

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2004  
Form must be Typed

**EXPLORATION & PRODUCTION WASTE TRANSFER**

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>Emily Lybarger</b>		Phone Number: <b>( 620 ) 378 - 3650</b>	
Permit Number (API No. if applicable): <b>15-205-27369-00-00</b>		Lease Name: <b>Grau</b>	
Source of Waste:		Well Number: <b>A-2</b>	
<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		Source Location (QQQQ): <b>C - NW - NE -</b> Sec. <b>11</b> Twp. <b>29</b> R. <b>13</b> <input checked="" type="checkbox"/> East <input type="checkbox"/> West <b>660</b> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <b>1980</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:  Fluid  Soil  Mud / Cuttings  Other: \_\_\_\_\_

Amount of waste: \_\_\_\_\_ No. of loads \_\_\_\_\_ 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: \_\_\_\_\_

Operator Name: \_\_\_\_\_ License No.: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ R. \_\_\_\_\_  East  West

Docket No.: \_\_\_\_\_ County: \_\_\_\_\_

*Not sensitive groundwater area.  
Fluids not hauled; Allowed to evaporate.*

RECEIVED  
KANSAS CORPORATION COMMISSION  
**APR 11 2008**

CONSERVATION DIVISION  
WICHITA, KS

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 Shick  
Agent Signature

Subscribed and sworn to before me on this 9 day of April, 2008

My Commission Expires \_\_\_\_\_  
Emily S. Lybarger  
Notary Public

