

**OFFICE USE ONLY:**

PCA number: \_\_\_\_\_

VCP Project number: 34717

Receipt to follow  
Received and Original  
Forward to Dept.  
**JUL 27 2012**  
TCEQ/Revenue Section

**TEXAS COMMISSION ON ENVIRONMENTAL QUALITY**  
**VOLUNTARY CLEANUP PROGRAM**

**Program Application**

Please complete this form, a Texas Commission on Environmental Quality (TCEQ) Form 10400 and an agreement form to request assistance and review from TCEQ staff in the Voluntary Cleanup Program (VCP) pursuant to §361.604 of the Texas Solid Waste Disposal Act. You may download this document, TCEQ Form 10400 and any other VCP documents via the Internet at <http://www.tceq.state.tx.us/remediation/vcp/vcp.html>

Complete all applicable sections. The TCEQ may reject incomplete or inaccurate applications as per §361.605 of the VCP statute. To accurately complete this form, please refer to the VCP Application Instructions or call the TCEQ's Voluntary Cleanup Section at (512) 239-5891 with any questions concerning the completion of this form.

**General Site Information**Site Name: Douglas Fee Salt Water Disposal Well, Kilgore, Texas.

Site Size (acres): 26.05 acres

Regulated Entity Reference No. (if issued): RN-\_\_\_\_\_

**IMPORTANT - Please attach a completed CORE Data Form TCEQ-10400 for Applicant A Only****Applicant(s)**

**Applicant A** (The person or entity seeking review and approval of a plan or report and/or issuance of a VCP Certificate of Completion by the TCEQ. Applicant A is responsible for payment of TCEQ costs of review and oversight unless indicated otherwise on page 2 of this form).

|                                                                                                            |                                                |                            |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------|
| Applicant : <b>Key Energy Services, LLC</b>                                                                |                                                |                            |
| Contact Person: <b>Daniel K. Gibson, P.G.</b>                                                              | Title: <b>Corporate Environmental Director</b> |                            |
| Customer Reference No. (if issued): <b>CN603201609</b>                                                     |                                                |                            |
| Address: <b>6 Desta Drive, Suite 4300</b>                                                                  |                                                |                            |
| City, State, Zip: <b>Midland, Texas 79705</b>                                                              |                                                |                            |
| Organization: <b>Key Energy Services, LLC</b>                                                              | Phone: <b>(432) 571-7536</b>                   | Fax: <b>(432) 571-7173</b> |
| Interest in Property: <b>Owner</b>                                                                         |                                                |                            |
| Receive copies of TCEQ correspondence? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                |                            |

**Received**

**JUL 31 2012**

**TCEQ  
Remediation Division**

**Applicant B**

|                                                      |            |          |
|------------------------------------------------------|------------|----------|
| Applicant :                                          |            |          |
| Contact Person:                                      | Title:     |          |
| Customer Reference No. (if issued):                  |            |          |
| Address:                                             |            |          |
| City, State, Zip:                                    |            |          |
| Organization:                                        | Phone: ( ) | Fax: ( ) |
| Interest in Property:                                |            |          |
| Receive copies of TCEQ correspondence? Yes      Q No |            |          |

**Applicant C**

|                                                        |            |          |
|--------------------------------------------------------|------------|----------|
| Applicant :                                            |            |          |
| Contact Person:                                        | Title:     |          |
| Customer Reference No. (if issued): CN                 |            |          |
| Address:                                               |            |          |
| City, State, Zip:                                      |            |          |
| Organization:                                          | Phone: ( ) | Fax: ( ) |
| Interest in Property:                                  |            |          |
| Receive copies of TCEQ correspondence? Q Yes      Q No |            |          |

If there are more than three applicants, list others under "Additional Applicants" on page 8 of this form.

**Current Site Owner (if different from an applicant)**

|                                        |            |          |
|----------------------------------------|------------|----------|
| Owner(s) :                             |            |          |
| Contact Person:                        | Title:     |          |
| Customer Reference No. (if issued): CN |            |          |
| Organization:                          | Phone: ( ) | Fax: ( ) |
| City                                   | State      | Zip      |

**Other Contacts (Consultant/Attorney)**

|                                        |        |          |           |
|----------------------------------------|--------|----------|-----------|
| Name(s):                               |        | Title:   |           |
| Customer Reference No. (if issued): CN |        |          |           |
| Organization:                          |        | Phone: 0 | Fax: 0    |
| Address:                               |        |          |           |
| City:                                  | State: |          | Zip Code: |

|                                        |        |        |           |
|----------------------------------------|--------|--------|-----------|
| Name(s):                               |        | Title: |           |
| Customer Reference No. (if issued): CN |        |        |           |
| Organization:                          |        | Phone: | Fax:      |
| Address:                               |        |        |           |
| City:                                  | State: |        | Zip Code: |

