

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2004
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

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): 15-167-23,486 0000		Lease Name: Shaffer "A"	
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: #1	
		Source Location (QQQQ): <u>SW</u> - <u>SW</u> - <u>NE</u> - <u>SE</u> Sec. <u>36</u> Twp. <u>13S</u> R. <u>13</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>1640</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>1000</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>Russell</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>3</u> No. of loads <u>240</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>4/6/09</u>	
Operator Name: <u>John O. Farmer, Inc.</u>		License No.: <u>5135</u>	
Lease Name: <u>Rubin Nuss</u>		Sec. <u>5</u> Twp. <u>16S</u> R. <u>14</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No.: <u>D-09,153</u>		County: <u>Barton</u>	

KANSAS CORPORATION COMMISSION
MAY 08 2009
RECEIVED

The undersigned hereby certifies that he/ she is <u>President</u> 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.	
Subscribed and sworn to before me on this <u>6th</u> day of <u>May</u> , 2009	Agent Signature
My Commission Expires:	Notary Public