Written Approval Required)

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Site Name

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Jason Grosster
Signature of Generator's Authorized Agent

LM

12/17/21
Date and Time of Shipment

3:00 ☒ am
☐ pm

PSC PERMIT

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter

Address

City/State/Zip

If transported by barge, barge and tug identification

Barge and Tug Id.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Lanner Montgomey
Signature of Transporter's Agent

12/17/21
Date and Time Received

3:15 ☒ am
☐ pm

SITE CODE

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Site Name

CHEMICAL ANALYSES

Chloride (Mg/l)

Conductivity (mmhos/cm)

pH

109.26

177.30

6.1

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

12-17-21
Date and Time Received

☒ am
☐ pm

UIC - 28STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275**ORIGINAL**

CODES

PART I: TO BE COMPLETED BY GENERATOR60005

↔

Generator

SWN Indigo

↔

Address

10000 Energy Dr.(713)-217-5000
Telephone No.

City/State/Zip

Spring TX

ORIGINATION OF WASTE (see instructions on back)

250906

↔

Well Name & No. / Description HARRASUU PAV 13024-8-11 HC#17870

↔

Field Code

Field San Miguel Creek**WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)**

| | | | | | |
|-------------------------|------------|---------------------------|--|-------------------------------|--|
| 01 Salt Water | <u>130</u> | 07 Prod. Sands/Solids | | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | | 08 Fresh Water | | 15 Com. Facility Waste | |
| 03 Water Base Mud | | 09 Rainwater | | 16 Oil Spill Waste | |
| 04 Completion Fluids | | 10 Washout Water | | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | | 11 Washout Pit Water | | 99 Other* | |
| 06 Storage Tank Sludges | | 12 Gas Plant Waste Solids | | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE4304

↔

Facility (Company) Name

Ventana Midstream LLC

Site Name

Andries SWD

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Chris Riggs

Signature of Generator's Authorized Agent

12-17-21

Date and Time of Shipment

☒ am
☐ pm**PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR**

PSC PERMIT

7604

↔

Transporter

Jenn Energy

Address

1985 FM 1279

City/State/Zip

San Augustine, TX936-275-7070

Telephone No.

P272289

Truck License No.

013C 331

Trailer License No.

If transported by barge, barge and tug identification

Barge and Tug Id.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

[Signature]

Signature of Transporter's Agent

12-17-21

Date and Time Received

☒ am
☐ pm**PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR**

SITE CODE

4304

↔

Facility (Company) Name

Ventana Midstream

Site Name

William H Andries**CHEMICAL ANALYSES**

Chloride (Mg/l)

45.08

Conductivity (mmhos/cm)

102.00

pH

6.1

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]
Signature of Facility Agent12-17-21
Date and Time Received☐ am
☒ pm

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

Address

City/State/Zip

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

Field Code

Field

Telephone No.

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

01 Salt Water
02 Oil Base Mud
03 Water Base Mud
04 Completion Fluids
05 Prod. Pit Sludges
06 Storage Tank Sludges

07 Prod. Sands/Solids
08 Fresh Water
09 Rainwater
10 Washout Water
11 Washout Pit Water
12 Gas Plant Waste Solids

14 Pipeline Water/Waste
15 Com. Facility Waste
16 Oil Spill Waste
50 Salvage Hydrocarbons
99 Other*
* (Written Approval Required)

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Site Name

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Jason Gosster

Signature of Generator's Authorized Agent

L.M

12/17/21

Date and Time of Shipment

☒ am
☐ pm

PSC PERMIT

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter

Address

City/State/Zip

If transported by barge, barge and tug identification

Jenn Energy

1985 FM 1229

San Augustine, TX 75929

N/A

936-275-7000

Telephone No.

3881

Truck License No.

16

Trailer License No.

Barge and Tug Id.

1:45

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Lamar Montgomery

Signature of Transporter's Agent

12/17/21

Date and Time Received

☒ am
☐ pm

SITE CODE

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Site Name

4304

Ventana Midstream

William H. Andrews SWD

CHEMICAL ANALYSES

Chloride (Mg/l)

Conductivity (mmhos/cm)

pH

9.40

11.97

6.2

2:00
230

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

Date and Time Received

12-17-21

☒ am
☐ pm

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

ORIGINAL

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

SWN ~~Indigo~~

Address

10,000 Energy Dr

713-217-5000
Telephone No.

City/State/Zip

Spring, TX

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

HA RA Sun PAV 13+24 24-9-11 #21

Field Code

Field San Miguel Creek

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

01 Salt Water
02 Oil Base Mud
03 Water Base Mud
04 Completion Fluids
05 Prod. Pit Sludges
06 Storage Tank Sludges

130

07 Prod. Sands/Solids
08 Fresh Water
09 Rainwater
10 Washout Water
11 Washout Pit Water
12 Gas Plant Waste Solids

14 Pipeline Water/Waste
15 Com. Facility Waste
16 Oil Spill Waste
50 Salvage Hydrocarbons
99 Other*

* (Written Approval Required)

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Ventana Midstream LLC

Site Name

Andries SWD

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of Generator's Authorized Agent

Chris Riggs

Date and Time of Shipment

12-16-21

11:30

☐ am
☐ pm

PSC PERMIT

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter

Jean Energy

Address

1985 FM 1279

City/State/Zip

San Augustine TX 75972

If transported by barge, barge and tug identification

N/A

Barge and Tug Id.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Signature of Transporter's Agent

[Signature]

Date and Time Received

12-16-21

11:30

☐ am
☒ pm

SITE CODE

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Ventana Midstream

Site Name

William H. Andries SWD

CHEMICAL ANALYSES

Chloride (Mg/l)

15.67

Conductivity (mmhos/cm)

18.02

pH

7.7

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

[Signature]

Date and Time Received

12-17-21

☒ am
☐ pm

Manifest No.
ORIGINALPP1-158020
13361

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

SWN

Address

10000 Energy DR

(713) 237-5000
Telephone No.

City/State/Zip

Spring Tx 77389

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

HARA SWW; PAU 13-12-9-11 Hc #3,4

Field Code

Field San Miguel Creek

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

01 Salt Water 130

02 Oil Base Mud

03 Water Base Mud

04 Completion Fluids

05 Prod. Pit Sludges

06 Storage Tank Sludges

07 Prod. Sands/Solids

08 Fresh Water

09 Rainwater

10 Washout Water

11 Washout Pit Water

12 Gas Plant Waste Solids

14 Pipeline Water/Waste

15 Com. Facility Waste

16 Oil Spill Waste

50 Salvage Hydrocarbons

99 Other*

*(Written Approval Required)

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Ventana midstream

Site Name

Andries

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Jason Gosster

Signature of Generator's Authorized Agent

LM

12/16/21

Date and Time of Shipment

11:45 am
pm

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

PSC PERMIT

Transporter

Jenn Energy

Address

1985 FM 1279

City/State/Zip

San Augustine TX 75972

If transported by barge, barge and tug identification

N/A

Barge and Tug Id.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Lamar Montgomery

Signature of Transporter's Agent

12/16/21

Date and Time Received

11:55 am
pm

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

SITE CODE

Facility (Company) Name

Ventana midstream

Site Name

William H. Andries

CHEMICAL ANALYSES

Chloride (Mg/l)

107.18

Conductivity (mmhos/cm)

174.16

pH

9.0

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

Date and Time Received

12-17-21

12:15
12:30
am
pm

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator Indigo Minerals
Address 600 Travis St Ste 600 Telephone No. (712)-257-3007
City/State/Zip Shreveport La 71101
ORIGINATION OF WASTE (see instructions on back)
Well Name & No. / Description HARA SUMMIT PAV 13 1/2 12-9-11 Hc #3
Field Code San miguel creek

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|------------|---------------------------|--|-------------------------------|--|
| 01 Salt Water | <u>130</u> | 07 Prod. Sands/Solids | | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | | 08 Fresh Water | | 15 Com. Facility Waste | |
| 03 Water Base Mud | | 09 Rainwater | | 16 Oil Spill Waste | |
| 04 Completion Fluids | | 10 Washout Water | | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | | 11 Washout Pit Water | | 99 Other* | |
| 06 Storage Tank Sludges | | 12 Gas Plant Waste Solids | | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name Ventana midstream Tg 7'8
Site Name Andromeda SWD By 4'6

CERTIFICATION: The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Chris Riggs
Signature of Generator's Authorized Agent

4:34 am
12-19-21 ☒ pm
Date and Time of Shipment

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter Tenn Energy Service Telephone No. 936-273-3707
Address 1985 FM 1279 R46-7070
City/State/Zip San Augustine TX Truck License No. 0476 154
Trailer License No. 0476 154
If transported by barge, barge and tug identification N/A Barge and Tug Id.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the above destination.

James Kimbrell
Signature of Transporter's Agent

6:00 am
12-19-21 ☒ pm
Date and Time Received

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name Ventana midstream
Site Name William H. Andromeda SWD

CHEMICAL ANALYSES

Chloride (Mg/l) 0.06 Conductivity (mmhos/cm) 10.20 pH 7.0 6:20

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

Bria Horton
Signature of Facility Agent

12-19-21 ☒ pm
Date and Time Received

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

ORIGINAL

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator Inclige Minerals
Address 600 Travis St Ste 600 113-257-3004
City/State/Zip Shreveport La 71101
Telephone No.
ORIGINATION OF WASTE (see instructions on back)
Well Name & No. / Description Halla sammy Paw 13712-9-11 H#2
Field Code San miguel creek

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | |
|--------------------------|---------------------------|-------------------------|
| 01 Salt Water <u>130</u> | 07 Prod. Sands/Solids | 14 Pipeline Water/Waste |
| 02 Oil Base Mud | 08 Fresh Water | 15 Com. Facility Waste |
| 03 Water Base Mud | 09 Rainwater | 16 Oil Spill Waste |
| 04 Completion Fluids | 10 Washout Water | 50 Salvage Hydrocarbons |
| 05 Prod. Pit Sludges | 11 Washout Pit Water | 99 Other* |
| 06 Storage Tank Sludges | 12 Gas Plant Waste Solids | |

* (Written Approval Required)

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name Ventana midstream
Site Name Andria swd

CERTIFICATION: The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Chris Riggs
Signature of Generator's Authorized Agent

12-19-21 1:50 pm
Date and Time of Shipment

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter Jenn Energy service 936 275 7070
Address 1985 Fm 1279 946 7070
City/State/Zip San Augustine TX 0476 154
Trailer License No.
If transported by barge, barge and tug identification N/A
Barge and Tug Id.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the above destination.

