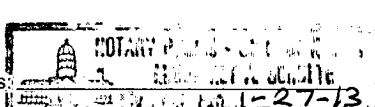


KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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): 15-065-21,021-00-00		Lease Name: Albertson
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: #2 Source Location (QQQQ): - SE - NE - SW Sec. 18 Twp. 9S R. 23 <input type="checkbox"/> East <input checked="" type="checkbox"/> West 1650 Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section 2310 Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section Graham 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> 20 </u> Barrels _____ Tons _____ 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: 11-8-10
Operator Name: John O. Farmer, Inc.		License No.: 5135
Lease Name: McVey-Cook Unit		Sec. 15 Twp. 10S R. 21 <input type="checkbox"/> East <input checked="" type="checkbox"/> West
Docket No./API No.: _____		County: Graham
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. Subscribed and sworn to before me on this <u>1st</u> day of <u>December</u> , <u>2010</u> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  My Commission Expires: <u>12-13</u> </div> <div style="text-align: center;"> <u>Margaret A. Schulte</u> Notary Public </div> </div>		

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

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