

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
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>15-205-27344-0000</b>		Lease Name: <b>Boyle</b>
Source of Waste:		Well Number: <b>A-1</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>NW</b> - <b>SE</b> Sec. <b>31</b> Twp. <b>27</b> R. <b>14</b> <input checked="" type="checkbox"/> East <input type="checkbox"/> West <b>1980</b> Feet from <input type="checkbox"/> North / <input checked="" 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"/> Haul Off 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./API No.: _____		County: _____
Comments: <p style="text-align: center;"><b>Not located in sensitive groundwater area - no fluids hauled.</b></p>		

RECEIVED  
DEC 24 2009  
KCC WICHITA

The undersigned hereby certifies that he / she is Admin. 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 22 day of September  
 My Commission Expires: 2/21/2012

*Tracy Miller*  
 Agent Signature  
*Emily Lybarger*  
 Notary Public