**Billing Information**

If billing should be directed to a person other than Applicant A, please enter the required information below and include their signature consenting to the obligation for payment of TCEQ oversight costs.

|                                                        |                     |                                                |                        |
|--------------------------------------------------------|---------------------|------------------------------------------------|------------------------|
| Name(s): <b>Daniel K. Gibson, P.G.</b>                 |                     | Title: <b>Corporate Environmental Director</b> |                        |
| Customer Reference No. (if issued): <b>CN603201609</b> |                     |                                                |                        |
| Organization: <b>Key Energy Services, LLC</b>          |                     | Phone: (432) 571-7536                          | Fax: (432) 571-7173    |
| Address: <b>6 Desta Drive, Suite 4300</b>              |                     |                                                |                        |
| City: <b>Midland</b>                                   | State: <b>Texas</b> |                                                | Zip Code: <b>79705</b> |
| Signature of Consent:                                  |                     |                                                | Date:                  |

**Current Property Use** (Use percentage if site is divided into different use categories.)

Residential \_\_\_\_\_ Other (e.g., agricultural, recreational) \_\_\_\_\_  
Non-residential   X   If non-residential, type of business: **Salt Water Disposal Well.**  
Is a real estate transaction imminent for this site? Yes No   X    
If yes, what is the planned closing date?

**Latitude/Longitude**

Latitude (degrees, min., sec. N or decimal degrees) **32°, 25', 49.12" N**

Longitude (degrees, min., sec. W or decimal degrees) 94 °, 56', 18.77" W

Date of collection **Image Date: November 11, 2011** Organization providing collection data **Google Earth.**

Check the method used to determine latitude and longitude:

☐ GPS - Real Time Differentially Corrected \_\_\_\_\_  
☐ GPS - Post Processed Differentially Corrected \_\_\_\_\_  
☐ Map Interpolation - Manual \_\_\_\_\_  
☒ Map Interpolation - Digital **Google Earth**  
☐ DOQQ \_\_\_\_\_

If using GPS, please state professional unit brand name, model number and accuracy tolerances.

If using Map Interpolation, please state which USGS quad map was used for interpolation.

If using DOQQ Interpolation, please state which DOQQ was used for interpolation.

Does the latitude and longitude listed above refer to the

☒ Center of the property?  
☐ Main entrance to the property?  
☐ Other, please describe \_\_\_\_\_

### **VCP Eligibility and Involvement with Other Regulatory Programs**

Is the site subject to a TCEQ permit or administrative order? Yes \_\_\_\_\_ No ☒

Have response actions been initiated at the site on or after April 19, 1996 that were not covered by a VCP agreement? Yes ☒ No \_\_\_\_\_

Note: Response actions initiated by the VCP applicant on or after April 19, 1996 that were not covered by a VCP agreement may cause the applicant to become ineligible for the VCP.

Has a state or federal Notice of Violation or any other notice of enforcement action been issued relating to contamination at the site? Yes \_\_\_\_\_ No ☒

Has there been any prior contact with any state or federal environmental regulatory programs or agencies relating to environmental issues at this site? Yes ☒ No \_\_\_\_\_

If yes, please describe all prior contact with any state or federal environmental regulatory programs or agencies which relate to each of these questions. Attach additional sheets as necessary. **In September 2004, the US EPA Region 6 office contacted Key about a report that there were drums of material**

buried in the northeast corner of the property prior to Key acquiring the property. The EPA provided Key with a sketch of the property indicating the supposed location of the drums. Key conducted a geophysical survey of the northeast corner of the property and was not able to locate any drums buried in the portion of the property indicated by the EPA. This information was provided to the EPA in June 2005 and Key has not received any response back from the EPA. EPA reportedly notified TCEQ of the incident.

On November 12, 2009, the National Response Center (NRC) was notified when a sheen was found in unnamed intermittent tributary to Peavine Creek (NRC Incident 923345). An investigation determined the sheen was of biologic origin. The sheen was observed on standing water as the creek was not flowing at the time. The NRC notified EPA Region VI, the TCEQ and the RCT of the incident.

Representatives of Key met with Scott Settemeyer and Stuart Goldsmith of the TCEQ, on June 21, 2012 to discuss Key's desire to enter the site into the VCP Program. Based on the TCEQ meeting, Key has prepared this VCP application for submittal to the TCEQ.

