


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): 15-137-00,526 0000		Lease Name: Stapleton	
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: #7	
		Source Location (QQQQ): _____ C _____ NE Sec. 36 Twp. 3S R. 24 <input type="checkbox"/> East <input checked="" type="checkbox"/> West 1,320 Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section 1,320 Feet from <input checked="" type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section _____ Norton _____ 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 type="checkbox"/> West	
Docket No./API No.: _____		County: _____	
Comments: <p style="text-align: center;">THERE WAS NO FLUID VOLUME TO HAUL OR DISPOSE OF - MINIMAL AMOUNT OF FLUID PUT BACK DOWN WELL (CDP-4 ALSO BEING FILED)</p> <div style="text-align: right; font-size: 1.2em; font-weight: bold;"> RECEIVED NOV 04 2011 KCC WICHITA </div>			
The undersigned hereby certifies that <input checked="" type="radio"/> he <input type="radio"/> 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 <input type="radio"/> her knowledge and belief. Subscribed and sworn to before me on this <u>27th</u> day of <u>October</u> , <u>2011</u> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  <p>MARGARET A. SCHULTE State of Kansas My Appt. Exp. 1-27-13</p> </div> <div style="text-align: center;"> <u>Margaret A. Schulte</u> Notary Public </div> </div>			