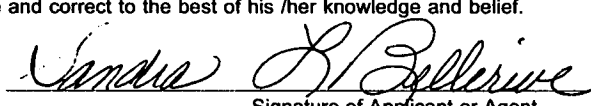
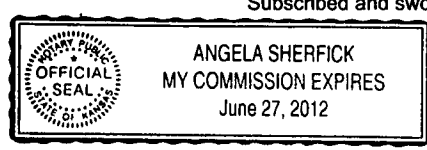
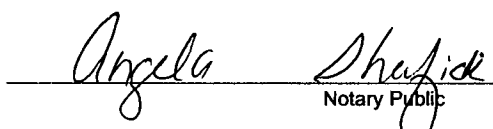


**KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
CLOSURE OF SURFACE PIT**

Form CDP-4  
April 2004  
Form must be Typed

Operator Name: <b>O'BRIEN RESOURCES, LLC</b>	License Number: <b>33806</b>
Operator Address: <b>P.O. Box 6149, Shreveport, LA 71136</b>	
Contact Person: <b>Harold Bellerive</b>	Phone Number: ( <b>785</b> ) <b>635 - 4531</b>
Permit Number (API No. if applicable): <b>15-101-22091-00-00</b>	Lease Name & Well No.: <b>Schaffer 35 #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):  _____ Sec. <b>35</b> Twp. <b>19</b> R. <b>28</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <b>1490</b> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <b>1080</b> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section Lane _____ County _____
Date of closure: <u><b>09-11-08</b></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>Drilling mud and natural soil beds</b>          Abandonment procedure of pit: <b>Evaporation of fluids. Test beds for moisture. Cover as needed.</b>	
RECEIVED KANSAS CORPORATION COMMISSION  <b>NOV 19 2008</b>  CONSERVATION DIVISION WICHITA, KS	
The undersigned hereby certifies that he / she is _____ <b>Agent</b> _____ for <b>O'Brien Resources, LLC</b> (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><b>17<sup>th</sup></b></u> day of <u><b>November</b></u> , <u><b>2008</b></u>	
	 _____ Notary Public
My Commission Expires: _____	