

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
EXPLORATION & PRODUCTION WASTETRANSFER

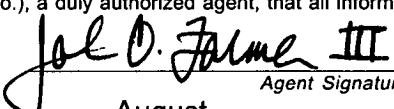
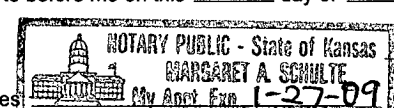
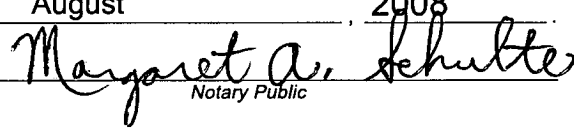
Form CDP-5
August 2004
Form must be Typed

Operator Name: John O. Farmer, Inc.		License Number: 5135	
Operator Address: P.O. Box 352, Russell, KS 67665			
Contact Person: Marge Schulte		Phone Number: (785) 483 - 3145, Ext. 214	
Permit Number (API No. if applicable): 15-033-21,527-00-00		Lease Name: Herd "A"	
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: #1	
		Source Location (QQQQ): <u> NW </u> - <u> SE </u> - <u> NE </u> - <u> SW </u> Sec. <u> 20 </u> Twp. <u> 32S </u> R. <u> 20 </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u> 1720 </u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u> 2280 </u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <u> Comanche </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> 1 </u> No. of loads <u> 125 </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> 7-17-08 </u>	
Operator Name: <u> Gene R. Dill </u>		License No.: <u> 9491 </u>	
Lease Name: <u> Regier </u>		Sec. <u> 17 </u> Twp. <u> 33S </u> R. <u> 27 </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No.: <u> C-21,232 </u>		County: <u> Meade </u>	

RECEIVED
KANSAS CORPORATION COMMISSION

AUG 15 2008

CONSERVATION DIVISION
WICHITA, KS

The undersigned hereby certifies that <u>(he)</u> / she is _____ president	
for <u> John O. Farmer, 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	
Subscribed and sworn to before me on this <u> 13th </u> day of <u> August </u> , <u> 2008 </u>	
My Commission Expires _____ 	 _____ Notary Public