

**KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
EXPLORATION & PRODUCTION WASTE TRANSFER**

RECEIVED  
KANSAS CORPORATION COMMISSION  
NOV 28 2007  
CONSERVATION DIVISION  
WICHITA, KS

Form CDP-5  
August 2004  
Form must be Typed

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 ) 378 - 3650</b>
Permit Number (API No. if applicable): <b>15-205-27252-00-00</b>		Lease Name: <b>Brown</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>NW - NW - NE -</b> Sec. <b>12</b> Twp. <b>28</b> R. <b>13</b> <input checked="" type="checkbox"/> East <input type="checkbox"/> West <b>330</b> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <b>2310</b> Feet from <input checked="" type="checkbox"/> East / <input 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>160</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>8/15/07</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>

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.

*Shannon Shultz*  
Agent Signature

Subscribed and sworn to before me on this 20 day of October 2007

**TRACY MILLER**  
Notary Public - State of Kansas  
My Comm. Expires 12/1/2010

*Tracy Miller*  
Notary Public