Is a request for reimbursement pre-approval currently under review by the Petroleum Storage Tank (PST) Program? Yes ☐ No ☒

If yes, then please describe the site's status in the PST Program: \_\_\_\_\_

Please provide any and all state and federal identification numbers related to the property in question, including any solid waste registration, leaking petroleum storage tank, CERCLIS, RCRIS, UIC, etc. registration numbers which have been assigned: UIC # 62356, Lease #08581, Injection Permit # F11088,

#### **Contaminated Media and Contaminants Present**

Have contaminants been detected in on-site media? Yes ☒ No ☐

Please check the chemicals of concern within each contaminant category and the media which have been affected:

| Contaminant Category  | Soil | Groundwater | Surface Water | Sediment |
|-----------------------|------|-------------|---------------|----------|
| *VOCs                 | X    | X           |               |          |
| *SVOCs                | X    | X           |               |          |
| *Heavy Metals         | X    | X           |               |          |
| *Chlorinated Solvents | X    | X           |               |          |
| Pesticides            |      |             |               |          |
| TPH                   | X    | X           |               |          |
| PCBs                  |      |             |               |          |
| Other _____           |      |             |               |          |

\*Please describe: A Limited Site Investigation was performed in June 2009 to assess potential soil and groundwater impacts following the discovery of several buried drums in the center of the property during site improvement activities. Upon finding the drums, Key performed an emergency excavation to remove the drums and the immediately adjacent impacted soils. Key then backfilled the excavation and performed the Limited Site Investigation. The site investigation indicated that the soils and groundwater have been impacted with non-oil and gas related chemicals such as chlorinated solvents along with petroleum hydrocarbons. Key also performed additional geophysical reconnaissance in September 2009 to determine if additional drums may be buried on the western portion of the site. No drums were identified during the 2009 geophysical survey. A Current Conditions Report was prepared in January 2012 discussing the results of a 2011 Passive Soil Gas Survey along with additional soil and groundwater sampling and Cone Penetrometer Test (CPT) and Rapid Optical Screening Technology (ROST) testing of the facility. The 2011 testing helped define the extent of the known impacts and identify other potential source areas.

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**Applicant's Intended Response Action Objectives (Cleanup Levels)**

☒ Not known at this time. Applicant wishes to receive guidance from the VCP prior to the signing of a VCP agreement.

**Texas Risk Reduction Program Rules (30 TAC Chapter 350) - Check Appropriate Standard and Tier Level:**

☒ Self-Implemented Cleanup to Remedy Standard A, Tier 1 ☐ Tier 2 ☒ Tier 3 ☐  
☐ Non Self-Implemented Cleanup to Remedy Standard A, Tier 1 ☐ Tier 2 ☐ Tier 3 ☐

☐ Cleanup to Remedy Standard B, Tier 1 ☐ Tier 2 ☐ Tier 3 ☐

**PST Rules (30 TAC Chapter 334) - Check Appropriate Standard:**

☐ Cleanup to generic risk-based levels (following PST Plan A requirements).  
☐ Cleanup to site specific risk-based levels not relying on engineering or institutional controls (following PST Plan B requirements).  
☐ Cleanup to site specific risk-based levels which rely on engineering or institutional controls (following PST Plan B requirements).  
☐ Other (explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Federal Brownfields Tax Deduction**

Are you requesting TCEQ certification that the site is eligible for a federal tax deduction under the Taxpayer Relief Act of 1997 (HR 2014)? Yes \_\_\_ No X

If yes, please submit a Brownfields Tax Deduction Pre-Certification Form. This form may be downloaded from <http://www.tceq.state.tx.us/assets/public/remediation/vcp/taxform>

## **State Property Tax Abatements for Brownfields**

Are you interested in signing an agreement with the local taxing authority to receive a property tax abatement after issuance of the VCP Certificate of Completion, as allowed under Section 312.211 of the Texas Tax Code? Yes \_\_\_ No X

If yes, please read the application instructions for more information about this tax abatement.

## **Environmental Assessment**

An environmental assessment that includes the following information must be attached to this application:

1. a legal description of the site, including a site map drawn to scale;
2. the physical characteristics of the site;
3. the operational history of the site, to the extent the history is known by the applicant;
4. information that the applicant is aware of concerning the nature and extent of any contamination and/or release at the site and in areas contiguous to the site; and
5. relevant information the applicant is aware of concerning the potential for human and environmental exposure to contamination at or emanating from the site.

## **Intent to Participate**

The undersigned requests oversight by the TCEQ of investigation and cleanup activities of possible contamination at the property described above and intends to negotiate in good faith, a written agreement with the TCEQ to provide technical and regulatory oversight. This Intent to Participate does not constitute such an agreement and neither TCEQ nor the undersigned will be bound to proceed with VCP oversight unless such an agreement is executed. Applicants should be aware that in order for the TCEQ to issue a VCP Certificate of Completion for an entire site, the applicant must provide adequate information to document that the entire site meets the applicable standards. As an alternative, the applicant may pursue a VCP Certificate of Completion for only a portion of the site, as a partial response action area. The agreement will describe the project activities of each party and will require Applicant A (unless indicated otherwise on page 2 of this form) to reimburse the TCEQ for all of its oversight costs. By completing and signing this Intent to Participate and that excepting areal limitations with partial response actions, all environmental media which exceed the critical Protective Concentration Levels shall be addressed through appropriate response actions. The undersigned affirms the applicant's financial capability to perform the voluntary cleanup. The Executive Director may also request additional information to support this affirmation.

