KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

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)*: 15-049-22493-0000 | Lease Name: Shinkle

Well Number: A-1

Source of Waste:

- [ ] Dike
- [ ] Emergency Pit
- [ ] Settling Pit
- [ ] Workover Pit
- [x] Drilling Pit
- [ ] Burn Pit
- [ ] Haul-off Pit
- [ ] Steel Pit
- [ ] Spill / Escape

Source Location (QQQQ): ____ - NE - NW - NE

Sec. 16 Twp. 29 R. 13 [x] East [ ] West

330 Feet from [x] North / [ ] South Line of Section

1650 Feet from [x] East / [ ] West Line of Section

Elk 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 [ ] Haul Off 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./API No.: ____ | County: ____

Comments:

Not located in sensitive groundwater area - no fluids hauled.

RECEIVED
DEC 24 2009
KCC WICHITA

The undersigned herby 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.

Tracy Miller
Agent Signature

Subscribed and sworn to before me on this 22 day of September, 2009

Emily Lybarger
Notary Public

My Commission Expires: 2/21/2012

EMILY S. LYBARGER
NOTARY PUBLIC
My Appt. Exp. 2/21/2012
STATE OF KANSAS

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202