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SEP 09 2010

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

KCC WICHITA

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): 15-167-23,634-00-00		Lease Name: Maupin "C"	
Source of Waste:		Well Number: #1	
<input type="checkbox"/> Dike <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Workover Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Settling Pit <input checked="" type="checkbox"/> Drilling Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> Spill / Escape		Source Location (QQQQ): <u>S/2</u> - <u>SW</u> - <u>NW</u> - <u>SE</u> Sec. <u>10</u> Twp. <u>11S</u> R. <u>15</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>1535</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>2310</u> Feet from <input checked="" type="checkbox"/> East / <input 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>7</u> No. of loads <u>560</u> total Barrels _____ Tons _____ YDS			
Destination of waste: <input type="checkbox"/> Reserve Pit <input type="checkbox"/> Haul Off 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>August 26, 2010</u>	
Operator Name: <u>Craig Oil Company</u>		License No.: <u>31341</u>	
Lease Name: <u>Rubin Nuss #1</u>		Sec. <u>5</u> Twp. <u>16S</u> R. <u>14</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: <u>D-09,153</u>		County: <u>Barton</u>	
Comments:			
The undersigned hereby certifies that <input checked="" type="radio"/> he / she is <u>President</u> 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 <input checked="" type="radio"/> his / her knowledge and belief. <u>John O. Farmer III</u> Agent Signature Subscribed and sworn to before me on this <u>8th</u> day of <u>September</u> <u>2010</u> <u>Margaret A. Schulte</u> Notary Public My Commission Expires: 			