With this Intent to Participate, the undersigned does not admit or assume liability for investigation or cleanup of the site. In addition, the undersigned may terminate the Intent to Participate at any time. If the TCEQ rejects the application, it will notify the applicant and explain the reasons for rejection and will

refund half of the application deposit, unless the applicant indicates a desire to resubmit a corrected application. An applicant can resubmit an application once without submitting an additional application fee, if the applicant resubmits within 45 days after the rejection notice date.

### **Deposit of Oversight Costs**

The applicant must submit with this application, a deposit in the amount of one thousand dollars (\$1,000), and made payable to the Texas Commission on Environmental Quality. Deposits may be made in the form of company or personal checks. If a deposit check is returned due to insufficient funds, the application will be considered incomplete and will be rejected. Cash deposits will not be accepted.

**Please execute this Intent to Participate in the space below and return it and all associated documents (e.g., environmental assessment reports) to:**

**Attention: Cashier  
Texas Commission on Environmental Quality  
MC- 214  
P.O. Box 13088  
Austin, Texas 78711-3088**

**For overnight or express mail please use the following street address:**

**Attention: Cashier  
Texas Commission on Environmental Quality  
MC-214  
12100 Park 35 Circle  
Austin, Texas 78753**

**\*\*\*\*\*Please do not send the application and associated documents directly to the VCP. This will only result in a delay in processing your application.\*\*\*\*\***

**If you have any questions on how to fill out this form or about the VCP, please contact us at 512/239-5894.**

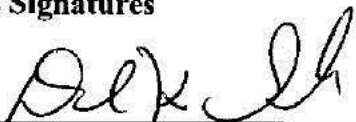
Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, contact the TCEQ at 512-239-3282.

### **Correctness of Information**

The undersigned affirm that the information contained in this application is true and accurate to the best of their knowledge.

**Applicant's Signatures**

**Applicant A**

By:   
(signature)

Date: 7/28/2012

Company: Key Energy Services, LLC

Name: Daniel K. Gibson, P.G.  
(print or type)

Title: Corporate Environmental Director

Phone: 432.571.7536

**Applicant B**

By: \_\_\_\_\_  
(signature)

Date: \_\_\_\_\_

Company: \_\_\_\_\_

Name: \_\_\_\_\_  
(print or type)

Title: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

**Applicant C**

By: \_\_\_\_\_  
(signature)

Date: \_\_\_\_\_

Company: \_\_\_\_\_

Name: \_\_\_\_\_  
(print or type)

Title: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

**Applicant D**

By: \_\_\_\_\_  
(signature)

Date: \_\_\_\_\_

Company: \_\_\_\_\_

Name: \_\_\_\_\_  
(print or type)

Title: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

**EXHIBIT "A"**

**PROPERTY DESCRIPTION**

**Douglas SWD Property**

26.05 acres, more or less, in the Robert M. Hoggue Survey, Abstract 101, being the same land described in the Deed dated April 9, 1940, from Allen Douglas, and wife, Hestor Douglas to Gulf Oil Corporation, recorded in Volume 250, pages 223-24 of the Deed Records of Gregg County, Texas, to which deed and record reference is here made for a more particular description, and as described in the metes and bounds description attached hereto.

Being a tract containing 26.05 acres of land out of the Robert M. Hoggue Survey, Abstract 101, Gregg County, Texas, described as follows:

BEGINNING at a point in the center line of Peavine Creek, at its intersection with the East line of the Robert M. Hoggue Survey;

