

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2004
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: GRA EX, LLC		License Number: 33921	
Operator Address: PO BOX 32, KINGMAN, KS 67068			
Contact Person: JIM GRABER		Phone Number: (620) 532 - 2134	
Permit Number (API No. if applicable): 15185234950000		Lease Name: CHAPPELL	
Source of Waste:		Well Number: #1	
<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		Source Location (QQQQ): E2 - E2 - NW4 - Sec. 2 Twp. 25S R. 14 <input type="checkbox"/> East <input checked="" type="checkbox"/> West 3960 Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section 3300 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>18</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: JAN 1, 2, 4, 9 / '08	
Operator Name: BOB'S HAULING		License No.: 33779	
Lease Name: SIEFKES		Sec. 13 Twp. 22 R. 12 <input type="checkbox"/> East <input type="checkbox"/> West	
Docket No.: D-22209		County: STAFFORD	
<p>RECEIVED KANSAS CORPORATION COMMISSION MAR 04 2008 CONSERVATION DIVISION WICHITA</p>			
The undersigned hereby certifies that he / she is <u>OFFICE MGR</u> for <u>GRA EX, LLC</u> (Co.), a duly authorized agent, that all information shown hereon is true and correct to the best of his / her knowledge and belief. _____ Agent Signature			
Subscribed and sworn to before me on this <u>3rd</u> day of <u>March</u> <u>2008</u> . _____ Notary Public			
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> NOTARY PUBLIC - State of Kansas PEGGY A. GRABER My Commission Expires _____ My Appt. Exp. <u>8/31/11</u> </div>			