

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): 15-205-27241-00-00		Lease Name: R & P Schultz
Source of Waste: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Dike <input type="checkbox"/> Workover Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Burn Pit <input checked="" type="checkbox"/> Drilling Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> <input type="checkbox"/> Spill / Escape		Well Number: D4-24 Source Location (QQQQ): SE - SE - SE Sec. 24 Twp. 30S R. 14 <input checked="" type="checkbox"/> East <input type="checkbox"/> West 580 Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section 355 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 **90** Barrels _____ Tons _____ YDS

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

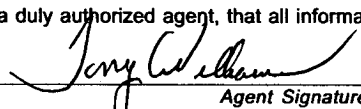
If waste is transferred to another reserve pit, is the lease active? Yes No

Location of waste disposal:	Date of Waste Transfer: 11/6/2007
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 <input checked="" type="checkbox"/> East <input type="checkbox"/> West
Docket No.: D-28773	County: Wilson

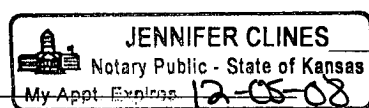
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KANSAS CORPORATION COMMISSION
NOV 28 2007
CONSERVATION DIVISION
WICHITA, KS


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**



 Agent Signature


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



 Notary Public