

KANSAS CORPORATION COMMISSION 1176020

Form CDP-4 April 2004 Form must be Typed

CLOSURE OF SURFACE PIT

| Operator Name: | License Number: |
|--|---|
| Operator Address: | |
| Contact Person: | Phone Number: () - |
| Permit Number (API No. if applicable): | Lease Name & Well No.: |
| Type of Pit: | Pit Location (QQQQ): |
| Emergency Pit Burn Pit | |
| Settling Pit Drilling Pit | SecTwpR East West |
| Workover Pit Haul-Off Pit | Feet from North / South Line of Section |
| | Feet from East / West Line of Section |
| | County |
| Date of closure: | |

Submitted Electronically