

15137-00701-0000

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: <b>John O. Farmer, Inc.</b>		License Number: <b>5135</b>
Operator Address: <b>P.O. Box 352, Russell, KS 67665</b>		
Contact Person: <b>Marge Schulte</b>		Phone Number: <b>( 785 ) 483 - 3145, Ext. 214</b>
Permit Number (API No. if applicable): <b>(Drilled 1954) 15-137-00701-0000</b>		Lease Name: <b>Calvin Lawson</b>
Source of Waste: <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		Well Number: <b>#9</b> Source Location (QQQQ): <b>    - E/2 - E/2 - NW</b> Sec. <b>30</b> Twp. <b>3S</b> R. <b>23</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <b>1,320</b> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <b>2,310</b> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <b>Norton</b> County
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"/> Haul Off 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: _____		License No.: _____
Lease Name: _____		Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input checked="" type="checkbox"/> West
Docket No./API No.: _____		County: _____
Comments:  <b>THERE WAS NO FLUID VOLUME TO HAUL OR DISPOSE OF -          MINIMAL AMOUNT OF FLUID PUT BACK DOWN WELL          (CDP-4 BEING FILED)</b>		<b>RECEIVED</b> <b>SEP 02 2011</b> <b>KCC WICHITA</b>

The undersigned hereby certifies that 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 his / her knowledge and belief.

*John O. Farmer III*  
 Agent Signature

Subscribed and sworn to before me on this 30th day of August, 2011

*Margaret A. Schulte*  
 Notary Public

My Commission Expires:

