
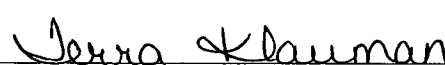



**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
CLOSURE OF SURFACE PIT**

Form CDP-4
April 2004
Form must be Typed

07

Operator Name: Quest Cherokee, LLC	License Number: 33344
Operator Address: 211 W. 14th Street, Chanute, KS 66720	
Contact Person: Jennifer R. Ammann	Phone Number: (620) 431 - 9500
Permit Number (API No. if applicable): 15-133-27036 0000	Lease Name & Well No.: Mih, Alexander D. 4-1
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): _____ - _____ - SW - SW Sec. <u>4</u> Twp. <u>27</u> R. <u>19</u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West <u>660</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>660</u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section Neosho _____ County
Date of closure: <u>10/8/2007</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? Native Mud	
Abandonment procedure of pit: Let air dry, backfill to original topography	
RECEIVED KANSAS CORPORATION COMMISSION NOV 13 2007 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>8th</u> day of <u>November</u> , 2007	
 _____ Notary Public	
My Commission Expires: <u>8-4-2010</u>	 TERRA KLAUMAN Notary Public - State of Kansas My Appt. Expires <u>8-4-2010</u>