

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>Tracy Miller</b>		Phone Number: ( <b>620</b> ) <b>378 - 3650</b>	
Permit Number (API No. if applicable): <b>15-049-22465-00-00</b>		Lease Name: <b>J. Blankenship</b>	
Source of Waste: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Workover Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Steel Pit		Well Number: <b>A-1</b> Source Location (QQQQ): <b>SE - SE - NE -</b> Sec. <b>27</b> Twp. <b>28</b> R. <b>13</b> <input checked="" type="checkbox"/> East <input type="checkbox"/> West <b>2310</b> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <b>330</b> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section Elk _____ County	
<input type="checkbox"/> Dike <input type="checkbox"/> Settling Pit <input checked="" type="checkbox"/> Drilling Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> Spill / Escape			

Type of waste to be disposed:  Fluid  Soil  Mud / Cuttings  Other: \_\_\_\_\_

Amount of waste: \_\_\_\_\_ No. of loads **240** 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: **11/6/07**

Operator Name: **Cherokee Wells, LLC** License No.: **33539**

Lease Name: **Arnold A-4 SWD** Sec. **31** Twp. **28** R. **14**  East  West

Docket No.: **D-28696** County: **Wilson**

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KANSAS CORPORATION COMMISSION  
FEB 26 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.

Subscribed and sworn to before me on this **20** day of **February** **2008**

**Emily Lybarger**  
Agent Signature

**Tracy Miller**  
Notary Public

My Commission Expires **12/1/2010**