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MAY 13 2011

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

KCC WICHITA

Form CDP-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>15-065-23,233 - 0000</u>		Lease Name: <u>DeYoung</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"/> Steel Pit <input type="checkbox"/> Drilling Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> Spill / Escape		Well Number: <u>#1</u>	
		Source Location (QQQQ): <u>App. - NE - SW - SE</u>	
		Sec. <u>11</u> Twp. <u>10S</u> R. <u>21</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
		<u>880</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section	
		<u>1,700</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>2</u> No. of loads <u>115</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: <u>4-22-11</u>	
Operator Name: <u>John O. Farmer, Inc.</u>		License No.: <u>5135</u>	
Lease Name: <u>Farrell &amp; Miller</u>		Sec. <u>11</u> Twp. <u>10S</u> R. <u>21</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: _____		County: <u>Graham</u>	
Comments: <u>Both leases are in Sec. 11-10S-21W.</u>			
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>12th</u> day of <u>May</u> , <u>2011</u>			
<u>Margaret A. Schulte</u> Notary Public			
My Commission Expires: _____			

