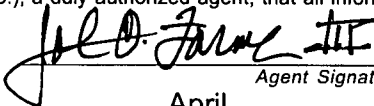
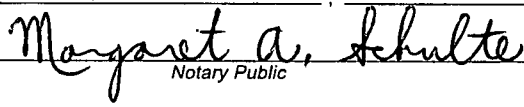


KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
**EXPLORATION & PRODUCTION WASTE TRANSFER**

Form CDP-5  
August 2004  
Form must be Typed

Operator Name: <b>John O. Farmer, Inc.</b>		License Number: <b>5135</b>	
Operator Address: <b>P.O. Box 352, Russell, KS 67665</b>			
Contact Person: <b>Marge Schulte</b>		Phone Number: ( <b>785</b> ) <b>483 - 3145, Ext. 214</b>	
Permit Number (API No. if applicable): <b>15-167-23,449 - 00.00</b>		Lease Name: <b>LaRosh</b>	
Source of Waste: <input type="checkbox"/> Dike <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit <input checked="" type="checkbox"/> Workover Pit <input 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: <b>#1</b>  Source Location (QQQQ): <u>SE</u> - <u>NW</u> - <u>SW</u> - <u>SW</u> Sec. <u>3</u> Twp. <u>11S</u> R. <u>15</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>900</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>510</u> Feet from <input type="checkbox"/> East / <input checked="" 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>1</u> No. of loads <u>80</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>3-26-10</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>	

**RECEIVED**  
**APR 09 2010**  
**KCC WICHITA**

The undersigned hereby certifies that <u>he</u> / she is _____ <b>President</b>	
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.	
 _____ Agent Signature	
Subscribed and sworn to before me on this <u>7th</u> day of <u>April</u> , 2010	
 _____ Notary Public	
My Commission Expires: 