Jamara Kutt
Signature of Transporter's Agent

12-19-21 1:30 pm
Date and Time Received

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name Ventana midstream
Site Name William H. Andre swd

CHEMICAL ANALYSES

Chloride (Mg/l)

0.07

Conductivity (mmhos/cm)

59.22

pH

7.08:50

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

Bria Horta
Signature of Facility Agent

12-19-21 8:50 pm
Date and Time Received

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

Indiga minerals

Address

600 Travis St ste 600

(713)-257-3004
Telephone No.

City/State/Zip

Shreveport La 71101

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

Paw 13 12-9-11 H #2

Field Code

Field

San Miguel Creek

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

- 01 Salt Water
02 Oil Base Mud
03 Water Base Mud
04 Completion Fluids
05 Prod. Pit Sludges
06 Storage Tank Sludges

130

- 07 Prod. Sands/Solids
08 Fresh Water
09 Rainwater
10 Washout Water
11 Washout Pit Water
12 Gas Plant Waste Solids

- 14 Pipeline Water/Waste
15 Com. Facility Waste
16 Oil Spill Waste
50 Salvage Hydrocarbons
99 Other*

* (Written Approval Required)

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Ventana midstream

Site Name

Aadri SWD

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Chris Rigg

Signature of Generator's Authorized Agent

12-19-21 9:30 am
10:30 pm
Date and Time of Shipment

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

PSC PERMIT

7604

Transporter

Jenn Energy service

Address

1783 Fm 1219

City/State/Zip

San augustine TX

936-275-7071
Telephone No.
R46 7070
Truck License No.
0476 154
Trailer License No.

If transported by barge, barge and tug identification

MA
Barge and Tug Id.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Jennett Knitt

Signature of Transporter's Agent

12-19-21 10:30 am
12-19-21 10:30 pm
Date and Time Received

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

SITE CODE

4304

Facility (Company) Name

Ventana midstream

Site Name

William H. Ande SWD

CHEMICAL ANALYSES

Chloride (Mg/l)

0.06

Conductivity (mmhos/cm)

20.21

pH

6.9

11:00

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Brian Harte

Signature of Facility Agent

12-19-21 11:00 am
12-19-21 11:00 pm
Date and Time Received

Wells by Field ID

Field ID

2584

| Well Ser | Well Name | Well Num | Status | Class | Class Type | API Number | Org ID | Permit Date | Sect | Tshp | Rng | Parish | Mer | Lease Num | Total Depth |
|----------|----------------|----------|--------|-------|------------|----------------|--------|-------------|------|------|-----|--------|-----|-----------|-------------|
| 15428 | MARY L JENKINS | 001 | 30 | | | 00000000000000 | 9999 | N/A | 012 | 11N | 11W | 16 | W | | 0 |

LUW Association

| Effective Date | End Date | LUW Code | LUW Type | LUW Name |
|----------------|----------|----------|----------|----------|
|----------------|----------|----------|----------|----------|

| Well Ser | Well Name | Well Num | Status | Class | Class Type | API Number | Org ID | Permit Date | Sect | Tshp | Rng | Parish | Mer | Lease Num | Total Depth |
|----------|-----------------------------|----------|--------|-------|------------|----------------|--------|-------------|------|------|-----|--------|-----|-----------|-------------|
| 107643 | CHLK HEN SU;IRENE B GREGORY | 001 | 30 | | | 17031007600000 | 1178 | 02/12/1965 | 014 | 11N | 11W | 16 | W | | 2931 |

LUW Association

| Effective Date | End Date | LUW Code | LUW Type | LUW Name |
|----------------|------------|----------|----------|----------------|
| 04/01/1984 | 09/01/1988 | 031963 | 2 | CHLK REN SU |
| 05/01/1979 | 04/01/1984 | 031963 | 2 | CHLK REN SU |
| 03/01/1979 | 05/01/1979 | 031963 | 2 | CHLK REN SU |
| 07/01/1966 | 03/01/1979 | 031963 | 2 | name not found |

| Well Ser | Well Name | Well Num | Status | Class | Class Type | API Number | Org ID | Permit Date | Sect | Tshp | Rng | Parish | Mer | Lease Num | Total Depth |
|----------|---------------|----------|--------|-------|------------|----------------|--------|-------------|------|------|-----|--------|-----|-----------|-------------|
| 108117 | J L ROBERTSON | 001 | 30 | | | 17031007640000 | 5420 | 03/16/1965 | 015 | 11N | 11W | 16 | W | | 2957 |

LUW Association

| Effective Date | End Date | LUW Code | LUW Type | LUW Name |
|----------------|------------|----------|----------|----------------|
| 06/01/1987 | 08/01/1987 | 108117 | 3 | J L ROBERTSON |
| 04/01/1984 | 06/01/1987 | 108117 | 3 | J L ROBERTSON |
| 01/01/1984 | 04/01/1984 | 108117 | 3 | J.L. ROBERTSON |
| 05/01/1979 | 01/01/1984 | 108117 | 3 | J.L. ROBERTSON |
| 03/01/1979 | 05/01/1979 | 108117 | 3 | J.L. ROBERTSON |
| 07/01/1977 | 03/01/1979 | 108117 | 3 | J.L. ROBERTSON |
| 04/01/1977 | 07/01/1977 | 108117 | 3 | J.L. ROBERTSON |
| 10/01/1976 | 04/01/1977 | 031963 | 2 | CHLK REN SU |
| 07/01/1966 | 10/01/1976 | 031963 | 2 | name not found |

| Well Ser | Well Name | Well Num | Status | Class | Class Type | API Number | Org ID | Permit Date | Sect | Tshp | Rng | Parish | Mer | Lease Num | Total Depth |
|----------|---------------------|----------|--------|-------|------------|----------------|--------|-------------|------|------|-----|--------|-----|-----------|-------------|
| 108319 | IRENE GREGORY ET AL | 001 | 30 | | | 17031007580000 | 2886 | 03/29/1965 | 014 | 11N | 11W | 16 | W | | 2926 |

LUW Association

| Effective Date | End Date | LUW Code | LUW Type | LUW Name |
|----------------|----------|----------|----------|----------|
|----------------|----------|----------|----------|----------|

| Well Ser | Well Name | Well Num | Status | Class | Class Type | API Number | Org ID | Permit Date | Sect | Tshp | Rng | Parish | Mer | Lease Num | Total Depth |
|----------|------------------------------|----------|--------|-------|------------|----------------|--------|-------------|------|------|-----|--------|-----|-----------|-------------|
| 108480 | CHLK REN SU;CANE CORPORATION | 001 | 30 | | | 17031007660000 | 1178 | 04/07/1965 | 015 | 11N | 11W | 16 | W | | 3054 |

LUW Association

| Effective Date | End Date | LUW Code | LUW Type | LUW Name |
|----------------|------------|----------|----------|-------------|
| 04/01/1984 | 09/01/1988 | 031963 | 2 | CHLK REN SU |
| 05/01/1979 | 04/01/1984 | 031963 | 2 | CHLK REN SU |
| 03/01/1979 | 05/01/1979 | 031963 | 2 | CHLK REN SU |
| 10/01/1976 | 03/01/1979 | 031963 | 2 | CHLK REN SU |
| 09/01/1976 | 10/01/1976 | 031963 | 2 | CHLK REN SU |

| Well Ser | Well Name | Well Num | Status | Class | Class Type | API Number | Org ID | Permit Date | Sect | Tshp | Rng | Parish | Mer | Lease Num | Total Depth |
|----------|------------|----------|--------|-------|------------|----------------|--------|-------------|------|------|-----|--------|-----|-----------|-------------|
| 108611 | E D RENOIS | 002 | 30 | | | 17031016300000 | 4420 | 04/14/1965 | 015 | 11N | 11W | 16 | W | | 2892 |

LUW Association

LDNR Office Of Conservation

Organization By Parish

| Parish ID | Name |
|-----------|---------|
| 16 | DE SOTO |

Wells by Field ID

Field ID

4319

| Well Ser | Well Name | Well Num | Status | Class | Class Type | API Number | Org ID | Permit Date | Sect | Tshp | Rng | Parish | Mer | Lease Num | Total Depth |
|----------|-----------|----------|--------|-------|------------|----------------|--------|-------------|------|------|-----|--------|-----|-----------|-------------|
| 1470 | TRICHEL | 001 | 30 | | | 17069002480000 | 9999 | N/A | 029 | 11N | 10W | 35 | W | | 2816 |

LUW Association

Effective Date End Date LUW Code LUW Type LUW Name

| Well Ser | Well Name | Well Num | Status | Class | Class Type | API Number | Org ID | Permit Date | Sect | Tshp | Rng | Parish | Mer | Lease Num | Total Depth |
|----------|-----------|----------|--------|-------|------------|----------------|--------|-------------|------|------|-----|--------|-----|-----------|-------------|
| 1770 | GIAGUE | 001 | 30 | | | 17031019460000 | 9999 | N/A | 009 | 10N | 11W | 16 | W | | 3127 |

LUW Association

Effective Date End Date LUW Code LUW Type LUW Name

| Well Ser | Well Name | Well Num | Status | Class | Class Type | API Number | Org ID | Permit Date | Sect | Tshp | Rng | Parish | Mer | Lease Num | Total Depth |
|----------|-----------|----------|--------|-------|------------|----------------|--------|-------------|------|------|-----|--------|-----|-----------|-------------|
| 3326 | GIAQUE | 002 | 30 | | | 00000000000000 | 9999 | 11/01/1921 | 009 | 10N | 11W | 16 | W | | 0 |

LUW Association

Effective Date End Date LUW Code LUW Type LUW Name

| Well Ser | Well Name | Well Num | Status | Class | Class Type | API Number | Org ID | Permit Date | Sect | Tshp | Rng | Parish | Mer | Lease Num | Total Depth |
|----------|-----------|----------|--------|-------|------------|----------------|--------|-------------|------|------|-----|--------|-----|-----------|-------------|
| 14272 | COOPER | 002-A | 30 | | | 00000000000000 | 9999 | 10/14/1930 | 032 | 11N | 10W | 35 | W | | |

