KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form CDP-4 April 2004 Form must be Typed

CLOSURE OF SURFACE PIT

Operator Name: Enerjex Kansas, Inc.	License Number: 33741
Operator Address: Commerce Plaza 1 Center, 7300 W. 110th Street, 7th Floor, Overland Park, KS 66210	
Contact Person: Marcia Littell	Phone Number: (913) 693 - 4608
Permit Number (API No. if applicable): 045-21318-0000	Lease Name & Well No.: Thoren 27
Type of Pit: Emergency Pit Burn Pit	Pit Location (QQQQ): NW _ SE _ NE _
☐ Settling Pit	Sec. 6 Twp. 14 R. 21
Workover Pit Haul-Off Pit	3607 Feet from North / ✓ South Line of Section
	Feet from Fast / West Line of Section Douglas County
Date of closure: 9/12/07 Was an artificial liner used? Yes No If no, how were the sides and bottom sealed to prevent downward migration of the pit contents? Native mud	
Abandonment procedure of pit: Air dried and backfilled	RECEIVED KANSAS CORPORATION COMMISSION APR 0 4 2008 CONSERVATION DIVISION WICHITA, KS
The undersigned hereby certifies that he / she is Compliance Coordinator for Enerjex Kansas, Inc (Co.), a duly authorized agent, that all information shown hereon is true and correct to the best of his /her knowledge and belief. **The undersigned hereby certifies that he / she is Compliance Coordinator for Enerjex Kansas, Inc (Co.), a duly authorized agent, that all information shown hereon is true and correct to the best of his /her knowledge and belief. **Signature of Applicant or Agent** **The undersigned hereby certifies that he / she is Co.), a duly authorized agent, that all information shown hereon is true and correct to the best of his /her knowledge and belief. **Signature of Applicant or Agent** **The undersigned hereby certifies that he / she is Co.), a duly authorized agent, that all information shown hereon is true and correct to the best of his /her knowledge and belief. **The undersigned hereby certifies that he / she is Co.), a duly authorized agent, that all information shown hereon is true and correct to the best of his /her knowledge and belief. **The undersigned hereby certifies that he / she is	
Maureen Effon Notary Public My Appt Expires My Commission Expires: 9/18/20/0	
My Commission Expires: 9/18/20/0	