

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

Form CDP-5
August 2004
Form must be Typed

07

Operator Name: <u>Rama Operating Co., Inc.</u>		License Number: <u>3911</u>
Operator Address: <u>P.O. Box 159 Stafford, KS. 67578</u>		
Contact Person: <u>Robin L. Austin</u>		Phone Number: (<u>620</u>) <u>234 - 5191</u>
Permit Number (API No. if applicable): <u>15-185-23,423-0000</u>		Lease Name: <u>Bookstore</u>
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: <u>5-11</u>
		Source Location (QQQQ): _____ - <u>Nw</u> - <u>Sw</u> - <u>Nw</u> Sec. <u>11</u> Twp. <u>24</u> R. <u>14</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>1,650</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>330</u> Feet from <input type="checkbox"/> East / <input checked="" 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>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>2-8-07</u>
Operator Name: <u>Gee Oil Service</u>		License No.: <u>32482</u>
Lease Name: <u>Rogers</u>		Sec. <u>34</u> Twp. <u>23</u> R. <u>13</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
Docket No.: <u>D-23350</u>		County: <u>Stafford</u>
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		_____ Notary Public
Subscribed and sworn to before me on this <u>28th</u> day of <u>February</u> , <u>2007</u>		_____ My Commission Expires: <u>4-11-10</u>
_____ My Commission Expires: <u>4-11-10</u>		_____ My Commission Expires: _____

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KANSAS CORPORATION COMMISSION

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