LUW Association

Effective Date End Date LUW Code LUW Type LUW Name

| Well Ser | Well Name | Well Num | Status | Class | Class Type | API Number | Org ID | Permit Date | Sect | Tshp | Rng | Parish | Mer | Lease Num | Total Depth |
|----------|-----------|----------|--------|-------|------------|----------------|--------|-------------|------|------|-----|--------|-----|-----------|-------------|
| 14460 | C M TALLY | 001 | 30 | | | 00000000000000 | 9999 | 01/16/1931 | 029 | 11N | 10W | 35 | W | | 0 |

LUW Association

Effective Date End Date LUW Code LUW Type LUW Name

| Well Ser | Well Name | Well Num | Status | Class | Class Type | API Number | Org ID | Permit Date | Sect | Tshp | Rng | Parish | Mer | Lease Num | Total Depth |
|----------|--------------|----------|--------|-------|------------|----------------|--------|-------------|------|------|-----|--------|-----|-----------|-------------|
| 16754 | BROWN LBR CO | 001 | 30 | | | 00000000000000 | 9999 | 03/09/1934 | 005 | 10N | 10W | 35 | W | | 0 |

LUW Association

Effective Date End Date LUW Code LUW Type LUW Name

| Well Ser | Well Name | Well Num | Status | Class | Class Type | API Number | Org ID | Permit Date | Sect | Tshp | Rng | Parish | Mer | Lease Num | Total Depth |
|----------|-----------|----------|--------|-------|------------|----------------|--------|-------------|------|------|-----|--------|-----|-----------|-------------|
| 20010 | RAMSEY | 001-A | 28 | | | 00000000000000 | 9999 | 05/19/1937 | 036 | 11N | 11W | 16 | W | | 2961 |

LUW Association

Effective Date End Date LUW Code LUW Type LUW Name

| Well Ser | Well Name | Well Num | Status | Class | Class Type | API Number | Org ID | Permit Date | Sect | Tshp | Rng | Parish | Mer | Lease Num | Total Depth |
|----------|------------|----------|--------|-------|------------|----------------|--------|-------------|------|------|-----|--------|-----|-----------|-------------|
| 20182 | J P BARRON | 001 | 03 | | | 00000000000000 | 9999 | 07/02/1937 | 036 | 11N | 11W | 16 | W | | 0 |

LUW Association

Effective Date End Date LUW Code LUW Type LUW Name

| Well Ser | Well Name | Well Num | Status | Class | Class Type | API Number | Org ID | Permit Date | Sect | Tshp | Rng | Parish | Mer | Lease Num | Total Depth |
|----------|-----------|----------|--------|-------|------------|----------------|--------|-------------|------|------|-----|--------|-----|-----------|-------------|
| 20202 | REDDIWS | 001 | 29 | | | 00000000000000 | 9999 | 07/07/1937 | 035 | 11N | 11W | 16 | W | | 3004 |

LUW Association

Effective Date End Date LUW Code LUW Type LUW Name

| Well Ser | Well Name | Well Num | Status | Class | Class Type | API Number | Org ID | Permit Date | Sect | Tshp | Rng | Parish | Mer | Lease Num | Total Depth |
|----------|------------|----------|--------|-------|------------|----------------|--------|-------------|------|------|-----|--------|-----|-----------|-------------|
| 20230 | P S BORRON | 001 | 03 | | | 00000000000000 | 9999 | 07/12/1937 | 036 | 11N | 11W | 16 | W | | 0 |

LUW Association

Effective Date End Date LUW Code LUW Type LUW Name

| Well Ser | Well Name | Well Num | Status | Class | Class Type | API Number | Org ID | Permit Date | Sect | Tshp | Rng | Parish | Mer | Lease Num | Total Depth |
|----------|------------|----------|--------|-------|------------|----------------|--------|-------------|------|------|-----|--------|-----|-----------|-------------|
| 20339 | J W RAMSEY | 001 | 03 | | | 00000000000000 | 9999 | 08/10/1937 | 036 | 11N | 11W | 16 | W | | |

LUW Association

LDNR Office Of Conservation

Organization By Parish

| Parish ID | Name |
|-----------|-------------|
| 35 | NATCHITOCHE |

Wells by Field ID

Field ID

7870

| Well Ser | Well Name | Well Num | Status | Class | Class Type | API Number I | Org ID | Permit Date | Sect | Tshp | Rng | Parish | Mer | Lease Num | Total Depth |
|----------|------------|----------|--------|-------|------------|----------------|--------|-------------|------|------|-----|--------|-----|-----------|-------------|
| 163853 | RAY CANTON | 001 | 30 | | | 17085204910000 | 2229 | 06/12/1979 | 016 | 09N | 11W | 43 | W | | 3870 |

LUW Association

| Effective Date | End Date | LUW Code | LUW Type | LUW Name |
|----------------|------------|----------|----------|------------|
| 07/01/1983 | 06/01/1989 | 037146 | 1 | RAY CANTON |
| 05/01/1981 | 07/01/1983 | 037146 | 1 | RAY CANTON |
| 04/01/1981 | 05/01/1981 | 037146 | 1 | RAY CANTON |
| 01/01/1981 | 04/01/1981 | 037146 | 1 | RAY CANTON |
| 12/01/1980 | 01/01/1981 | 037146 | 1 | RAY CANTON |

| Well Ser | Well Name | Well Num | Status | Class | Class Type | API Number | Org ID | Permit Date | Sect | Tshp | Rng | Parish | Mer | Lease Num | Total Depth |
|----------|-----------|----------|--------|-------|------------|----------------|--------|-------------|------|------|-----|--------|-----|-----------|-------------|
| 164986 | PONDER | 001 | 30 | | | 17085205080000 | 4101 | 08/28/1979 | 015 | 09N | 11W | 43 | W | | 4000 |

LUW Association

| Effective Date | End Date | LUW Code | LUW Type | LUW Name |
|----------------|------------|----------|----------|----------|
| 01/01/1989 | 08/01/1989 | 036256 | 1 | PONDER |
| 08/01/1986 | 01/01/1989 | 036256 | 1 | PONDER |
| 01/01/1985 | 08/01/1986 | 036256 | 1 | PONDER |
| 11/01/1983 | 01/01/1985 | 036256 | 1 | PONDER |
| 07/01/1983 | 11/01/1983 | 036256 | 1 | PONDER |
| 05/01/1981 | 07/01/1983 | 036256 | 1 | PONDER |
| 04/01/1981 | 05/01/1981 | 036256 | 1 | PONDER |
| 11/01/1980 | 04/01/1981 | 036256 | 1 | PONDER |
| 10/01/1979 | 11/01/1980 | 036256 | 1 | PONDER |

| Well Ser | Well Name | Well Num | Status | Class | Class Type | API Number | Org ID | Permit Date | Sect | Tshp | Rng | Parish | Mer | Lease Num | Total Depth |
|----------|------------------------|----------|--------|-------|------------|----------------|--------|-------------|------|------|-----|--------|-----|-----------|-------------|
| 166585 | INTERNATIONAL PAPER CO | 001 | 30 | | | 17085205470000 | 4101 | 12/10/1979 | 010 | 09N | 11W | 43 | W | | 3935 |

LUW Association

| Effective Date | End Date | LUW Code | LUW Type | LUW Name |
|----------------|------------|----------|----------|------------------------|
| 01/01/1989 | 08/01/1989 | 037069 | 1 | INTERNATIONAL PAPER CO |
| 08/01/1986 | 01/01/1989 | 037069 | 1 | INTERNATIONAL PAPER CO |
| 01/01/1985 | 08/01/1986 | 037069 | 1 | INTERNATIONAL PAPER CO |
| 12/01/1983 | 01/01/1985 | 037069 | 1 | INTERNATIONAL PAPER CO |
| 07/01/1983 | 12/01/1983 | 037069 | 1 | INTERNATIONAL PAPER CO |
| 05/01/1981 | 07/01/1983 | 037069 | 1 | INTERNATIONAL PAPER CO |
| 04/01/1981 | 05/01/1981 | 037069 | 1 | INTERNATIONAL PAPER CO |
| 02/01/1981 | 04/01/1981 | 037069 | 1 | INTERNATIONAL PAPER CO |
| 11/01/1980 | 02/01/1981 | 037069 | 1 | INTERNATIONAL PAPER CO |
| 02/01/1980 | 11/01/1980 | 037069 | 1 | INTERNATIONAL PAPER CO |

| Well Ser | Well Name | Well Num | Status | Class | Class Type | API Number | Org ID | Permit Date | Sect | Tshp | Rng | Parish | Mer | Lease Num | Total Depth |
|----------|--------------------------|----------|--------|-------|------------|----------------|--------|-------------|------|------|-----|--------|-----|-----------|-------------|
| 167317 | INTERNATIONAL PAPER CO A | 001 | 30 | | | 17085205700000 | 4101 | 02/05/1980 | 010 | 09N | 11W | 43 | W | | 3800 |

LUW Association

| Effective Date | End Date | LUW Code | LUW Type | LUW Name |
|----------------|------------|----------|----------|--------------------------|
| 01/01/1989 | 06/01/1989 | 037243 | 1 | INTERNATIONAL PAPER CO A |
| 08/01/1986 | 01/01/1989 | 037243 | 1 | INTERNATIONAL PAPER CO A |
| 01/01/1985 | 08/01/1986 | 037243 | 1 | INTERNATIONAL PAPER CO A |
| 10/01/1983 | 01/01/1985 | 037243 | 1 | INTERNATIONAL PAPER CO A |
| 07/01/1983 | 10/01/1983 | 037243 | 1 | INTERNATIONAL PAPER CO A |
| 02/01/1982 | 07/01/1983 | 037243 | 1 | INTERNATIONAL PAPER CO A |
| 09/01/1981 | 02/01/1982 | 037243 | 1 | INTERNATIONAL PAPER CO A |

LDNR Office Of Conservation

Organization By Parish

| Parish ID | Name |
|-----------|--------|
| 43 | SABINE |

Allegation 2)

2) General Order 9901 as amended for failure to comply with leasing rules on fourteen (14) counts occurring December 20, 2021 through December 31, 2021

LOUISIANA PUBLIC SERVICE COMMISSION

CERTIFICATE
AS A COMMON CARRIER OF SPECIAL COMMODITIES
OVER IRREGULAR ROUTES

No. 8394

A CERTIFICATE IS HEREBY GRANTED TO JENN ENERGY SERVICES, LLC whose office or place of business is at SAN AUGUSTINE, TEXAS authorizing operations in Louisiana intrastate commerce as a COMMON CARRIER OF SPECIAL COMMODITIES OVER IRREGULAR ROUTES by motor, handling the following described commodities, in territories described:

Transportation of saltwater utilized in oil well exploration or production for disposal by motor vehicle under R.S. 45:161 through R.S. 45:172, statewide.

