

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
EXPLORATION & PRODUCTION WASTE TRANSFER
CONSERVATION DIVISION
WICHITA, KS

NOV 28 2007

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): 15-205-27251-00-00		Lease Name: Watts	
Source of Waste: <input type="checkbox"/> Dike <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Workover Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Settling Pit <input checked="" type="checkbox"/> Drilling Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> Spill / Escape		Well Number: A-1 Source Location (QQQQ): W/2 - NE - NE - Sec. 33 Twp. 27 R. 15 <input checked="" type="checkbox"/> East <input type="checkbox"/> West 700 Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section 990 Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section Wilson 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 240 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: 8/30/07	
Operator Name: Cherokee Wells, LLC		License No.: 33539	
Lease Name: Arnold A-4 SWD		Sec. 31 Twp. 28 R. 14 <input checked="" type="checkbox"/> East <input type="checkbox"/> West	
Docket No.: D-28696		County: Wilson	
<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.</p> <p>Subscribed and sworn to before me on this October day of 2007</p> <p>Tracy Miller Notary Public - State of Kansas My Appt. Expires 12/1/2010</p> <p><i>Tracy Miller</i> Agent Signature</p> <p><i>Tracy Miller</i> Notary Public</p>			
My Commission Expires: _____			