

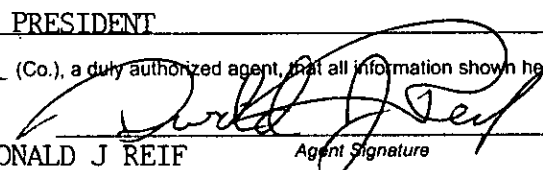
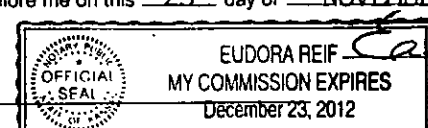
KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
Form must be Typed

**EXPLORATION & PRODUCTION WASTE TRANSFER**

|                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Operator Name: <u>REIF OIL &amp; GAS CO., LLC</u>                                                                                                                                                                                                                                                                                                                                                             |  | License Number: <u>33530</u>                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| Operator Address: <u>PO BOX 298 HOISINGTON, KS 67544</u>                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| Contact Person: <u>DON J REIF</u>                                                                                                                                                                                                                                                                                                                                                                             |  | Phone Number: <u>( 620 ) 786 - 5698</u>                                                                                                                                                                                                                                                                                                                                                                                             |  |
| Permit Number (API No. if applicable): <u>15.185-23663-00-00</u>                                                                                                                                                                                                                                                                                                                                              |  | Lease Name: <u>SCHMIDT # 2</u>                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| Source of Waste:<br><input type="checkbox"/> Emergency Pit <input type="checkbox"/> Dike<br><input type="checkbox"/> Workover Pit <input type="checkbox"/> Settling Pit<br><input type="checkbox"/> Burn Pit <input checked="" type="checkbox"/> Drilling Pit<br><input type="checkbox"/> Steel Pit <input type="checkbox"/> Haul-off Pit<br><input type="checkbox"/> <input type="checkbox"/> Spill / Escape |  | Well Number: <u># 2</u>                                                                                                                                                                                                                                                                                                                                                                                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                               |  | Source Location (QQQQ): <u>W/2 - SE - NW -</u><br>Sec. <u>20</u> Twp. <u>25</u> R. <u>11</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West<br><u>1980</u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section<br><u>1650</u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section<br><u>STAFFORD</u> County |  |
| Type of waste to be disposed: <input checked="" type="checkbox"/> Fluid <input type="checkbox"/> Soil <input checked="" 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 type="checkbox"/> Haul Off 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 <u>N/A</u>                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| Location of waste disposal:                                                                                                                                                                                                                                                                                                                                                                                   |  | Date of Waste Transfer: <u>2-24-11</u>                                                                                                                                                                                                                                                                                                                                                                                              |  |
| Operator Name: <u>RAMA OPERATING CO., INC</u>                                                                                                                                                                                                                                                                                                                                                                 |  | License No.: <u>3917</u>                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| Lease Name: <u>JORDON SWD</u>                                                                                                                                                                                                                                                                                                                                                                                 |  | Sec. <u>26</u> Twp. <u>24</u> R. <u>12</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West                                                                                                                                                                                                                                                                                                                   |  |
| Docket No./API No.: <u>15,265</u>                                                                                                                                                                                                                                                                                                                                                                             |  | County: <u>STAFFORD</u>                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| Comments:                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |

**RECEIVED**  
**NOV 29 2011**  
**KCC WICHITA**

|                                                                                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| The undersigned hereby certifies that he /she is <u>PRESIDENT</u>                                                                                                   |  |
| for <u>REIF OIL &amp; GAS CO., 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.                                                                                                           |  |
| <br>DONALD J REIF      Agent Signature                                          |  |
| Subscribed and sworn to before me on this <u>23</u> day of <u>NOVEMBER</u> , <u>2011</u>                                                                            |  |
| <br>EUDORA REIF      Notary Public<br>MY COMMISSION EXPIRES<br>December 23, 2012 |  |
| My Commission Expires: _____                                                                                                                                        |  |