(Issued pursuant to L.R.S. 45:164 and the rules and regulations of the Louisiana Public Service Commission. Except for cause beyond control, non-operation of an authority for a period of six (6) months could lead to its cancellation pursuant to La. R.S. 45:166, Paragraphs B and C).

Said JENN ENERGY SERVICES, LLC shall perform such operations under prescribed rates or tariffs now or hereafter filed with the Commission and in compliance with all laws and rules and regulations of the Commission bearing thereon.

WITNESS THE SIGNATURE AND SEAL OF THE COMMISSION AT BATON ROUGE,
LOUISIANA, ON THIS 20TH DAY OF DECEMBER 2021.



/S/ CRAIG GREENE
DISTRICT II
CHAIRMAN CRAIG GREENE

/S/ ERIC F. SKRMETTA
DISTRICT I
VICE CHAIRMAN ERIC F. SKRMETTA

/S/ FOSTER L. CAMPBELL
DISTRICT V
COMMISSIONER FOSTER L. CAMPBELL

/S/ LAMBERT C. BOISSIERE, III
DISTRICT III
COMMISSIONER LAMBERT C. BOISSIERE, III


BRANDON M. FREY
SECRETARY

/S/ MIKE FRANCIS
DISTRICT IV
COMMISSIONER MIKE FRANCIS



JOHN BEL EDWARDS
GOVERNOR

State of Louisiana
DEPARTMENT OF NATURAL RESOURCES
OFFICE OF CONSERVATION

THOMAS F. HARRIS
SECRETARY

RICHARD P. IEYOUB
COMMISSIONER OF CONSERVATION

March 7, 2022

Derenda Geter
Louisiana Public Service Commission
Transportation Division
602 N. Fifth St.
Baton Rouge, LA 70802

RECEIVED

MAR 10 2022

**LA. PUBLIC SERVICE COMMISSION
TRANSPORTATION**

Re: 4th Quarter 2021, UIC-28 Manifest Audit
Site Code 0104, Acadia Parish, December 2021
Site Code 1608, De Soto Parish, December 2021
Site Code 3902, Pointe Coupee Parish, December 2021
Site Code 4304, Sabine Parish, December 2021

Dear Ms. Geter:

The Office of Conservation (Environmental) conducted a manifest audit on the referenced sites for the referenced period. Per our arrangement, Conservation has completed its audit of the above reference sites and therefore forwards the UIC-28 manifests to your office for review of Part II as requested.

If you have any questions, you may contact me by phone at (225) 342-7334 or send an email to benjamin.cartner@la.gov. Any correspondence by fax should be directed to (225) 242-3505.

Yours very truly,

Ben Cartner
Petroleum Scientist

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

ORIGINAL

CODES

S9226

PART I: TO BE COMPLETED BY GENERATOR

Generator

SWN Production

Address

Wood Energy Dr

(318) 710-0245
Telephone No.

City/State/Zip

Spring, TX 77359

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

HA RA SUXX; RKS CRC 7-6-9-10 #1,2,3

Field Code

Field San miguel Field

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|-----|---------------------------|--|-------------------------------|--|
| 01 Salt Water | 130 | 07 Prod. Sands/Solids | | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | | 08 Fresh Water | | 15 Com. Facility Waste | |
| 03 Water Base Mud | | 09 Rainwater | | 16 Oil Spill Waste | |
| 04 Completion Fluids | | 10 Washout Water | | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | | 11 Washout Pit Water | | 99 Other* | |
| 06 Storage Tank Sludges | | 12 Gas Plant Waste Solids | | * (Written Approval Required) | |

SITE CODE

4304

DESTINATION OF WASTE

Facility (Company) Name

Ventana midstream

Site Name

William Andres

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Chris Riggs

Signature of Generator's Authorized Agent

12-26-21

Date and Time of Shipment

☐ am
☒ pm

PSC PERMIT

7604

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter

Jenn Energy

Address

1985 Km 1279

City/State/Zip

San Augustine, TX

936-275-2020

Telephone No.

Truck License No.

Trailer License No.

If transported by barge, barge and tug identification

n / A

Barge and Tug Id.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Aetna Clave

Signature of Transporter's Agent

12-26-21

Date and Time Received

☐ am
☒ pm

SITE CODE

4304

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Ventana midstream

Site Name

Andres SW

CHEMICAL ANALYSES

Chloride (Mg/l)

33.18

Conductivity (mmhos/cm)

69.08

pH

6.3

8:40

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]

Signature of Facility Agent

12-26-21

Date and Time Received

☐ am
☒ pm

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

Manifest No.
ORIGINAL

PP1-157091

(CODES)

PART I: TO BE COMPLETED BY GENERATOR

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------|--|
| <div style="border: 1px solid black; padding: 5px;"> S9224 252569 7870 </div> | Generator | SWN Productions | |
| | Address | 1000 Energy Dr | |
| | City/State/Zip | Spring, TX 77359 | |
| | Telephone No. | 381.770.0245 | |
| ORIGINATION OF WASTE (see instructions on back) | | | |
| | Well Name & No. / Description | HA RA SUXX; RKS CRK 7-6-9-10 #1,2,3 | |
| | Field Code | Field San Miguel Field | |

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|-----|---------------------------|--|-------------------------------|--|
| 01 Salt Water | 130 | 07 Prod. Sands/Solids | | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | | 08 Fresh Water | | 15 Com. Facility Waste | |
| 03 Water Base Mud | | 09 Rainwater | | 16 Oil Spill Waste | |
| 04 Completion Fluids | | 10 Washout Water | | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | | 11 Washout Pit Water | | 99 Other* | |
| 06 Storage Tank Sludges | | 12 Gas Plant Waste Solids | | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

| | | |
|------------------------------------------------------------------------------------|-------------------------|-------------------|
| <div style="border: 1px solid black; padding: 5px;"> 4304 </div> | Facility (Company) Name | Ventana Midstream |
| | Site Name | William Andreas |

CERTIFICATION: The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Chris Riggs

Signature of Generator's Authorized Agent

12-26-21 5:30

Date and Time of Shipment

☐ am
☒ pm

PSC PERMIT

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

| | | | |
|------------------------------------------------------------------------------------|----------------|-------------------|---------------------|
| <div style="border: 1px solid black; padding: 5px;"> 7604 </div> | Transporter | Jenn Energy | 936-275-7070 |
| | Address | 1955 FM 1279 | Telephone No. |
| | City/State/Zip | San Augustine, TX | Truck License No. |
| | | | Trailer License No. |
| If transported by barge, barge and tug identification | | N/A | |

Barge and Tug Id.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the above destination.

Debra Clark

Signature of Transporter's Agent

12-26-21 5:45

Date and Time Received

☐ am
☒ pm

SITE CODE

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

| | | |
|------------------------------------------------------------------------------------|-------------------------|-------------------|
| <div style="border: 1px solid black; padding: 5px;"> 4304 </div> | Facility (Company) Name | Ventana Midstream |
| | Site Name | Andreas |

CHEMICAL ANALYSES

| | | | |
|-----------------|-------------------------|-----|------|
| Chloride (Mg/l) | Conductivity (mmhos/cm) | pH | |
| 3981 | 7642 | 6.2 | 6.55 |

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

Date and Time Received

12-26-21

☐ am
☒ pm

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

Manifest No.
ORIGINAL

PP1-157090

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

Address

City/State/Zip

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

Field Code

Field

Telephone No.

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

01 Salt Water

02 Oil Base Mud

03 Water Base Mud

04 Completion Fluids

05 Prod. Pit Sludges

06 Storage Tank Sludges

07 Prod. Sands/Solids

08 Fresh Water

09 Rainwater

10 Washout Water

11 Washout Pit Water

12 Gas Plant Waste Solids

14 Pipeline Water/Waste

15 Com. Facility Waste

16 Oil Spill Waste

50 Salvage Hydrocarbons

99 Other*

* (Written Approval Required)

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Site Name

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of Generator's Authorized Agent

Date and Time of Shipment

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

PSC PERMIT

Transporter

Address

City/State/Zip

If transported by barge, barge and tug identification

Barge and Tug Id.

Telephone No.

Truck License No.

Trailer License No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Signature of Transporter's Agent

Date and Time Received

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

SITE CODE

Facility (Company) Name

Site Name

CHEMICAL ANALYSES

Chloride (Mg/l)

Conductivity (mmhos/cm)

pH

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

Date and Time Received

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

CODES

59226

252569
7870

PART I: TO BE COMPLETED BY GENERATOR



Generator

SWN Productions

Address

1000 Energy Dr

City/State/Zip

Spring, TX 77389

ORIGINATION OF WASTE (see instructions on back)



Well Name & No. / Description

HA CA SUXX ; RKS CRK 7-6-9-10#1, 2, 3

Field Code

Field San Miguel field

318-770-0245
Telephone No.

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

- 01 Salt Water 130
02 Oil Base Mud
03 Water Base Mud
04 Completion Fluids
05 Prod. Pit Sludges
06 Storage Tank Sludges

- 07 Prod. Sands/Solids
08 Fresh Water
09 Rainwater
10 Washout Water
11 Washout Pit Water
12 Gas Plant Waste Solids

- 14 Pipeline Water/Waste
15 Com. Facility Waste
16 Oil Spill Waste
50 Salvage Hydrocarbons
99 Other*
* (Written Approval Required)

SITE CODE

4304

DESTINATION OF WASTE

Facility (Company) Name

Ventana midstream

Site Name

William Andres

CERTIFICATION: The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Chris Reggs

Signature of Generator's Authorized Agent

12-26-21

Date and Time of Shipment

☐ am
☒ pm

PSC PERMIT

7604

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR



Transporter

Jenn Energy

Address

1985 FM 1279

City/State/Zip

San Augustine, TX

If transported by barge, barge and tug identification

N/A

Barge and Tug Id.

