

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form GDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: <u>John O. Farmer, Inc.</u>		License Number: <u>5135</u>	
Operator Address: <u>P.O. Box 352, Russell, KS 67665</u>			
Contact Person: <u>Marge Schulte</u>		Phone Number: (<u>785</u>) <u>483</u> - <u>3145</u> , Ext. <u>214</u>	
Permit Number (API No. if applicable): <u>15-065-23,651 0000</u>		Lease Name: <u>Belleau</u>	
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: <u>#1</u>	
		Source Location (QQQQ): <u>NW</u> - <u>SE</u> - <u>SE</u> - <u>NE</u>	
		Sec. <u>30</u> Twp. <u>7S</u> R. <u>21</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>2015</u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>520</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <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>50</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 checked="" type="checkbox"/> Other: <u>Working Pit</u>			
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>9-23-10</u>	
Operator Name: <u>John O. Farmer, Inc.</u>		License No.: <u>5135</u>	
Lease Name: <u>Alexander</u>		Sec. <u>29</u> Twp. <u>7S</u> R. <u>21</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: <u>(5 bbls. on Belleau lease road & 45 bbls in Alexander working pit)</u>		County: <u>Graham</u>	
Comments:			

RECEIVED
OCT 26 2010

The undersigned hereby certifies that he / she is President **KCC WICHITA**
 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. John O. Farmer III
 Agent Signature
 Subscribed and sworn to before me on this 25th day of October, 2010
Margaret A. Schulte
 Notary Public
 My Commission Expires: 