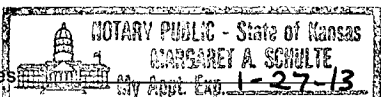


KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

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 ) 483 - 3145, Ext. 214</b>
Permit Number (API No. if applicable): <b>15-065-23,344 0000</b>		Lease Name: <b>Van Loenen "B"</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): <b>SW - NW - NE - NE</b> Sec. <b>31</b> Twp. <b>7S</b> R. <b>21</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <b>520</b> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <b>1170</b> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <b>Graham</b> 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    _____ 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: <b>7-12-10</b>
Operator Name: <b>John O. Farmer, Inc.</b>		License No.: <b>5135</b>
Lease Name: <b>VanLoenen "B"</b>		Sec. <b>31</b> Twp. <b>7S</b> R. <b>21</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
Docket No.: <b>(lease road)</b>		County: <b>Graham</b>
The undersigned hereby certifies that <u>he</u> / 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 <u>his</u> / her knowledge and belief. <i>John O. Farmer III</i> Agent Signature Subscribed and sworn to before me on this <b>10th</b> day of <b>August</b> <b>2010</b> <i>Margaret A. Schulte</i> Notary Public My Commission Expires 		

RECEIVED

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

AUG 11 2010  
KCC WICHITA