936-275-7070

Telephone No.

Truck License No.

Trailer License No.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the above destination.

Diane Clark

Signature of Transporter's Agent

12-26-21

Date and Time Received

☐ am
☒ pm

SITE CODE

4304

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Ventana midstream

Site Name

Archives and

CHEMICAL ANALYSES

Chloride (Mg/l)

3947

Conductivity (mmhos/cm)

82.64

pH

6.2

10:15

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

12-26-21

Date and Time Received

☐ am
☒ pm

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

Manifest No.
ORIGINAL

PP1-157094

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

SWN Production

Address

1000 Energy Dr

(318) 770-0245
Telephone No.

City/State/Zip

Spring, TX 77389

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

HP RA SUXX - RKS CGL 7-6-9-10 #1, 2, 3

Field Code

Field San Miguel Frock

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|-----|---------------------------|--|-------------------------------|--|
| 01 Salt Water | 130 | 07 Prod. Sands/Solids | | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | | 08 Fresh Water | | 15 Com. Facility Waste | |
| 03 Water Base Mud | | 09 Rainwater | | 16 Oil Spill Waste | |
| 04 Completion Fluids | | 10 Washout Water | | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | | 11 Washout Pit Water | | 99 Other* | |
| 06 Storage Tank Sludges | | 12 Gas Plant Waste Solids | | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Ven-tana midstream

Site Name

William Andres

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Chris Rogers

Signature of Generator's Authorized Agent

12-26-21

Date and Time of Shipment

10:25 ☐ am
12-26-21 ☒ pm

PSC PERMIT

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter

Jenn Energy

Address

1905 FM 1229

City/State/Zip

San Augustine, TX

If transported by barge, barge and tug identification

N/A

Barge and Tug Id.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Betrie Clark

Signature of Transporter's Agent

12-26-21

Date and Time Received

10:35 ☐ am
12-26-21 ☒ pm

SITE CODE

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Ven-tana midstream

Site Name

Andriesswa

CHEMICAL ANALYSES

Chloride (Mg/l)

21.05

Conductivity (mmhos/cm)

46.82

pH

6.3

12:00

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

Date and Time Received

11-27-21

☒ am
☐ pm

Manifest No.
ORIGINAL

PP1-157044

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator

SWN

Address

1000 Energy Dr

City/State/Zip

Spring, TX 77359

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description

H2K SW; PRV 13+12-9-11 #3+4

Field Code

Field San Miguel Creek

587-770-0245
Telephone No.

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

61 Salt Water

130

07 Prod. Sands/Solids

14 Pipeline Water/Waste

02 Oil Base Mud

08 Fresh Water

15 Com. Facility Waste

03 Water Base Mud

09 Rainwater

16 Oil Spill Waste

04 Completion Fluids

10 Washout Water

50 Salvage Hydrocarbons

05 Prod. Pit Sludges

11 Washout Pit Water

99 Other*

06 Storage Tank Sludges

12 Gas Plant Waste Solids

* (Written Approval Required)

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Ventana midstream

Site Name

Andres

6:00

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Chris Rogers

Signature of Generator's Authorized Agent

12-30-21 ☒ am
☐ pm

Date and Time of Shipment

PSC PERMIT

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter

Jenn Energy

Address

1088 FM 1229

City/State/Zip

Spring, TX

If transported by barge, barge and tug identification

N/A

Barge and Tug Id.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

John Clon

Signature of Transporter's Agent

12-30-21 ☒ am
☐ pm

Date and Time Received

SITE CODE

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Ventana midstream

Site Name

William H. Andres SWD

CHEMICAL ANALYSES

Chloride (Mg/l)

006

Conductivity (mmhos/cm)

15.10

pH

6.9

7:50

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Brian Horton

Signature of Facility Agent

12/30/21 ☒ am
☐ pm

Date and Time Received

Manifest No.
ORIGINAL

PP1-157043

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

CODES

PART I: TO BE COMPLETED BY GENERATOR

59226 ↔ Generator SWN

↔ Address 10000 Energy Dr 318-720-0245 Telephone No.

City/State/Zip Spring, TX 77359

ORIGINATION OF WASTE (see instructions on back)

252307 ↔ Well Name & No. / Description HA RA SUW: PAU 13+12-9-11 HC# 3+4

2810 ↔ Field Code Field San Miguel Creek

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | |
|--------------------------|---------------------------|-------------------------------|--|
| 01 Salt Water <u>130</u> | 07 Prod. Sands/Solids | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | 08 Fresh Water | 15 Com. Facility Waste | |
| 03 Water Base Mud | 09 Rainwater | 16 Oil Spill Waste | |
| 04 Completion Fluids | 10 Washout Water | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | 11 Washout Pit Water | 99 Other* | |
| 06 Storage Tank Sludges | 12 Gas Plant Waste Solids | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name

Site Name

4304

Ventana midstreamAndres

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Chris Eggo

Signature of Generator's Authorized Agent

12-30-21

Date and Time of Shipment

☒ am
☐ pm

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

PSC PERMIT

Transporter

Address

City/State/Zip

If transported by barge, barge and tug identification

7604

Jenn Energy1985 FM 1279SAN ANGELO, TX 75912N/A936-275-2070

Telephone No.

Truck License No.

Trailer License No.

Barge and Tug Id.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

John Clark

Signature of Transporter's Agent

12-30-21

Date and Time Received

☒ am
☐ pm

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Site Name

SITE CODE

4304

Ventana midstreamWilliam H. Andra SLOD

CHEMICAL ANALYSES

Chloride (Mg/l)

Conductivity (mmhos/cm)

pH

0.0620.217.05:50

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Bria Horton

Signature of Facility Agent

12/30/21

Date and Time Received

☒ am
☐ pm

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator SWN

Address 1000 Energy Dr 381-710-0245
Telephone No.

City/State/Zip Spring, TX 77359

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description HARRIS DAV 13-24-9-11 H#1

Field Code Field San Miguel

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | |
|---------------------------------|---------------------------|-------------------------|
| <u>61</u> Salt Water <u>130</u> | 07 Prod. Sands/Solids | 14 Pipeline Water/Waste |
| 02 Oil Base Mud | 08 Fresh Water | 15 Com. Facility Waste |
| 03 Water Base Mud | 09 Rainwater | 16 Oil Spill Waste |
| 04 Completion Fluids | 10 Washout Water | 50 Salvage Hydrocarbons |
| 05 Prod. Pit Sludges | 11 Washout Pit Water | 99 Other* |
| 06 Storage Tank Sludges | 12 Gas Plant Waste Solids | |

* (Written Approval Required)

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name Ventana midstreamSite Name Andres

8:00

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Chris Rogers

Signature of Generator's Authorized Agent

12-30-21

Date and Time of Shipment

☒ am
☐ pm

PSC PERMIT

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter Jerr Energy 936-275-7070
Telephone No.

Address 1085 FM 1279 15
Truck License No.

City/State/Zip San Augustine, TX 75972 15
Trailer License No.

If transported by barge, barge and tug identification

NP

Barge and Tug Id.

9:20
☒ am
☐ pm

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

LEAH CLARK

Signature of Transporter's Agent

12-30-21

Date and Time Received

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

SITE CODE

Facility (Company) Name Ventana midstreamSite Name William H. Ande SWD

CHEMICAL ANALYSES

Chloride (Mg/l)

0.06

Conductivity (mmhos/cm)

30.15

pH

6.99:20
☒ am
☐ pm

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Brian Horton

Signature of Facility Agent

12-30-21

Date and Time Received

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

Manifest No.
ORIGINAL

PP1-157046

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator SWN
Address 10000 Energy Dr (38) 770 0245
City/State/Zip Spring, TX 77359 Telephone No.
ORIGINATION OF WASTE (see instructions on back)
Well Name & No. / Description HARA PAU 13-24-9-11 H # 1+2
Field Code San Miguel Creek

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | |
|--------------------------|---------------------------|-------------------------------|--|
| 01 Salt Water <u>130</u> | 07 Prod. Sands/Solids | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | 08 Fresh Water | 15 Com. Facility Waste | |
| 03 Water Base Mud | 09 Rainwater | 16 Oil Spill Waste | |
| 04 Completion Fluids | 10 Washout Water | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | 11 Washout Pit Water | 99 Other* | |
| 06 Storage Tank Sludges | 12 Gas Plant Waste Solids | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name Ventana Midstream
Site Name Andres

CERTIFICATION: The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Chris Rysse
Signature of Generator's Authorized Agent

12-30-21
Date and Time of Shipment

☒ am
☐ pm

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter Tenn Energy 936-275-7070
Address 1985 FM 1279 Telephone No.
City/State/Zip SAN ANGELO, TX Truck License No.
Trailer License No.
If transported by barge, barge and tug identification N/A

Barge and Tug Id.

11:00
Date and Time Received

☒ am
☐ pm

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the above destination.

