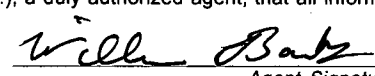
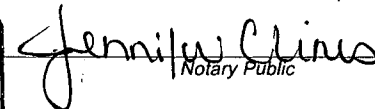


**KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
EXPLORATION & PRODUCTION WASTE TRANSFER**

Form CDP-5  
August 2004  
Form must be Typed

Operator Name: <b>Dart Cherokee Basin Operating Co LLC</b>		License Number: <b>33074</b>	
Operator Address: <b>211 W Myrtle, Independence, Ks. 67301</b>			
Contact Person: <b>Bill Barks</b>		Phone Number: <b>( 620 ) 331 - 7870</b>	
Permit Number (API No. if applicable): <b>15-125-31774-00-00</b>		Lease Name: <b>C&amp;D Springer Trusts</b>	
Source of Waste:		Well Number: <b>C3-4</b>	
<input type="checkbox"/> Dike <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Workover Pit <input checked="" 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>SW</u> - <u>NW</u> - <u>SE</u> Sec. <u>4</u> Twp. <u>31S</u> R. <u>14</u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West <u>1470</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>2380</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>Montgomery</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: _____ No. of loads <u>410</u> Barrels    _____ Tons    _____ YDS			
Destination of waste: <input type="checkbox"/> Reserve 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: <u>2/15/2009</u>	
Operator Name: <u>Dart Cherokee Basin Operating Co. LLC.</u>		License No.: <u>33074</u>	
Lease Name: <u>Porter et al D1-9 SWD</u>		Sec. <u>9</u> Twp. <u>30S</u> R. <u>15</u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West	
Docket No.: <u>D-28773</u>		County: <u>Wilson</u>	

**RECEIVED**  
KANSAS CORPORATION COMMISSION  
**FEB 24 2009**  
CONSERVATION DIVISION  
WICHITA KS

The undersigned hereby certifies that he / she is <u>Operations Manager</u> for <u>Dart Cherokee Basin Operating</u> (Co.), a duly authorized agent, that all information shown hereon is true and correct to the best of his / her knowledge and belief.	
 Agent Signature	
Subscribed and sworn to before me on this <u>20th</u> day of <u>February</u> , <u>2009</u>	
My Commission Expires: _____ My Appt. Expires: <u>12-05-2012</u>	 Notary Public