

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
EXPLORATION & PRODUCTION WASTE TRANSFER**

Form CDP-5
August 2004
Form must be Typed

07

Operator Name: <u>Cherokee Wells, LLC</u>		License Number: <u>33539</u>
Operator Address: <u>P.O. Box 296, Fredonia, KS 66736</u>		
Contact Person: <u>Tracy Miller</u>		Phone Number: (<u>620</u>) <u>378</u> - <u>3650</u>
Permit Number (API No. if applicable): <u>15-205-27187-00-00</u>		Lease Name: <u>J. Shinn</u>
Source of Waste:		Well Number: <u>(A-1)</u>
<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>SE</u> - <u>SE</u> - <u>SW</u> - _____ Sec. <u>16</u> Twp. <u>28</u> R. <u>14</u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West <u>335</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>2260</u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <u>Wilson</u> County

Type of waste to be disposed: Fluid Soil Mud / Cuttings Other: _____

Amount of waste: _____ No. of loads 240 Barrels _____ Tons _____ YDS

Destination of waste: Reserve Pit Disposal Well Lease Road Dike / Berm Other: _____

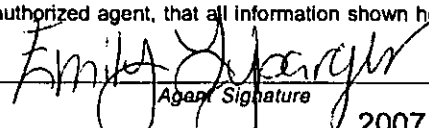
If waste is transferred to another reserve pit, is the lease active? Yes No

Location of waste disposal:	Date of Waste Transfer: <u>6/20/07</u>
Operator Name: <u>Cherokee Wells, LLC</u>	License No.: <u>33539</u>
Lease Name: <u>Arnold #A-4 SWD</u>	Sec. <u>31</u> Twp. <u>28</u> R. <u>14</u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West
Docket No.: <u>D-28696</u>	County: <u>Wilson</u>

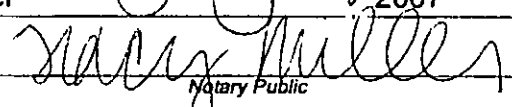
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KANSAS CORPORATION COMMISSION
OCT 25 2007
CONSERVATION DIVISION
KS

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.

Subscribed and sworn to before me on this 3rd day of October, 2007



 Agent Signature



 Notary Public

My Commission Expires: 