Dan Clark
Signature of Transporter's Agent

12-30-21
Date and Time Received

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name Ventana midstream
Site Name William H. Andresco

CHEMICAL ANALYSES

Chloride (Mg/l) 0.06 Conductivity (mmhos/cm) 30.10 pH 7.0

11:00
Date and Time Received

☒ am
☐ pm

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

Brian Horton
Signature of Facility Agent

12-30-21
Date and Time Received

11:00
Date and Time Received

Manifest No.
ORIGINAL

PP1-157047

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator SUN
 Address 10000 Energy Dr Telephone No. (381) 710-0248
 City/State/Zip Spring, TX
 ORIGINATION OF WASTE (see instructions on back)
 Well Name & No. / Description HA RD PAV B+24-9-11 #1+2
 Field Code San Miguel

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | |
|--------------------------|---------------------------|-------------------------------|--|
| 01 Salt Water <u>130</u> | 07 Prod. Sands/Solids | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | 08 Fresh Water | 15 Com. Facility Waste | |
| 03 Water Base Mud | 09 Rainwater | 16 Oil Spill Waste | |
| 04 Completion Fluids | 10 Washout Water | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | 11 Washout Pit Water | 99 Other* | |
| 06 Storage Tank Sludges | 12 Gas Plant Waste Solids | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name Ventana midstream
 Site Name Andres

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Chris Rags

Signature of Generator's Authorized Agent

12-30-21

Date and Time of Shipment

☐ am
☒ pm

PSC PERMIT

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter Terra Energy Telephone No. 436-228-2020
 Address 1985 FM 1279 Truck License No. 15
 City/State/Zip San Augustine, TX Trailer License No. 15

If transported by barge, barge and tug identification

N/A

Barge and Tug Id.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Dunc Clark

Signature of Transporter's Agent

12-30-21

Date and Time Received

☐ am
☒ pm

SITE CODE

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name Ventana midstream
 Site Name William H. Anderson

CHEMICAL ANALYSES

Chloride (Mg/l)

0.06

Conductivity (mmhos/cm)

18.10

pH

6.9

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Brian Horton

Signature of Facility Agent

12/30/21

Date and Time Received

☐ am
☒ pm

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

ORIGINAL

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator SWE / Indigo
Address 1000 Energy Dr Telephone No. 318-770-0245
City/State/Zip Spring, TX
ORIGINATION OF WASTE (see instructions on back)
Well Name & No. / Description HA RA SWX ; RKS CLK 7-6-9-10
Field Code San Miguel

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | |
|--------------------------|---------------------------|-------------------------|
| 01 Salt Water <u>130</u> | 07 Prod. Sands/Solids | 14 Pipeline Water/Waste |
| 02 Oil Base Mud | 08 Fresh Water | 15 Com. Facility Waste |
| 03 Water Base Mud | 09 Rainwater | 16 Oil Spill Waste |
| 04 Completion Fluids | 10 Washout Water | 50 Salvage Hydrocarbons |
| 05 Prod. Pit Sludges | 11 Washout Pit Water | 99 Other* |
| 06 Storage Tank Sludges | 12 Gas Plant Waste Solids | |

* (Written Approval Required)

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name Ventana midstream
Site Name Andres

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Chris Riggs

Signature of Generator's Authorized Agent

12-23-21

Date and Time of Shipment

☒ am
☐ pm

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

SC PERMIT

Transporter Jenn Energy Telephone No. 936-275-7070
Address 1985 FM 1274
City/State/Zip San Augustine, TX
Truck License No. 15
Trailer License No. 15

If transported by barge, barge and tug identification

n/a
Barge and Tug Id.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Dan Clark

Signature of Transporter's Agent

12-23-21

Date and Time Received

☒ am
☐ pm

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

SITE CODE

Facility (Company) Name Ventana midstream
Site Name William H. Andre SWD

CHEMICAL ANALYSES

Chloride (Mg/l) 0.06 Conductivity (mmhos/cm) 10.18 pH 7.0

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Brian Horton

Signature of Facility Agent

12-23-21

Date and Time Received

☒ am
☐ pm

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

ORIGINAL

CODES

PART I TO BE COMPLETED BY GENERATOR

Generator SW EAddress 10000 Energy DrCity/State/Zip Spring, TX

ORIGINATION OF WASTE (see instructions on back)

Well Name & No. / Description HA RA SUXX ; RKS CRC 7-6-9-10 HC #1,2,3Field Code San miguelTelephone No. 387-0248

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|------------|---------------------------|--|-------------------------------|--|
| 01 Salt Water | <u>130</u> | 07 Prod. Sands/Solids | | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | | 08 Fresh Water | | 15 Com. Facility Waste | |
| 03 Water Base Mud | | 09 Rainwater | | 16 Oil Spill Waste | |
| 04 Completion Fluids | | 10 Washout Water | | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | | 11 Washout Pit Water | | 99 Other* | |
| 06 Storage Tank Sludges | | 12 Gas Plant Waste Solids | | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name Ventura MidstreamSite Name Andres

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of Generator's Authorized Agent Chris RogersDate and Time of Shipment 12-22-21 ☒ am ☐ pm

PSC PERMIT

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter Jenn EnergyAddress 1985 FM 1274City/State/Zip San Augustine, TXTelephone No. 930-275-7070Truck License No. 15Trailer License No. 15If transported by barge, barge and tug identification M/ABarge and Tug Id. 6:30

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Signature of Transporter's Agent Robert ClarkDate and Time Received 12-22-21 ☐ am ☒ pm

SITE CODE

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name Ventura MidstreamSite Name William L Andres Sr

CHEMICAL ANALYSES

Chloride (Mg/l) 79.20Conductivity (mmhos/cm) 108.11pH 6.38:309:00

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent [Signature]Date and Time Received 12/22/21 ☒ am ☐ pm

Manifest No.
ORIGINAL

PP1-157114

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator SWE
 Address 1000 Energy Dr Telephone No. (381)-720-0245
 City/State/Zip Spring, TX
 ORIGINATION OF WASTE (see instructions on back)
 Well Name & No. / Description HA RA SUXX; PKG CRK 7-6-9 10 HC #1,2,3
 Field Code San Miguel

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|------------|---------------------------|--|-------------------------------|--|
| 01 Salt Water | <u>130</u> | 07 Prod. Sands/Solids | | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | | 08 Fresh Water | | 15 Com. Facility Waste | |
| 03 Water Base Mud | | 09 Rainwater | | 16 Oil Spill Waste | |
| 04 Completion Fluids | | 10 Washout Water | | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | | 11 Washout Pit Water | | 99 Other* | |
| 06 Storage Tank Sludges | | 12 Gas Plant Waste Solids | | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name Ventura midstream
 Site Name Andres

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Chris Reggs

Signature of Generator's Authorized Agent

12-22-21

Date and Time of Shipment

8:15 ☒ am
☐ pm

SC PERMIT

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

Transporter Jenn Energy Telephone No. 936 275 7070
 Address 1905 Km 1274 Truck License No. 15
 City/State/Zip San Augustine, TX Trailer License No. 15
 If transported by barge, barge and tug identification N/A Barge and Tug Id. 8:45

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Deane Clark

Signature of Transporter's Agent

12-22-21

Date and Time Received

8:45 ☒ am
☐ pm

SITE CODE

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name Ventura midstream
 Site Name William H Andres San

CHEMICAL ANALYSES

Chloride (Mg/l)

69.30

Conductivity (mmhos/cm)

80.04

pH

6.910:00
1030☒ am
☐ pm

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

Date and Time Received

12/22/21

UIC - 28

STATE OF LOUISIANA
OFFICE OF CONSERVATION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

ORIGINAL

CODES

PART I: TO BE COMPLETED BY GENERATOR

Generator SWE
Address 10000 Energy Dr Telephone No. 318-710-0245
City/State/Zip Spring, TX
ORIGINATION OF WASTE (see instructions on back)
Well Name & No. / Description HA RA SUXX ; RLS CRL 7-6-9-10 AC^H 1,2,3
Field Code San Miguel Creek

WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

| | | | | | |
|-------------------------|------------|---------------------------|--|-------------------------------|--|
| 01 Salt Water | <u>130</u> | 07 Prod. Sands/Solids | | 14 Pipeline Water/Waste | |
| 02 Oil Base Mud | | 08 Fresh Water | | 15 Com. Facility Waste | |
| 03 Water Base Mud | | 09 Rainwater | | 16 Oil Spill Waste | |
| 04 Completion Fluids | | 10 Washout Water | | 50 Salvage Hydrocarbons | |
| 05 Prod. Pit Sludges | | 11 Washout Pit Water | | 99 Other* | |
| 06 Storage Tank Sludges | | 12 Gas Plant Waste Solids | | * (Written Approval Required) | |

SITE CODE

DESTINATION OF WASTE

Facility (Company) Name Ventura Midstream
Site Name Andres

CERTIFICATION:

The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Chris Kiss

Signature of Generator's Authorized Agent

12-22-21

Date and Time of Shipment

☒ am
☐ pm

PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

PSC PERMIT

7604

Transporter Jenn Energy Telephone No. 936-275-7020
Address 1985 FM 1274
City/State/Zip San Augustine, TX
Truck License No. 15
Trailer License No. 15

If transported by barge, barge and tug identification

N/A Barge and Tug Id.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the above destination.

Deane Clark

Signature of Transporter's Agent

12-22-21

Date and Time Received

☒ am
☐ pm

PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

SITE CODE

4304

Facility (Company) Name Ventura Midstream
Site Name William H Andres Sr

CHEMICAL ANALYSES

Chloride (Mg/l)

104.58

Conductivity (mmhos/cm)

124.19

pH

6.21230150

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

ef Signature of Facility Agent12/22/21 Date and Time Received
☐ am
☒ pm

Wells by Field ID

Field ID

7870

| Well Ser | Well Name | Well Num | Status | Class | Class Type | API Number | Org ID | Permit Date | Sect | Tshp | Rng | Parish | Mer | Lease Num | Total Depth |
|----------|------------|----------|--------|-------|------------|----------------|--------|-------------|------|------|-----|--------|-----|-----------|-------------|
| 163853 | RAY CANTON | 001 | 30 | | | 17085204910000 | 2229 | 06/12/1979 | 016 | 09N | 11W | 43 | W | | 3870 |

LUW Association

| Effective Date | End Date | LUW Code | LUW Type | LUW Name |
|----------------|------------|----------|----------|------------|
| 07/01/1983 | 06/01/1989 | 037146 | 1 | RAY CANTON |
| 05/01/1981 | 07/01/1983 | 037146 | 1 | RAY CANTON |
| 04/01/1981 | 05/01/1981 | 037146 | 1 | RAY CANTON |
| 01/01/1981 | 04/01/1981 | 037146 | 1 | RAY CANTON |
| 12/01/1980 | 01/01/1981 | 037146 | 1 | RAY CANTON |

| Well Ser | Well Name | Well Num | Status | Class | Class Type | API Number | Org ID | Permit Date | Sect | Tshp | Rng | Parish | Mer | Lease Num | Total Depth |
|----------|-----------|----------|--------|-------|------------|----------------|--------|-------------|------|------|-----|--------|-----|-----------|-------------|
| 164986 | PONDER | 001 | 30 | | | 17085205080000 | 4101 | 08/28/1979 | 015 | 09N | 11W | 43 | W | | 4000 |

