

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

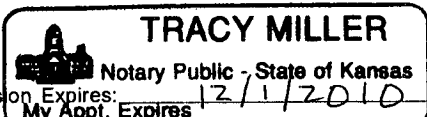
RECEIVED
KANSAS CORPORATION COMMISSION
NOV 28 2007
CONSERVATION DIVISION
WICHITA, KS

Form CDP-5
August 2004
Form must be Typed

Operator Name: 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): 15-205-27255-00-00		Lease Name: Hartnett
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: A-1 Source Location (QQQQ): W/2 - NE - NW - NE Sec. 33 Twp. 29 R. 14 <input checked="" type="checkbox"/> East <input type="checkbox"/> West 330 Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section 1950 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 160 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: 8/5/07
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

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 Commission Expires: **12/1/2010**

Tracy Miller
Notary Public