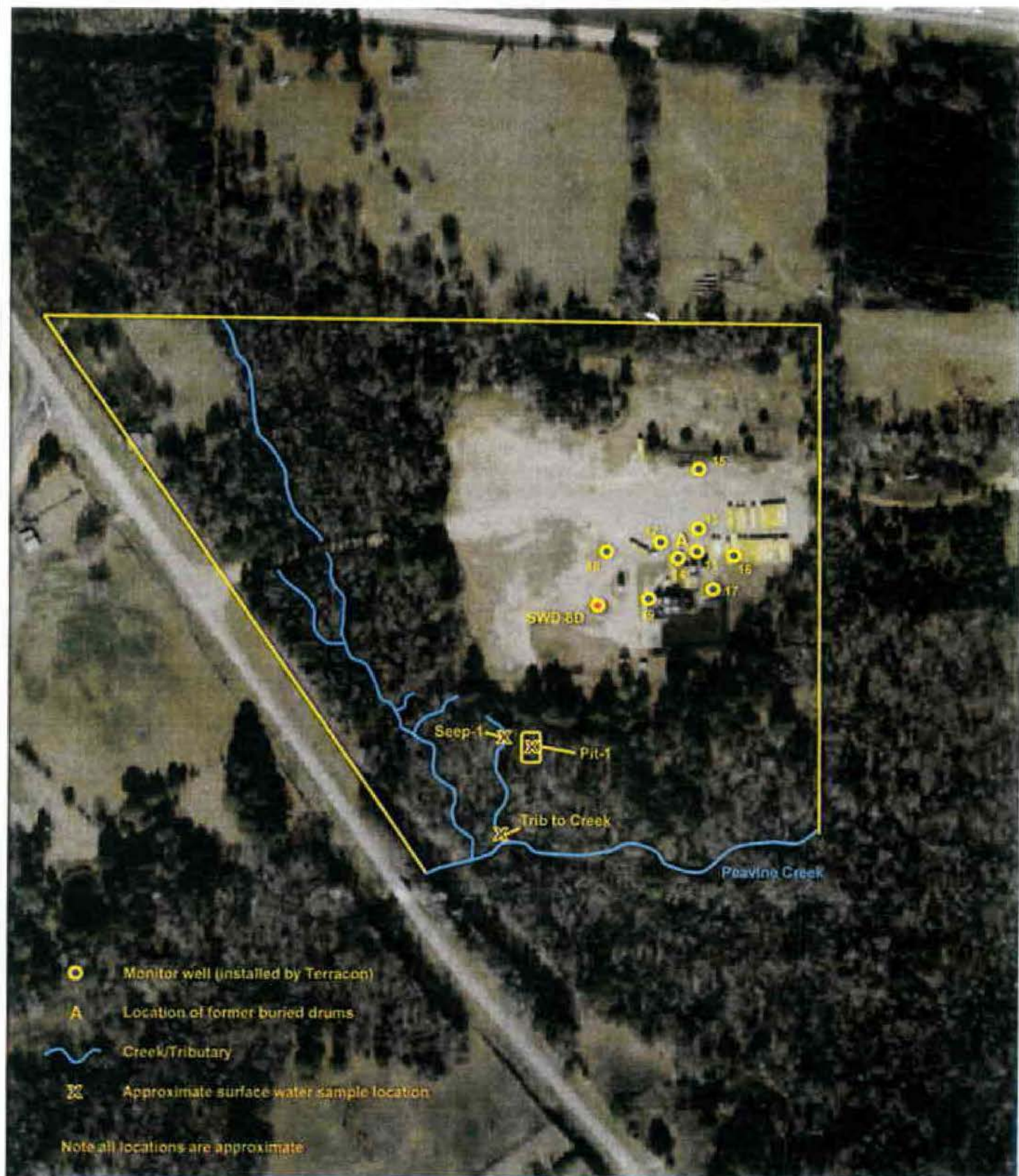
THENCE North along the East line of said Survey at 3.5 varas pass a 1-1/4" Galv. pipe marked X, from which a 6" Walnut Mk'd. X Brs. N. 44° 13' W. 12.85 varas; a 14" Birch Mk'd. X brs. S. 45° 52' W. 3.4 varas; at 364.6 varas a 1-1/4" Galv. pipe marked X, from which a 6" Water Oak mk'd. X brs. S. 24° 45' E. 31 varas;

a 6" Water Oak Mk'd. X brs. S. 66° 52' W. 7.6 varas, for the Northeast corner of this tract, and the Southeast corner of a 10 acre tract owned by Monroe Arnold;

THENCE N. 89° 27' W. at 220 varas pass a 1-1/4" Galv. pipe; at 400 varas pass a 1-1/4" Galv. pipe; at 515 varas a 1-1/4" Galv. pipe marked X for the Northwest corner of this tract, and being on the East edge of the old Kilgore-Gladewater Highway;

THENCE S. 33° 15' E. with the East edge of said road, at 461.2 varas pass a 1-1/4" Galv. pipe marked X; at 465.2 varas stake in center line of Peavine Creek;

THENCE down Peavine Creek with its meanders to the place of beginning, and containing 26.05 acres of land, MORE OR LESS.



