

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2004
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: Dart Cherokee Basin Operating Co LLC		License Number: 33074
Operator Address: 211 W Myrtle, Independence, Ks. 67301		
Contact Person: Tony Williams	Phone Number: (620) 331 - 7870	
Permit Number (API No. if applicable): 15-205-27271-00-00	Lease Name: M & J Huser	
Source of Waste: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Workover Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Dike <input type="checkbox"/> Settling Pit <input checked="" type="checkbox"/> Drilling Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> Spill / Escape	Well Number: D4-14	
	Source Location (QQQQ): <u> </u> - NE - SE - SE	
	Sec. 14 Twp. 30S R. 14 <input checked="" type="checkbox"/> East <input type="checkbox"/> West 890 Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section 500 Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section Wilson County	

Type of waste to be disposed: Fluid Soil Mud / Cuttings Other: _____

Amount of waste: _____ No. of loads **170** Barrels _____ Tons _____ YDS

Destination of waste: Reserve Pit Disposal Well Lease Road Dike / Berm Other: _____

If waste is transferred to another reserve pit, is the lease active? Yes No

Location of waste disposal: _____ Date of Waste Transfer: **11/7/2007**

Operator Name: **Dart Cherokee Basin Operating Co. LLC.** License No.: **33074**

Lease Name: **Porter et al D1-9 SWD** Sec. **9** Twp. **30S** R. **15** East West

Docket No.: **D-28773** County: **Wilson**


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NOV 28 2007

CONSERVATION DIVISION
WICHITA, KS

The undersigned hereby certifies that he / she is **Sr. Regulatory & Safety Compliance Specialist**
for **Dart Cherokee Basin Operating** (Co.), a duly authorized agent, that all information shown hereon is true
and correct to the best of his / her knowledge and belief.

Subscribed and sworn to before me on this **21st** day of **November** , **2007**

 **JENNIFER CLINES**
Notary Public - State of Kansas
My Commission Expires: **My Appt. Expires 12-05-08**

 Jennifer Clines
Notary Public