

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

Form CDP-5
August 2004
Form must be Typed

07

Operator Name: <u>Gra Ex, LLC</u>		License Number: <u>33921</u>	
Operator Address: <u>PO Box 32, 1603 N Walnut, Kingman, KS 67068</u>			
Contact Person: <u>Don Graber</u>		Phone Number: (<u>620</u>) <u>532</u> - <u>6290</u>	
Permit Number (API No. if applicable): <u>15-185-23446-00-00</u>		Lease Name: <u>Astle</u>	
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: <u>#1</u>	
		Source Location (QQQQ): <u>150W - SE - NE - SE</u>	
		Sec. <u>6</u> Twp. <u>25</u> R. <u>13</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
		<u>1650</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section	
		<u>480</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section	
		<u>Stafford</u> 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>10</u> No. of loads <u>800</u> Barrels <u>per Jim Graber 10/16/07</u> 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: <u>7-26-2007 & 7-27-2007</u>	
Operator Name: <u>Bob's Hauling Service</u>		License No.: <u>33779</u>	
Lease Name: <u>Siefkes</u>		Sec. <u>13</u> Twp. <u>22</u> R. <u>12</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No.: <u>D22209</u>		County: <u>Stafford Co</u>	

RECEIVED
KANSAS CORPORATION COMMISSION
OCT 15 2007
CONSERVATION DIVISION
WICHITA, KS

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.	
Subscribed and sworn to before me on this <u>11th</u> day of <u>October</u>	<u>Jim [Signature]</u> Agent Signature
<u>2007</u>	<u>Peggy A. Graber</u> Notary Public
My Commission Expires _____ 	