Source: USDA, 2009 Aerial Photograph

0 120 240 FEET  
APPROXIMATE SCALE

**Terracon**

Project No. 94097307

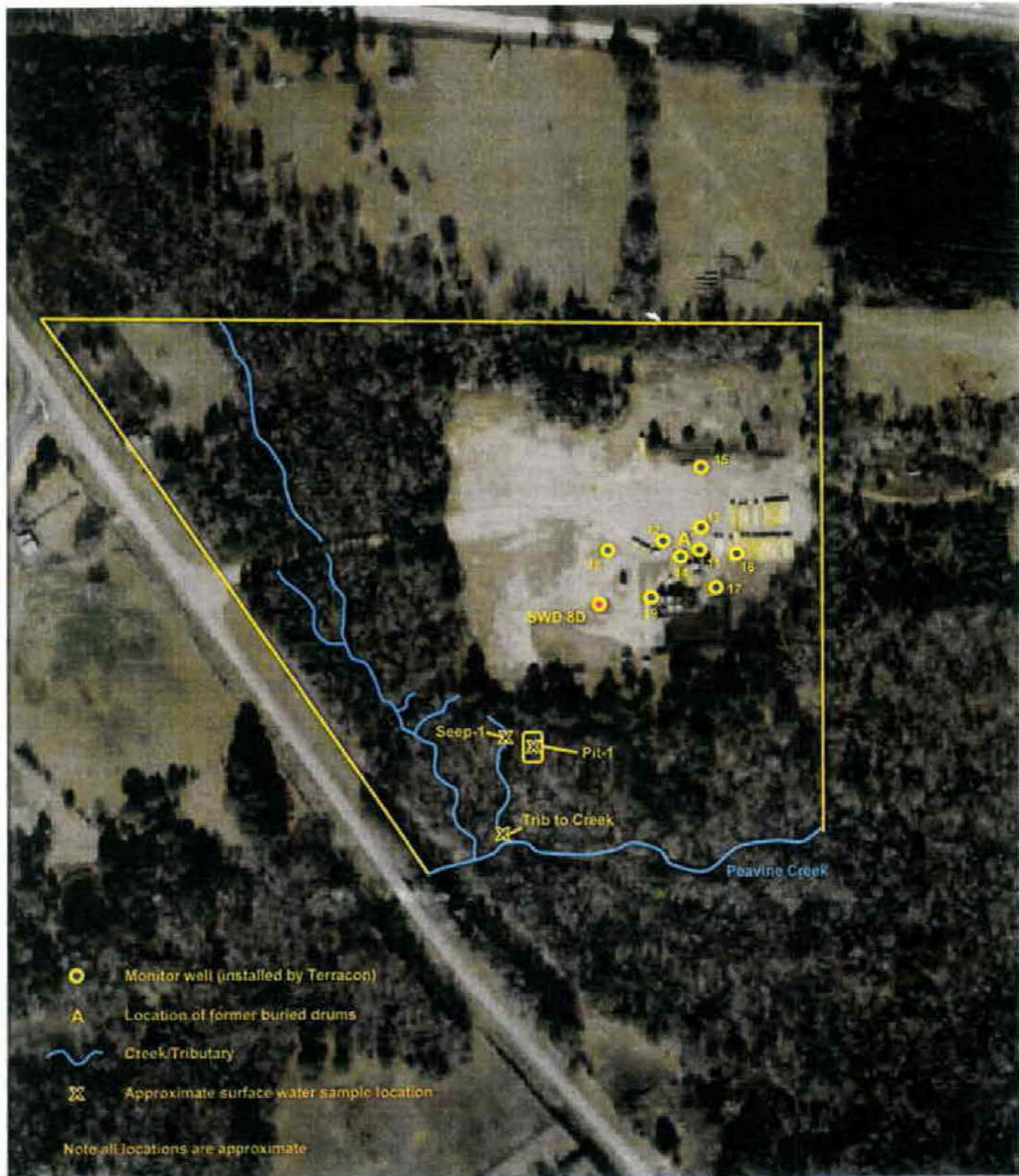


**Terracon**

### Douglas Fee SWD

0.25-miles south of the Intersection of I-20  
and Old Highway 135  
Kilgore, Gregg County, Texas

**FIGURE 2: SITE PLAN**



Source: USDA, 2009 Aerial Photograph

0 120 240 FEET  
  
 APPROXIMATE SCALE

**Terracon** Project No. 94097307



### Douglas Fee SWD

0.25-miles south of the Intersection of I-20  
 and Old Highway 135  
 Kilgore, Gregg County, Texas

**FIGURE 2: SITE PLAN**



CP 2524

TCEQ Use Only

# TCEQ Core Data Form

For detailed instructions regarding completion of this form, please read the Core Data Form Instructions or call 512-239-5175.

## SECTION I: General Information

|                                                                                                                                                 |                                |                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------|
| 1. Reason for Submission (If other is checked please describe in space provided)                                                                |                                |                                                  |
| <input checked="" type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application) |                                |                                                  |
| <input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)                                                     | <input type="checkbox"/> Other |                                                  |
| 2. Attachments Describe Any Attachments: (ex. Title V Application, Waste Transporter Application, etc.)                                         |                                |                                                  |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No VCP Application, Drinking Water Survey Report, Current Conditions Report    |                                |                                                  |
| 3. Customer Reference Number (if issued)                                                                                                        |                                | 4. Regulated Entity Reference Number (if issued) |
| CN 603201609 ✓                                                                                                                                  |                                | RN NEW 106513897                                 |

