KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form CDP-4 April 2004 Form must be Typed

CLOSURE OF SURFACE PIT

Operator Name: Cherokee Wells, LLC	License Number: 33539
Operator Address: P.O. Box 296, Fredonia, KS 66736	
Contact Person: Tracy Miller	Phone Number: (620) 378 - 3650
Permit Number (API No. if applicable): 15-205-27299-00-00	Lease Name & Well No.: McGinnis A-5
Type of Pit:	Pit Location (QQQQ):
Emergency Pit Burn Pit	C _ E/2 _ SE _ SE
Settling Pit ✓ Drilling Pit	Sec. 21 Twp. 29 R. 14 ✓ East
Workover Pit Haul-Off Pit	330 Feet from North / ✓ South Line of Section
	660 Feet from 🗹 East / 🗌 West Line of Section
	Wilson County
Was an artificial liner used? ☐ Yes ✓ 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:	RECEIVED KANSAS CORPORATION COMMISSION
Abandonment procedure of pit: Remove Fluids, Allow to Dry, Level Surface	
	KANSAS CORPORATION COMMISSION
	Cherokee Wells, LLC (Co.), a best of his /her knowledge and belief.
Remove Fluids, Allow to Dry, Level Surface The undersigned hereby certifies that he / she is Administrative Assistate a duly authorized agent, that all information shown hereon is true and correct to the	DEC 1 2007 CONSERVATION DIVISION WICHITA, KS ant for Cherokee Wells, LLC (Co.), best of his /her knowledge and belief. Signature of Applicant or Agent
Remove Fluids, Allow to Dry, Level Surface The undersigned hereby certifies that he / she is Administrative Assista a duly authorized agent, that all information shown hereon is true and correct to the Subscribed and sworn to me on this 7 day of day of	Cherokee Wells, LLC (Co.), e best of his /her knowledge and belief.
Remove Fluids, Allow to Dry, Level Surface The undersigned hereby certifies that he / she is Administrative Assistate a duly authorized agent, that all information shown hereon is true and correct to the	DEC 1 2007 CONSERVATION DIVISION WICHITA, KS ant for Cherokee Wells, LLC (Co.), best of his /her knowledge and belief. Signature of Applicant or Agent