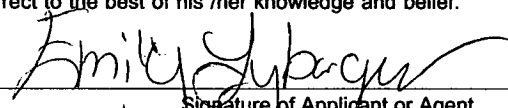
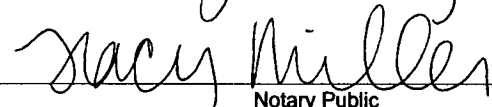
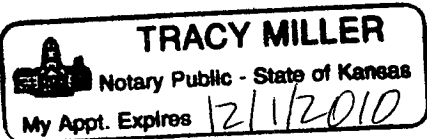


**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
CLOSURE OF SURFACE PIT**

Form CDP-4
April 2004
Form must be Typed

Operator Name: Blue Jay Operating	License Number: 33342
Operator Address: P.O. Box 296	
Contact Person: Emily Lybarger	Phone Number: (620) 378 - 3650
Permit Number (API No. if applicable): 15-205-26714-0000	Lease Name & Well No.: Ladow & Spohn A-1
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): C NW NW Sec. 31 Twp. 29 R. 14 <input checked="" type="checkbox"/> East <input type="checkbox"/> West 660 Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section 660 Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section Wilson County
Date of closure: <u> 1/25/07 </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 Clay & Earth Abandonment procedure of pit: Remove fluids, Allow to dry + level surface	
The undersigned hereby certifies that he / she is <u> Administrative Assistant </u> for <u> Blue Jay Operating </u> (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> 24 </u> day of <u> January </u> , <u> 2008 </u> <div style="text-align: right; margin-right: 200px;">  _____ Notary Public </div> <div style="margin-top: 20px;">  My Commission Expires: <u> 12/1/2010 </u> </div>	

RECEIVED
KANSAS CORPORATION COMMISSION
JAN 25 2008
CONSERVATION DIVISION
WICHITA, KS