## SECTION II: Customer Information

|                                                                                                                                                                                    |                                              |                                                                     |                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------|
| 5. Effective Date for Customer Information Updates (mm/dd/yyyy)                                                                                                                    |                                              |                                                                     |                                                               |
| 6. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check only one of the following:                                         |                                              |                                                                     |                                                               |
| <input type="checkbox"/> Owner                                                                                                                                                     | <input type="checkbox"/> Operator            | <input checked="" type="checkbox"/> Owner & Operator                |                                                               |
| <input type="checkbox"/> Occupational Licensee                                                                                                                                     | <input type="checkbox"/> Responsible Party   | <input type="checkbox"/> Voluntary Cleanup Applicant                | <input type="checkbox"/> Other: _____                         |
| 7. General Customer Information                                                                                                                                                    |                                              |                                                                     |                                                               |
| <input type="checkbox"/> New Customer                                                                                                                                              |                                              | <input checked="" type="checkbox"/> Update to Customer Information  | <input type="checkbox"/> Change in Regulated Entity Ownership |
| <input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State)                                                                                       |                                              | <input type="checkbox"/> No Change**                                |                                                               |
| **If "No Change" and Section I is complete, skip to Section III – Regulated Entity Information.                                                                                    |                                              |                                                                     |                                                               |
| 8. Type of Customer:                                                                                                                                                               |                                              |                                                                     |                                                               |
| <input checked="" type="checkbox"/> Corporation                                                                                                                                    | <input type="checkbox"/> Individual          | <input type="checkbox"/> Sole Proprietorship- D.B.A                 |                                                               |
| <input type="checkbox"/> City Government                                                                                                                                           | <input type="checkbox"/> County Government   | <input type="checkbox"/> Federal Government                         |                                                               |
| <input type="checkbox"/> State Government                                                                                                                                          | <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership                        |                                                               |
| <input type="checkbox"/> Other Government                                                                                                                                          | <input type="checkbox"/> Other: _____        |                                                                     |                                                               |
| 9. Customer Legal Name (If an individual, print last name first: ex: Doe, John)                                                                                                    |                                              | If new Customer, enter previous Customer below                      |                                                               |
| Key Energy Services, LLC                                                                                                                                                           |                                              | End Date: _____                                                     |                                                               |
| 10. Mailing Address:                                                                                                                                                               |                                              |                                                                     |                                                               |
| 6 Desta Dr.                                                                                                                                                                        |                                              |                                                                     |                                                               |
| Suite 4300                                                                                                                                                                         |                                              |                                                                     |                                                               |
| City                                                                                                                                                                               | Midland                                      | State                                                               | TX                                                            |
| ZIP                                                                                                                                                                                | 79705                                        | ZIP + 4                                                             |                                                               |
| 11. Country Mailing Information (if outside USA)                                                                                                                                   |                                              | 12. E-Mail Address (if applicable)                                  |                                                               |
| USA                                                                                                                                                                                |                                              |                                                                     |                                                               |
| 13. Telephone Number                                                                                                                                                               |                                              | 14. Extension or Code                                               |                                                               |
| ( 432 ) 571-7536                                                                                                                                                                   |                                              |                                                                     |                                                               |
| 15. Fax Number (if applicable)                                                                                                                                                     |                                              |                                                                     |                                                               |
| ( 432 ) 571-7173                                                                                                                                                                   |                                              |                                                                     |                                                               |
| 16. Federal Tax ID (9 digits)                                                                                                                                                      |                                              | 17. TX State Franchise Tax ID (11 digits)                           |                                                               |
| 208125567                                                                                                                                                                          |                                              | 12081255676                                                         |                                                               |
| 18. DUNS Number (if applicable)                                                                                                                                                    |                                              | 19. TX SOS Filing Number (if applicable)                            |                                                               |
| 037680964                                                                                                                                                                          |                                              | 0800750440                                                          |                                                               |
| 20. Number of Employees                                                                                                                                                            |                                              | 21. Independently Owned and Operated?                               |                                                               |
| <input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input checked="" type="checkbox"/> 501 and higher |                                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                               |

## SECTION III: Regulated Entity Information

|                                                                                                                                                                                                                                    |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| 22. General Regulated Entity Information (If "New Regulated Entity" is selected below this form should be accompanied by a permit application)                                                                                     |  |  |  |
| <input checked="" type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information <input type="checkbox"/> No Change** (See below) |  |  |  |
| **If "NO CHANGE" is checked and Section I is complete, skip to Section IV, Preparer Information.                                                                                                                                   |  |  |  |
| 23. Regulated Entity Name (name of the site where the regulated action is taking place)                                                                                                                                            |  |  |  |
| Douglas Fee Salt Water Disposal Well                                                                                                                                                                                               |  |  |  |

