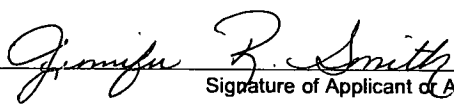
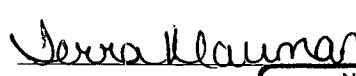


**KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
CLOSURE OF SURFACE PIT**

Form CDP-4  
April 2004  
Form must be Typed

Operator Name: <b>Quest Cherokee, LLC</b>	License Number: <b>33344</b>
Operator Address: <b>211 W. 14th Street, Chanute, KS 66720</b>	
Contact Person: <b>Jennifer R. Smith</b>	Phone Number: ( <b>620</b> ) <b>431 - 9500</b>
Permit Number (API No. if applicable): <b>15-133-27168-0000</b>	Lease Name & Well No.: <b>Parish, Wanda 25-1</b>
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):  _____ - n _____ - SW _____ - NW Sec. <u>25</u> Twp. <u>27</u> R. <u>18</u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West <u>1625</u> _____ Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>600</u> _____ Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <u>Neosho</u> _____ County
Date of closure: <u>9/2/08</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? <b>Native Mud</b>	
Abandonment procedure of pit: <b>Let air dry, backfill to original topography</b>	
RECEIVED KANSAS CORPORATION COMMISSION  <b>SEP 08 2008</b>  CONSERVATION DIVISION WICHITA, KS	
The undersigned hereby certifies that he / she is <u>New Well Development Coordinator</u> for <u>Quest Cherokee, 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.	
 _____ Signature of Applicant or Agent	
Subscribed and sworn to me on this <u>3rd</u> day of <u>September</u> , 2008	
 _____	
My Commission Expires: <u>8-4-2010</u>	