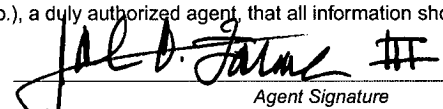
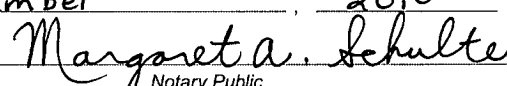
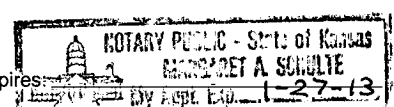


KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
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>15-065-21,090-00-00 01</b>		Lease Name: <b>Albertson</b>
Source of Waste: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Dike <input checked="" type="checkbox"/> Workover Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Drilling Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> <input type="checkbox"/> Spill / Escape		Well Number: <b>#3</b> Source Location (QQQQ): <u>App.</u> - <u>NW</u> - <u>NE</u> - <u>SW</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>1725</u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <u>Graham</u> County
Type of waste to be disposed: <input type="checkbox"/> Fluid <input type="checkbox"/> Soil <input type="checkbox"/> Mud / Cuttings <input type="checkbox"/> Other: _____		
Amount of waste:    _____ No. of loads    _____ Barrels    _____ Tons    _____ YDS		
Destination of waste: <input type="checkbox"/> Reserve Pit <input type="checkbox"/> Haul Off Pit <input 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: _____
Operator Name: <b>THERE WAS NO FLUID VOLUME TO</b>		License No.: _____
Lease Name: <b>HAUL OR DISPOSE OF</b>		Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input checked="" type="checkbox"/> West
Docket No./API No.: _____		County: _____
Comments:		
<p>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.</p> <p>Subscribed and sworn to before me on this <u>1st</u> day of <u>December</u>, <u>2010</u></p> <p style="text-align: right;">           Agent Signature       </p> <p style="text-align: right;">           Notary Public       </p> <p>My Commission Expires: </p>		

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

RECEIVED

DEC 02 2010

KCC WICHITA