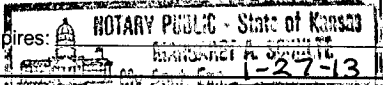


KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
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): 15-065-20,979-00-00	Lease Name: Klenk
Source of Waste: <input type="checkbox"/> Emergency Pit <input checked="" type="checkbox"/> Workover Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Dike <input type="checkbox"/> Settling Pit <input type="checkbox"/> Drilling Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> Spill / Escape	Well Number: #2
	Source Location (QQQQ): <u> </u> - <u>NW</u> - <u>NW</u> - <u>SE</u> Sec. <u>18</u> Twp. <u>9S</u> R. <u>23</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>2310</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> </u> <u>Graham</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> 15 </u> Barrels <u> </u> Tons <u> </u> YDS	
Destination of waste: <input type="checkbox"/> Reserve Pit <input type="checkbox"/> Haul Off 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> 11-8-10 </u>
Operator Name: <u> John O. Farmer, Inc. </u>	License No.: <u> 5135 </u>
Lease Name: <u> McVey-Cook Unit </u>	Sec. <u> 15 </u> Twp. <u> 10S </u> R. <u> 21 </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
Docket No./API No.: _____	County: <u> Graham </u>
Comments: 	
The undersigned hereby certifies that <input checked="" type="radio"/> he <input type="radio"/> 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 <input type="radio"/> her knowledge and belief. Subscribed and sworn to before me on this <u> 1st </u> day of <u> December </u> <u> 2010 </u> <u> John O. Farmer III </u> Agent Signature <u> Margaret A. Schulte </u> Notary Public	
My Commission Expires: 	RECEIVED DEC 02 2010 KCC WICHITA