

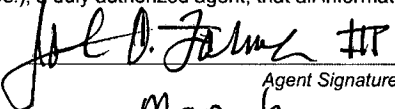

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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): 15-167-00,167-00-00		Lease Name: Kejr "C"
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: #1 Source Location (QQQQ): _____ - <u>SW</u> - <u>SW</u> - <u>SE</u> Sec. <u>11</u> Twp. <u>15S</u> R. <u>13</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>330</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 _____ Russell _____ 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>80</u> Barrels _____ Tons _____ YDS		
Destination of waste: <input type="checkbox"/> Reserve Pit <input type="checkbox"/> Haul Off Pit <input checked="" 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: 2-25-11
Operator Name: Craig Oil Company		License No.: 31341
Lease Name: Rubin Nuss #1		Sec. <u>5</u> Twp. <u>16S</u> R. <u>14</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
Docket No./API No.: D-09,153		County: Barton
Comments:		

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The undersigned hereby certifies that <u>he</u> / 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 <u>his</u> / her knowledge and belief.	
Subscribed and sworn to before me on this <u>18th</u> day of <u>March</u> <u>2011</u>	 Agent Signature
My Commission Expires _____	 Margaret A. Schulte Notary Public