

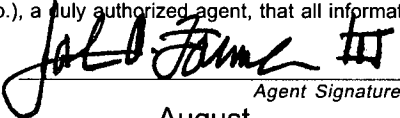
KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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): 15-051-25,802-00-00		Lease Name: Dreiling "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): SE - NW - SW - SW Sec. 23 Twp. 12S R. 16 <input type="checkbox"/> East <input checked="" type="checkbox"/> West 970 Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section 650 Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section _____ Ellis _____ 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>4</u> No. of loads <u>320 total</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: 7-26-10
Operator Name: John O. Farmer, Inc.		License No.: 5135
Lease Name: Brungardt #3 SWD		Sec. 5 Twp. 13S R. 17 <input type="checkbox"/> East <input checked="" type="checkbox"/> West
Docket No.: D-28,195		County: Ellis

RECEIVED
AUG 18 2010
KCC WICHITA

The undersigned hereby certifies that he / she is _____ for John O. Farmer, Inc. (Co.), a duly authorized agent, that all information shown hereon is true and correct to the best of his / her knowledge and belief.	President
_____ Agent Signature	
Subscribed and sworn to before me on this <u>13th</u> day of _____, <u>August</u> , <u>2010</u>	_____ Notary Public
My Commission Expires _____	