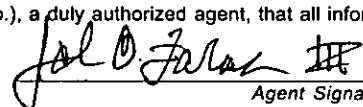



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
EXPLORATION & PRODUCTION WASTE TRANSFER

Form CDP-5
August 2004
Form must be Typed

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): 15-151-20,220-00-01		Lease Name: Lee	
Source of Waste:		Well Number: #1	
<input type="checkbox"/> Dike <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit <input checked="" type="checkbox"/> Workover Pit <input type="checkbox"/> Drilling Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Spill / Escape		Source Location (QQQQ): <u> </u> <u>NE</u> <u>NE</u> <u>SE</u> Sec. <u>22</u> Twp. <u>29S</u> R. <u>13</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>330</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <div style="text-align: right;">Pratt County</div>	
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"/> 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: THERE WAS NO FLUID VOLUME TO		License No.: _____	
Lease Name: HAUL OR DISPOSE OF - MINIMAL AMOUNT		Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West	
Docket No.: OF FLUID PUT BACK DOWN WELL		County: _____	

RECEIVED
AUG 27 2010
KCC WICHITA

The undersigned hereby certifies that <input checked="" type="radio"/> he / she is _____ President	
for John O. Farmer, Inc. (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.	
 Agent Signature	
Subscribed and sworn to before me on this <u>25th</u> day of <u>August</u> , 2010	
 Notary Public	
My Commission Expires: 