

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2004
Form must be Typed

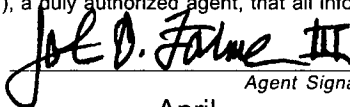

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: <u>John O. Farmer, Inc.</u>		License Number: <u>5135</u>	
Operator Address: <u>P.O. Box 352, Russell, KS 67665</u>			
Contact Person: <u>Marge Schulte</u>		Phone Number: (<u>785</u>) <u>483 - 3145, Ext. 214</u>	
Permit Number (API No. if applicable): <u>15-163-23,864-00-00</u>		Lease Name: <u>Chesney-Hutton</u>	
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: <u>#1</u> Source Location (QQQQ): <u>NW - SE - NW - SW</u> Sec. <u>30</u> Twp. <u>8S</u> R. <u>16</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>1705</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>900</u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section Rooks _____ 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>4-21-10</u>	
Operator Name: <u>John O. Farmer, Inc.</u>		License No.: <u>5135</u>	
Lease Name: <u>Mudd #2</u>		Sec. <u>27</u> Twp. <u>12S</u> R. <u>15</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No.: <u>D-28,909</u>		County: <u>Russell</u>	

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KANSAS CORPORATION COMMISSION

APR 26 2010

CONSERVATION DIVISION
WICHITA, KS

The undersigned hereby certifies that <u>he</u> / she is _____ 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 <u>his</u> / her knowledge and belief.	
Subscribed and sworn to before me on this <u>23rd</u> day of _____	<u>April</u> _____, <u>2010</u>  Agent Signature
My Commission Expires: <u>1-27-13</u>	 Notary Public