

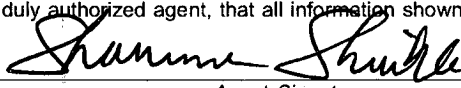
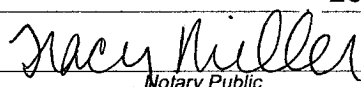
KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2004  
Form must be Typed

**EXPLORATION & PRODUCTION WASTE TRANSFER**

Operator Name: <b>Cherokee Wells, LLC</b>		License Number: <b>33539</b>	
Operator Address: <b>P.O. Box 296, Fredonia, KS 66736</b>			
Contact Person: <b>Tracy Miller</b>		Phone Number: ( <b>620</b> ) <b>378 - 3650</b>	
Permit Number (API No. if applicable): <b>15-205-27306-00-00</b>		Lease Name: <b>D. Marshall</b>	
Source of Waste: <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		Well Number: <b>A-1</b>	
		Source Location (QQQQ): <b>C</b> - <b>NW</b> - <b>SW</b> - _____	
		Sec. <b>12</b> Twp. <b>29</b> R. <b>13</b> <input checked="" type="checkbox"/> East <input type="checkbox"/> West	
		<b>2310</b> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section	
		<b>330</b> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section	
		<b>Wilson</b> 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 <b>240</b> 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: <b>11/20/07</b>	
Operator Name: <b>Cherokee Wells, LLC</b>		License No.: <b>33539</b>	
Lease Name: <b>Arnold #A-4 SWD</b>		Sec. <b>31</b> Twp. <b>28</b> R. <b>14</b> <input checked="" type="checkbox"/> East <input type="checkbox"/> West	
Docket No.: <b>D-28696</b>		County: <b>Wilson</b>	

**RECEIVED**  
KANSAS CORPORATION COMMISSION  
**DEC 11 2007**  
CONSERVATION DIVISION  
WICHITA, KS

The undersigned hereby certifies that he / she is <u>Administrative Assistant</u>	
for <u>Cherokee Wells, LLC</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>7</u> day of <u>December</u> 2007	
 _____ Notary Public	
