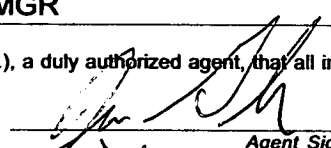
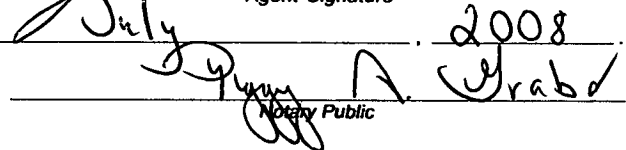


**KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
EXPLORATION & PRODUCTION WASTE TRANSFER**

Form CDP-5  
August 2004  
Form must be typed

Operator Name: <b>GRA EX, LLC</b>		License Number: <b>33921</b>
Operator Address: <b>BOX 32 1603 N WALNUT KINGMAN, KS 67068</b>		
Contact Person: <b>DON GRABER</b>		Phone Number: ( <b>620</b> ) <b>532 - 6290</b>
Permit Number (API No. if applicable): <b>15185235160000</b>		Lease Name: <b>KOELSCH</b>
Source of Waste: <input type="checkbox"/> Dike <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Workover Pit <input checked="" type="checkbox"/> Drilling Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Spill / Escape		Well Number: <b>2</b>  Source Location (QQQQ): <b>200' - SW - SW - SE</b> Sec. <b>11</b> Twp. <b>24</b> R. <b>14</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <b>500</b> Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section <b>2190</b> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section _____ County
Type of waste to be disposed: <input checked="" type="checkbox"/> Fluid <input type="checkbox"/> Soil <input type="checkbox"/> Mud / Cuttings <input type="checkbox"/> Other: _____		
Amount of waste: <u>  35  </u> No. of loads    _____ Barrels    _____ Tons    _____ YDS		
Destination of waste: <input type="checkbox"/> Reserve Pit <input checked="" type="checkbox"/> Disposal Well <input type="checkbox"/> Lease Road <input type="checkbox"/> Dike / Berm <input type="checkbox"/> Other: _____		
If waste is transferred to another reserve pit, is the lease active? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Location of waste disposal:		Date of Waste Transfer: <b>MAY 3; MAY 13, 2008</b>
Operator Name: <b>BOB'S HAULING SERVICE</b>		License No.: <b>33779</b>
Lease Name: <b>SIEFKES</b>		Sec. <b>13</b> Twp. <b>22</b> R. <b>12</b> <input type="checkbox"/> East <input type="checkbox"/> West
Docket No.: <b>D22209</b>		County: <b>STAGFORD</b> KANSAS CORPORATION COMMISSION
<b>JUL 24 2008</b>		
CONSERVATION DIVISION WICHITA, KS		
The undersigned hereby certifies that he / she is <b>OFFICE MGR</b> for <b>GRA EX, LLC</b> (Co.), a duly authorized agent, that all information shown hereon is true and correct to the best of his / her knowledge and belief.		
Subscribed and sworn to before me on this <u>  22  </u> day of <u>  July  </u> , <u>  2008  </u>		 _____ Agent Signature
My Commission Expires: <u>  8-15-11  </u>		 _____ Notary Public

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

