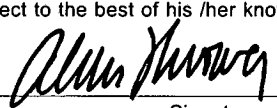
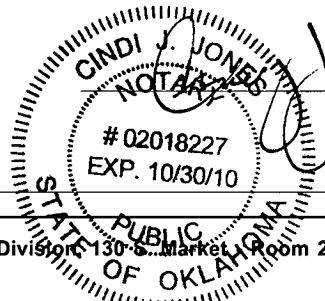
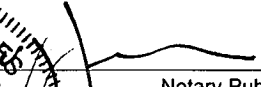


**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
CLOSURE OF SURFACE PIT**

Form CDP-4
April 2004
Form must be Typed

Operator Name: REDLAND RESOURCES, INC.	License Number: 32204
Operator Address: 6001 NW 23RD STREET, OKLAHOMA CITY, OK 73127	
Contact Person: ALAN THROWER	Phone Number: (405) 789 - 7104
Permit Number (API No. if applicable): 15-033-21516-0000	Lease Name & Well No.: WAYLON #2-11
Type of Pit: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Settling Pit <input checked="" type="checkbox"/> Drilling Pit <input type="checkbox"/> Workover Pit <input type="checkbox"/> Haul-Off Pit	Pit Location (QQQQ): _____ <u> C </u> <u> NE </u> <u> SW </u> Sec. <u> 2 </u> Twp. <u> 33S </u> R. <u> 17 </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u> 1980 </u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u> 1980 </u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section COMANCHE _____ County
Date of closure: <u> DECEMBER 2, 2008 </u> Was an artificial liner used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, how were the sides and bottom sealed to prevent downward migration of the pit contents? NATURAL PERMEABILITY Abandonment procedure of pit: EVAPORATION AND BACKFILL	
The undersigned hereby certifies that he / she is _____ PRESIDENT _____ for REDLAND RESOURCES, INC. (Co.), a duly authorized agent, that all information shown hereon is true and correct to the best of his /her knowledge and belief. <div style="text-align: right; margin-right: 200px;">  _____ Signature of Applicant or Agent </div>	
Subscribed and sworn to me on this <u> 2ND </u> day of <u> DECEMBER </u> , <u> 2008 </u>	
<div style="text-align: center;">  </div> <div style="text-align: right; margin-right: 100px;">  _____ Notary Public </div>	
My Commission Expires: _____	