

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>15-205-27404-0000</b>		Lease Name: <b>Shay</b>	
Source of Waste:		Well Number: <b>A-3</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): <u>      </u> - <u>NE</u> - <u>NE</u> - <u>SE</u> Sec. <u>18</u> Twp. <u>27</u> R. <u>15</u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West <u>2290</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>350</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>Wilson</u> 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 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.      Tracy Miller  
Agent Signature

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

My Commission Expires: 2/21/2012      Emily Lybarger  
Notary Public