LUW Association

| Effective Date | End Date | LUW Code | LUW Type | LUW Name |
|----------------|------------|----------|----------|----------|
| 01/01/1989 | 08/01/1989 | 036256 | 1 | PONDER |
| 08/01/1986 | 01/01/1989 | 036256 | 1 | PONDER |
| 01/01/1985 | 08/01/1986 | 036256 | 1 | PONDER |
| 11/01/1983 | 01/01/1985 | 036256 | 1 | PONDER |
| 07/01/1983 | 11/01/1983 | 036256 | 1 | PONDER |
| 05/01/1981 | 07/01/1983 | 036256 | 1 | PONDER |
| 04/01/1981 | 05/01/1981 | 036256 | 1 | PONDER |
| 11/01/1980 | 04/01/1981 | 036256 | 1 | PONDER |
| 10/01/1979 | 11/01/1980 | 036256 | 1 | PONDER |

| Well Ser | Well Name | Well Num | Status | Class | Class Type | API Number | Org ID | Permit Date | Sect | Tshp | Rng | Parish | Mer | Lease Num | Total Depth |
|----------|------------------------|----------|--------|-------|------------|----------------|--------|-------------|------|------|-----|--------|-----|-----------|-------------|
| 166585 | INTERNATIONAL PAPER CO | 001 | 30 | | | 17085205470000 | 4101 | 12/10/1979 | 010 | 09N | 11W | 43 | W | | 3935 |

LUW Association

| Effective Date | End Date | LUW Code | LUW Type | LUW Name |
|----------------|------------|----------|----------|------------------------|
| 01/01/1989 | 08/01/1989 | 037069 | 1 | INTERNATIONAL PAPER CO |
| 08/01/1986 | 01/01/1989 | 037069 | 1 | INTERNATIONAL PAPER CO |
| 01/01/1985 | 08/01/1986 | 037069 | 1 | INTERNATIONAL PAPER CO |
| 12/01/1983 | 01/01/1985 | 037069 | 1 | INTERNATIONAL PAPER CO |
| 07/01/1983 | 12/01/1983 | 037069 | 1 | INTERNATIONAL PAPER CO |
| 05/01/1981 | 07/01/1983 | 037069 | 1 | INTERNATIONAL PAPER CO |
| 04/01/1981 | 05/01/1981 | 037069 | 1 | INTERNATIONAL PAPER CO |
| 02/01/1981 | 04/01/1981 | 037069 | 1 | INTERNATIONAL PAPER CO |
| 11/01/1980 | 02/01/1981 | 037069 | 1 | INTERNATIONAL PAPER CO |
| 02/01/1980 | 11/01/1980 | 037069 | 1 | INTERNATIONAL PAPER CO |

| Well Ser | Well Name | Well Num | Status | Class | Class Type | API Number | Org ID | Permit Date | Sect | Tshp | Rng | Parish | Mer | Lease Num | Total Depth |
|----------|--------------------------|----------|--------|-------|------------|----------------|--------|-------------|------|------|-----|--------|-----|-----------|-------------|
| 167317 | INTERNATIONAL PAPER CO A | 001 | 30 | | | 17085205700000 | 4101 | 02/05/1980 | 010 | 09N | 11W | 43 | W | | 3800 |

LUW Association

| Effective Date | End Date | LUW Code | LUW Type | LUW Name |
|----------------|------------|----------|----------|--------------------------|
| 01/01/1989 | 06/01/1989 | 037243 | 1 | INTERNATIONAL PAPER CO A |
| 08/01/1986 | 01/01/1989 | 037243 | 1 | INTERNATIONAL PAPER CO A |
| 01/01/1985 | 08/01/1986 | 037243 | 1 | INTERNATIONAL PAPER CO A |
| 10/01/1983 | 01/01/1985 | 037243 | 1 | INTERNATIONAL PAPER CO A |
| 07/01/1983 | 10/01/1983 | 037243 | 1 | INTERNATIONAL PAPER CO A |
| 02/01/1982 | 07/01/1983 | 037243 | 1 | INTERNATIONAL PAPER CO A |
| 09/01/1981 | 02/01/1982 | 037243 | 1 | INTERNATIONAL PAPER CO A |

LDNR Office Of Conservation

Organization By Parish

| Parish ID | Name |
|-----------|--------|
| 43 | SABINE |

REJECTED

EQUIPMENT LEASE AGREEMENT

THIS EQUIPMENT LEASE AGREEMENT ("Agreement") made and entered into on this 10th day of November, 2021 ("Effective Date"), by and between Clark Transportation Services, LLC ("Lessor") a Sole Proprietor Single member LLC

Located at 353 E 77th St, Shreveport, LA, 71106

being the owner of the equipment described herein, and JENN ENERGY SERVICES, LLC ("lessee"), a Texas Limited Liability Company located at 911 East Columbia, San Augustine, TX 75972. Lessor and Lessee (collectively, the "Parties") as further detailed hereinbelow, enter into this Agreement for the intended purpose of leasing only equipment.

1. Lessor represents to Lessee that it holds full legal title or that is, has legal right to exercise full control over the equipment set forth in Attachment A of this lease. Lessor agrees to furnish Lessee all necessary information and documents of title or registration to enable Lessee to properly identify equipment. As required by Section 1057.4(a) of the Motor Carrier Regulations of the Interstate Commerce Commission and State Regulatory bodies, and only to the extent required by those provisions, exclusive possession and use of the equipment is for the period of Agreement, vested in the Lessee.

1. Lessor represents and warrants that: (i) he is the owner of the Leased Equipment; (ii) the Leased Equipment is in good condition mechanically and wholly suitable for the services intended under this Lease, and will remain in such condition at the Lessor's expense throughout the term of this Lease; (iii) the Leased Equipment meets all requirements of all applicable state and federal laws; and all rules and regulations; and (iv) that the Leased Equipment is not the subject of any other lease agreement or other similar independent contractor agreement related to its use.

Lessor shall pay all of the expenses on the Leased Equipment, including but not limited to, license tags, registration fees, fuel, parts, tires, labor charges, highway use tax, Ad Valorem tax, personal property tax, and any other taxes levied against the Lease Equipment, as well as any other expenses which may be incurred.

2. TERM OF LEASE. This Agreement shall remain in full force and effect for thirty (30) days from the Effective Date of this Agreement. This Agreement shall be automatically renewed for month to month periods and may be terminated by either party upon fifteen (15) days written notification to the other party, except that this Agreement may be immediately cancelled by Lessee should Lessor violate any of the

CC

Please initial each page

Clark Transportation Services LLC

terms or provisions of this Agreement, including, but not limited to, the representations and warranties above.

2. USE OF EQUIPMENT. During the term of this Agreement, the Leased Equipment shall be primarily for Commission-regulated transportation as well as unregulated operations. It is understood and agreed between the parties that the Lessor is not required to purchase or rent any products, equipment, or services from Lessee as a condition of entering in to this Agreement.

4. DOT COMPLIANCE. Lessor agrees to maintain the equipment in a manner prescribed in 49 CFR part 396, Inspection and Maintenance, Bureau of Motor Carriers Safety Regulations, U.S. Department of Transportation. Copies of records of repair and maintenance will be promptly submitted to Lessee's dispatcher or administrative secretary for record retention.

5. COMPENSATION. As consideration and compensation for the full and proper performance of this agreement by the Lessor, Lessee agrees to pay Lessor, or the assigns of Lessor, _____ percent 75 % of all Earned Revenue (as hereinafter defined), and Lessee will retain the remaining _____ percent 25 % of all Earned Revenue, in order to cover operating costs and expenses incurred by Lessee.

The term "Earned Revenue" shall include pursuant to applicable tariffs, contracts, or tenders, line haul charges, hourly work and detention time charges, diversion or reconsignment charges and pick-up charges; such Earned Revenue is determined by billings rendered by the Lessee to its shippers covering transportation performed with the use of the Leased Equipment. The amount billed by the Lessee to its shippers covering transportation performed with the use of the Leased Equipment shall be in the sole discretion of the Lessee. Other earned revenues involving non-Leased Equipment, extra labor charges, insurance surcharges, escorts, tolls, permits and other third-party charges shall not be included in the calculation of Earned Revenue. If the billings or invoices rendered by Lessee to its shippers concerning transportation performed with the use of the Leased Equipment do not separate insurance surcharges, then in calculating Earned Revenue, Lessee shall be entitled to deduct from the billings and/or invoices the amount representing insurance surcharges. It is further agreed that in calculating Earned Revenue, there shall be deducted and excluded Earned Revenue any brokerage fees, agent fees, commissions, load out fees, discounts, and any collection fees on "collect on delivery" shipments.

6. LESSEE RESPONSIBILITY. This Agreement is made in order to enable Lessee to further develop its business as a motor carrier of property in conformity with and pursuant to all applicable statutes, laws, rules and regulations now and hereafter in effect in respect to the operations of the Lessee, including those applicable to the operations of Lessee by all regulatory agencies whose jurisdiction and authority might attach to Lessee, and in this connection, Lessor and Lessee agree that Lessee shall have exclusive possession, control and use of the Leased Equipment and complete

responsibility for operation of the Leased Equipment for the duration of this Agreement within the meaning of, and only for the purpose of compliance with, applicable rules or any and all additional regulatory agencies whose jurisdiction and authority attach to Lessee.

7. ADDITIONAL LESSEE RESPONSIBILITY. Lessee shall provide Lessor a receipt for the Leased Equipment to evidence the day and time Lessee obtained and terminated possession of the Leased Equipment. Additionally, Lessee shall maintain records regarding the trips on which the Leased Equipment was utilized pursuant to this Agreement, as more fully outlined in this Agreement.

8. LESSOR RESPONSIBILITY. The Lessor accepts all risks for depreciation, loss or damage to the Leased Equipment. The Lessor Agrees to pay all operating and maintenance costs for the Leased Equipment including, but not limited to cost of fuel; cost of gasoline; cost of oil, tires, tubes, tarpaulins, parts and repairs; licenses/permits; cab cards; fuel taxes; collision insurance; all materials and services incidental to the operation of the Leased Equipment in a safe and dependable manner; and all costs, advances or other expenses due Lessee.