|                                                                                                       |                                        |              |                                        |    |                                          |       |         |
|-------------------------------------------------------------------------------------------------------|----------------------------------------|--------------|----------------------------------------|----|------------------------------------------|-------|---------|
| 24. Street Address of the Regulated Entity:<br>(No P.O. Boxes)                                        | County Road 357 <del>Old Hwy 135</del> |              |                                        |    |                                          |       |         |
|                                                                                                       | City                                   | Liberty City | State                                  | TX | ZIP                                      |       | ZIP + 4 |
| 25. Mailing Address:                                                                                  | 2609 Highway 42                        |              |                                        |    |                                          |       |         |
|                                                                                                       | City                                   | Kilgore      | State                                  | TX | ZIP                                      | 75662 | ZIP + 4 |
| 26. E-Mail Address:                                                                                   |                                        |              |                                        |    |                                          |       |         |
| 27. Telephone Number                                                                                  | 28. Extension or Code                  |              | 29. Fax Number (if applicable)         |    |                                          |       |         |
| ( 432 ) 571-7536                                                                                      |                                        |              | ( 432 ) 571-7173                       |    |                                          |       |         |
| 30. Primary SIC Code (4 digits)                                                                       | 31. Secondary SIC Code (4 digits)      |              | 32. Primary NAICS Code (5 or 6 digits) |    | 33. Secondary NAICS Code (5 or 6 digits) |       |         |
| 1389                                                                                                  |                                        |              | 213112                                 |    |                                          |       |         |
| 34. What is the Primary Business of this entity? (Please do not repeat the SIC or NAICS description.) |                                        |              |                                        |    |                                          |       |         |
| Disposal of oilfield waste via deep well injection                                                    |                                        |              |                                        |    |                                          |       |         |

Questions 34 – 37 address geographic location. Please refer to the instructions for applicability.

|                                       |                                                                                                                      |         |         |         |                  |  |  |
|---------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------|---------|---------|------------------|--|--|
| 35. Description to Physical Location: | On east side of Old Highway 135, approximately 0.25 miles south of the intersection of Old Hwy 135 and Interstate 20 |         |         |         |                  |  |  |
| 36. Nearest City                      | County                                                                                                               |         | State   |         | Nearest ZIP Code |  |  |
| Kilgore                               | Gregg                                                                                                                |         | TX      |         | 75662            |  |  |
| 37. Latitude (N) In Decimal:          | 38. Longitude (W) In Decimal:                                                                                        |         |         |         |                  |  |  |
| Degrees                               | Minutes                                                                                                              | Seconds | Degrees | Minutes | Seconds          |  |  |
| 32                                    | 25                                                                                                                   | 49.12   | 94      | 56      | 18.77            |  |  |

39. TCEQ Programs and ID Numbers Check all Programs and write in the permits/registration numbers that will be affected by the updates submitted on this form or the updates may not be made. If your Program is not listed, check other and write it in. See the Core Data Form instructions for additional guidance.

|                                                  |                                        |                                                 |                                                     |                                                |
|--------------------------------------------------|----------------------------------------|-------------------------------------------------|-----------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Dam Safety              | <input type="checkbox"/> Districts     | <input type="checkbox"/> Edwards Aquifer        | <input type="checkbox"/> Industrial Hazardous Waste | <input type="checkbox"/> Municipal Solid Waste |
| <input type="checkbox"/> New Source Review – Air | <input type="checkbox"/> OSSF          | <input type="checkbox"/> Petroleum Storage Tank | <input type="checkbox"/> PWS                        | <input type="checkbox"/> Sludge                |
| <input type="checkbox"/> Stormwater              | <input type="checkbox"/> Title V – Air | <input type="checkbox"/> Tires                  | <input type="checkbox"/> Used Oil                   | <input type="checkbox"/> Utilities             |
| <input type="checkbox"/> Voluntary Cleanup       | <input type="checkbox"/> Waste Water   | <input type="checkbox"/> Wastewater Agriculture | <input type="checkbox"/> Water Rights               | <input type="checkbox"/> Other:                |

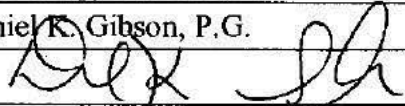
#### SECTION IV: Preparer Information

|                      |               |                  |                    |               |  |
|----------------------|---------------|------------------|--------------------|---------------|--|
| 40. Name:            | Donald Morgan |                  | 41. Title:         | Sr. Geologist |  |
| 42. Telephone Number | 43. Ext./Code | 44. Fax Number   | 45. E-Mail Address |               |  |
| ( 713 ) 423-7300     |               | ( 713 ) 840-0173 |                    |               |  |

#### SECTION V: Authorized Signature

46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 9 and/or as required for the updates to the ID numbers identified in field 39.

(See the Core Data Form instructions for more information on who should sign this form.)

|                  |                                                                                     |  |            |                                  |                  |
|------------------|-------------------------------------------------------------------------------------|--|------------|----------------------------------|------------------|
| Company:         | Key Energy Services, LLC                                                            |  | Job Title: | Corporate Environmental Director |                  |
| Name (In Print): | Daniel K. Gibson, P.G.                                                              |  |            | Phone:                           | ( 432 ) 571-7536 |
| Signature:       |  |  |            | Date:                            | 7/26/2022        |