

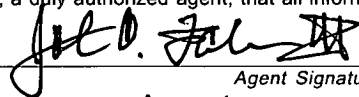

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2004  
Form must be Typed

**EXPLORATION & PRODUCTION WASTE TRANSFER**

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>15-065-23,631 0000</b>		Lease Name: <b>Alexander</b>	
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: <b>#1</b> Source Location (QQQQ): <b>NE - NW - SE - NW</b> Sec. <b>29</b> Twp. <b>7S</b> R. <b>21</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <b>1490</b> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <b>1740</b> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <b>Graham</b> County	
Type of waste to be disposed: <input type="checkbox"/> Fluid <input type="checkbox"/> Soil <input type="checkbox"/> Mud / Cuttings <input checked="" type="checkbox"/> Other: <u>oil skimmed from rotary drilling pit</u>			
Amount of waste:    _____ No. of loads <u>80</u> Barrels    _____ Tons    _____ YDS			
Destination of waste: <input type="checkbox"/> Reserve Pit <input type="checkbox"/> Disposal Well <input checked="" 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>7-14-10</u>	
Operator Name: <u>John O. Farmer, Inc.</u>		License No.: <u>5135</u>	
Lease Name: <u>Alexander</u>		Sec. <u>29</u> Twp. <u>7S</u> R. <u>21</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No.: <u>(lease road)</u>		County: <u>Graham</u>	

**RECEIVED**  
**AUG 12 2010**  
**KCC WICHITA**

The undersigned hereby certifies that (he) / she is _____ <b>President</b> _____ for <b>John O. Farmer, Inc.</b> (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>11th</u> day of <u>August</u> , <u>2010</u>	 Notary Public
My Commission Expires 