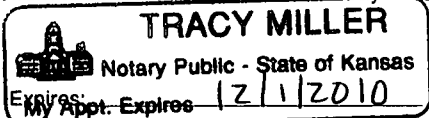


KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form GDP-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 ) 378 - 3650</b>
Permit Number (API No. if applicable): <b>15-205-27340-00-00</b>		Lease Name: <b>Neuenschwander</b>
Source of Waste:		Well Number: <b>A-2</b>
<input type="checkbox"/> Emergency Pit <input type="checkbox"/> Dike <input type="checkbox"/> Workover Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Burn Pit <input checked="" type="checkbox"/> Drilling Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> <input type="checkbox"/> Spill / Escape		Source Location (QQQQ): <b>N/2 - NW - NE -</b> Sec. <b>2</b> Twp. <b>28</b> R. <b>14</b> <input checked="" type="checkbox"/> East <input type="checkbox"/> West <b>350</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: <input type="checkbox"/> Fluid <input type="checkbox"/> Soil <input type="checkbox"/> Mud / Cuttings <input type="checkbox"/> Other: _____		
Amount of waste:    _____ No. of loads    _____ Barrels    _____ Tons    _____ YDS		
Destination of waste: <input type="checkbox"/> Reserve Pit <input 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: _____
Operator Name: _____		License No.: _____
Lease Name: _____		Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West
Docket No.: _____		County: _____
<p><i>Fluids not hauled; Allowed to evaporate. - Not sensitive groundwater area.</i></p>		
The undersigned hereby certifies that he / she is <u>Administrative Assistant</u> for <u>Cherokee Wells, LLC</u> (Co.), a duly authorized agent, that all information shown hereon is true and correct to the best of his / her knowledge and belief. <u>Emily Lyburger</u> Agent Signature Subscribed and sworn to before me on this <u>22</u> day of <u>February</u> <u>2008</u> . <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 5px; text-align: center;">  </div> <div style="text-align: center;"> <u>Tracy Miller</u> Notary Public         </div> </div>		

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KANSAS CORPORATION COMMISSION  
**FEB 26 2008**  
CONSERVATION DIVISION  
WICHITA, KS