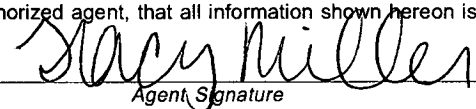
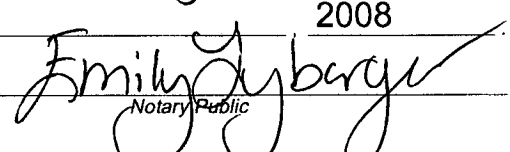


KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2004
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

| | | | |
|--|--|--|--|
| Operator Name: Cherokee Wells, LLC | | License Number: 33539 | |
| Operator Address: P.O. Box 296, Fredonia, KS 66736 | | | |
| Contact Person: Tracy Miller | | Phone Number: (620) 378 - 3650 | |
| Permit Number (API No. if applicable): 15-205-27410-00-00 | | Lease Name: Shields | |
| Source of Waste: | | Well Number: A-1 | |
| <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): NW - NW - NW - Sec. 19 Twp. 28 R. 14 <input checked="" type="checkbox"/> East <input type="checkbox"/> West 330 Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section 330 Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section Wilson 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"/> 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.: _____ | | County: _____ | |
| <p><i>- Not sensitive groundwater area.</i></p> <p><i>- fluids not hauled; allowed to evaporate.</i></p> | | | |
| <p>RECEIVED KANSAS CORPORATION COMMISSION JUN 16 2008 CONSERVATION DIVISION WICHITA, KS</p> | | | |
| The undersigned hereby certifies that he / she is Administrative Assistant | | | |
| for Cherokee Wells, LLC | | (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 _____ day of _____, 2008 | |  Notary Public | |
| My Commission Expires: _____ | | | |