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AUG 20 2010

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

KCC WICHITA

Form CDP-5  
August 2008  
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: <b>Dart Cherokee Basin Operating Co LLC</b>		License Number: <b>33074</b>	
Operator Address: <b>211 W Myrtle, Independence KS 67301</b>			
Contact Person: <b>Bill Barks</b>		Phone Number: ( <b>620</b> ) <b>331 - 7870</b>	
Permit Number (API No. if applicable): <b>15-125-31994-00-00</b>		Lease Name: <b>P&amp;K Patterson</b>	
Source of Waste: <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		Well Number: <b>C2-1D</b> Source Location (QQQQ): <u>      </u> - <u>NE</u> - <u>SE</u> - <u>SW</u> Sec. <u>1</u> Twp. <u>33S</u> R. <u>14 13</u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West <u>1309</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>2760</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>Montgomery</u> County	
Type of waste to be disposed: <input checked="" type="checkbox"/> Fluid <input type="checkbox"/> Soil <input type="checkbox"/> Mud / Cuttings <input type="checkbox"/> Other: _____			
Amount of waste: _____ No. of loads <u>230</u> Barrels    _____ Tons    _____ YDS			
Destination of waste: <input type="checkbox"/> Reserve Pit <input type="checkbox"/> Haul Off Pit <input checked="" 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 checked="" type="checkbox"/> No			
Location of waste disposal:		Date of Waste Transfer: <u>8-6-10</u>	
Operator Name: <u>Dart Cherokee Basin Operating Co LLC</u>		License No.: <u>33074</u>	
Lease Name: <u>W&amp;C Farlow A4-9 SWD</u>		Sec. <u>9</u> Twp. <u>33S</u> R. <u>14</u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West	
Docket No./API No.: <u>D-30048</u>		County: <u>Montgomery</u>	
Comments:			
The undersigned hereby certifies that he / she is <u>Operations Manager</u> for <u>Dart Cherokee Basin Operating Co 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>William Barks</u> Agent Signature			
Subscribed and sworn to before me on this <u>19th</u> day of <u>August</u> 20 <u>10</u>			
My Commission Expires: _____		<u>Jennifer Clines</u> Notary Public	
			