Operating costs and overhead expense which are incurred by Lessee in connection with the operation and/or use of the Leased Equipment and for which Lessor shall be responsible shall include, without limitation, advances made by Lessee on behalf of the Lessor, the Leased Equipment (including wired money, purchase orders and cash advances); wrecker service charges; loading and unloading charges; interchange fees; brokerage fees; interline charges; charges imposed by a shipper or other Lessee under lease or sublease; license plate fees; fuel taxes; road taxes; mileage tax; weight distance tax; equipment use and ad valorem taxes and fees; state and federal registration fees; taxes, tags or stamps; sales taxes; property taxes; interstate motor Lessee taxes; and any other fees, charges, penalties, fines, tolls or other taxes which may be assessed or levied against the Leased Equipment. The Lessor shall be solely responsible for the maintenance of the Leased Equipment and shall pay all costs in connection therewith the Lessee shall have no obligation whatsoever to maintain the Leased Equipment.

In addition, Lessor agrees to abide by all the rules and regulations of the Department of Natural Resources, the Department of Conservation, the Department of Environmental Quality and the Federal Environmental Protection Agency.

9. INSURANCE. During the term of this Agreement, Lessee shall obtain and maintain auto liability, general liability and cargo insurance covering the Leased Equipment. This coverage shall be applicable only while the equipment is being utilized in the performance of Lessor's obligations to Lessee pursuant to this Agreement. Lessee

shall, at its sole expense maintain non trucking liability coverage for the leased Equipment described herein in an amount of not less than One Million Dollars (\$1,000,000), and provide Lessor proof of insurance upon request.

10. INDEMNITY. Lessor agrees to protect, defend, indemnify and hold harmless Lessee, its parent, subsidiaries, related and affiliated companies, their respective officers and directors, owners, employees and agents, and Lessee's underwriters from and against any and all claims, demands, suits, losses or liabilities as a result of loss of life or injury to any employee of lessor involved in any incidents and or accidents with Lessor's trucks and/or trailers or other equipment or as a result of any damage to or any loss or the property of Lessor or of third parties and the cargo carried by Lessor's trucks and/or trailers or other equipment arising out of or connected with the work or driving to be performed by Lessor or its employees in furtherance of this Lease and operations anticipated and carried out by Lessor and Lessee. The indemnification provisions provided for in this agreement shall be applicable whether caused by negligence, active or passive, primary or secondary, in whole or in part of the Lessee. Lessor agrees to provide insurance, or to self-insure, the indemnity obligations assumed by Lessor under this agreement. Lessor further agrees to cause any such policies to waive the subrogation in favor of the Lessee and the other parties indemnified for the risks assumed by Lessor under this agreement. Lessor agrees to name Lessee as an additional named insured under all policies which Lessor is required to carry under this lease agreement with Lessee. Lessor also agrees to pay all fines and penalties incurred by Lessee due to Lessor's negligence or fault.

Lessor agrees to protect, defend, indemnify and hold harmless Lessor, its parent, subsidiaries, related and affiliated companies, their respective officers, directors, owners, employees and agents, and Lessor's underwriters from and against any and all claims, demands, suits, losses or liabilities as a result of loss of life or injury to any employee of Lessee involved in any incidents and/or accidents with Lessor's trucks and/or trailers or other equipment as a result of any damage to or any loss of the property of Lessor or of third parties and the cargo carried by Lessor's trucks and/or trailers or other equipment arising out of or connected with the work or driving to be performed by Lessee or its employees in furtherance of this Lease and operations anticipated and carried out by Lessor and Lessee. The indemnification provisions provided for in this agreement shall be applicable whether caused by the negligence, active or passive, primary or secondary, in whole or in part of the Lessor. Lessee agrees to provide insurance, or to self-insure, the indemnity obligations assumed by Lessee under this agreement. Lessee further agrees to cause any such policies to waive subrogation in favor of Lessor and the other parties indemnified for the risks assumed by Lessee under this agreement. Lessee agrees to name Lessor as an additional named insured under all policies which Lessee is required to carry under this lease agreement

with Lessor. Lessee also agrees to pay all fines and penalties incurred by Lessee due to Lessee's own negligence or fault.

11. SETTLEMENTS. Payment to the Lessor by the Lessee shall be made at Lessee's address shown above bi-weekly.

Lessor will be furnished a Form 1099 at year-end and will be responsible for taxes due on these monies.

12. NON-AGENCY AGREEMENT. Neither party is the agent of the other. Neither party shall have the right to bind the other, except as herein specifically provided. Under no circumstance shall the Lessor incur indebtedness in the name of the Lessee. Lessor acknowledges and agrees that Lessor has no authority, either by virtue of this agreement or otherwise, to bind or obligate in any manner the lessee or the Lease Equipment for the hauling or transporting of any merchandise or goods whatsoever and Lessor acknowledges that the Leased Equipment shall only be used for transportation services that are specifically dispatched by the Lessee.

13. INDEPENDENT CONTRACTORS. It is expressly understood and agreed that Lessor and Lessee are independent contractors. For all purposes of this Lease and at all times during performance hereof, the drivers and helpers of the leased trucks shall be considered as employees and servants of Lessor and not of Lessee nor as borrowed servants of Lessee.

14. IDENTIFICATION OF LEASED EQUIPMENT. Lessee shall be responsible for identification of the Leased Equipment in accordance with all applicable laws and regulations, including but not limited to 49 CFR 390. Lessor shall, at all times, during the term of this Agreement, maintain the identification of the Leased Equipment so that such identification is in conformity with all applicable laws and regulations. Lessee shall maintain a) a copy of this agreement; or b) a statement specifying the Lessor's name, the term of the Agreement the Lessee's address and any applicable restrictions in the Agreement relative to the use of the Leased Equipment.

15. SETTLEMENT UPON TERMINATION. Lessor shall, upon termination of the Agreement, deliver to Lessee within 48 hours after the termination of the Agreement all property owned by Lessee, including but not limited to, cab cards, permits, hoses, fittings and decals. Lessee may withhold Lessor's final settlement in order to ensure that all charges, if any, are properly accounted for and paid. The Lessor further agrees to remove and return such identification decals to the Lessee or to fully and immediately permanently obliterate all such identification upon the termination of this Agreement. Upon termination of this Agreement, as a condition precedent to payment, the Lessor shall remove all identification decals or devices and return them to the Lessee. The failure of Lessor to remove all identification decals or devices and return them to the Lessee shall not affect termination and cancellation of this Agreement, the parties agree and stipulate that the expenses incurred by the failure of Lessor to comply with this obligation is \$1,000, which Lessee may withhold from the lessee's final payment to Lessor.

16. SAFETY EQUIPMENT AND ACCESSORIES. Lessor agrees to provide and maintain the equipment with safety equipment and accessories as may be required by either Lessee or any governmental agency.

17. DILIGENCE. Lessor shall exercise all diligent efforts to conduct his/her operations under this Agreement to assure continued customer satisfaction.

18. PERFORMANCE. If Lessor shall fail to complete an assignment in a professional manner or otherwise subjects Lessee to liabilities to customers or governmental agencies on account of the acts or omissions of Lessor, the Lessor expressly agrees that Lessee shall have the right to complete performance using the same or other equipment, and hold Lessor liable for the cost thereof and for any other damages. Lessor hereby waives any recourse against Lessee for such action and agrees to reimburse Lessee for any costs and expenses arising out of such breach of contract by Lessor.

19. FORCE MAJEURE. In the event Lessor or Lessee shall be delayed, hindered in or prevented from the performance of any act required under this Lease hereunder by reason of strikes, walkouts, labor troubles, inability to procure materials, failure of power, restrictive government laws or regulations, riots, failure to act or default of the other party, war, Act of God or other reason beyond their control, then performance of such act shall be excused for the period of the delay and the period of the performance of any such act shall be extended for a period equivalent to the period of such delay.

20. ENTIRE AGREEMENT. This Agreement constitutes the entire agreement and understands between the parties concerning the subject matter hereof, and shall not be modified, altered, changed or amended in any respect, unless in writing and signed by both parties.

21. GOVERNING LAW. Lessee acquires by this Agreement no ownership or title in the equipment, other than the leasehold interest created hereby. This Agreement shall be governed by the laws of the State of Texas, both as to interpretation and performance. Venue in connection with any dispute shall be San Augustine County, Texas.

22. ASSIGNMENT. Lessor shall not assign any or all of its interest in this Agreement without prior written consent of Lessee. Any such assignment made by Lessor without the prior written consent of Lessee shall be void. This Agreement, and all of the terms, covenants and conditions hereof, shall inure to the benefit of and be binding on the heirs, personal representatives, successors and permitted assigns of the parties hereto.

23. CONSTRUCTION AND REFORMATION. The intent of this Agreement is to be in compliance with all applicable governmental requirements concerning the Leased Equipment. Any ambiguity in this Agreement shall be resolved in favor of a meaning that permits Lessee to comply with applicable governmental requirements. If subsequent to the Effective Date of this Agreement: (a) the contents or validity of the Agreement or the operations of the Lessee in performing its obligation pursuant to this

Agreement are challenged by any governmental authority under applicable law, or (b) the Lessee determines that a violation of a law has occurred or will occur as a result of the term of this Agreement or the performance of Lessee's obligations pursuant to this Agreement Lessee shall promptly use reasonable efforts to analyze, revise, reform and, to the extent necessary, revise the Agreement in order to comply fully with applicable law. Lessor acknowledges and consents to Lessee's right to amend the Agreement pursuant to this paragraph.

24. NOTICE. If either party desires to give notice to the other in connection with and in accordance to the term of this Lease, such notice shall be given by mail, facsimile or e-mail and it shall be deemed given when said notice is received by the other party and such notices shall be addressed as follows:

For Lessee: Jenn Energy Services, LLC

1985 FM 1279

San Augustine, TX 759572

For Lessor: Clark Transportation Services, LLC
353 E 77th St
Shreveport, LA 71106

Lessor or Lessee will also promptly provide notice of any change in the address for the provision of notice. Failure to do so will not prevent or otherwise affect the provision of the notice.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the aforementioned dated, in triplicate, with the original to be kept with the Leased Equipment during the period of this Agreement, a copy to be kept by the Lessor, a copy to be kept by the Lessee, and same shall be considered binding upon both parties and remain in full force and effect unless and until cancelled according to the terms of this Agreement.

LESSOR Clark Transportation Services, LLC
PRINTED NAME Detric Clark
TITLE: Owner
DATE: NOV 10th, 2021

LESSEE _____
PRINTED NAME _____
TITLE: _____
DATE: _____