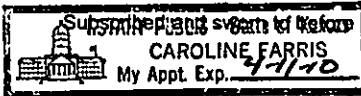


KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
EXPLORATION & PRODUCTION WASTE TRANSFER

Form CDP-5
August 2004
Form must be Typed

Operator Name: Rama Operating Co., Inc.		License Number: 3911	
Operator Address: P.O. Box 159 Stafford, KS. 67578			
Contact Person: Robin L. Austin		Phone Number: (620) 234 - 5191	
Permit Number (API No. if applicable): 15-009-25013-0000		Lease Name: Lanterman	
Source of Waste: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Dike <input type="checkbox"/> Workover Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Burn Pit <input checked="" type="checkbox"/> Drilling Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> <input type="checkbox"/> Spill / Escape		Well Number: 9-16	
		Source Location (QQQQ): <u> </u> - <u>Se</u> - <u>Se</u> - <u>Sw</u> Sec. <u>16</u> Twp. <u>20</u> R. <u>12</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>330</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>2,310</u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <u>Barton</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>2</u> No. of loads <u>160</u> 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: <u>1-16-07</u>	
Operator Name: <u>Tengasco, Inc.</u>		License No.: <u>32278</u>	
Lease Name: <u>Weiss #2 SWD</u>		Sec. <u>11</u> Twp. <u>19</u> R. <u>12</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No.: <u>D-26,542</u>		County: <u>Barton</u>	
<div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;"> <p>RECEIVED JAN 26 2007 KCC WICHITA</p> </div> <div style="text-align: center;"> <p>RECEIVED JAN 5 2007 KCC WICHITA</p> </div> </div>			
The undersigned hereby certifies that he / she is <u>Robin L. Austin</u> for <u>Rama Operating Co., Inc</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	
My Commission Expires: <u>4-11-10</u>		_____ Notary Public	
ne on this <u>25th</u> day of <u>January</u> , 2007			