

KANSAS CORPORATION COMMISSION  
OIL AND GAS CONSERVATION DIVISION

Form CDP-4  
April 2004  
Form must be typed

**CLOSURE OF SURFACE PIT**

Operator Name: LARSON ENGINEERING, INC.	License Number: 3842
Operator Address: 562 WEST STATE ROAD 4 OLMITZ, KS 67564-8561	
Contact Person: TOM LARSON	Phone Number: (620) 653-7368
Permit Number (API No. if applicable): 15-101-22108-00-00	Lease Name & Well No. PHYLLIS "A" 1-4
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): _____ Sec. <u>4</u> Twp. <u>19S</u> R. <u>29</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>580</u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>1122</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section _____ LANE _____ County

Date of closure: DECEMBER 1, 2008

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 & CLAY

Abandonment procedure of pit:

ALLOWED TO DRY, THEN BACKFILLED

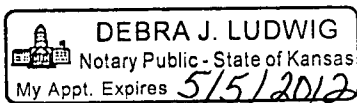
RECEIVED  
KANSAS CORPORATION COMMISSION  
DEC 03 2008  
CONSERVATION DIVISION  
WICHITA, KS

The undersigned hereby certifies that he / she is SECRETARY/TREASURER for LARSON ENGINEERING, INC. (Co.), a duly authorized agent, that all information shown hereon is true and correct to the best of his / her knowledge and belief.

*Carol Larson*

Signature of Applicant or Agent

Subscribed and sworn to me on this 2ND day of DECEMBER, 2008



*Debra J. Ludwig*  
Notary Public

My Commission Expires: MAY 5, 2012