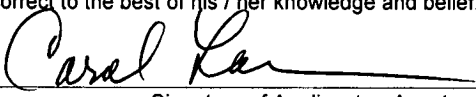
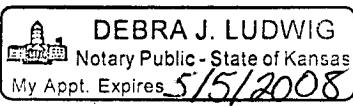



KANSAS CORPORATION COMMISSION
OIL AND GAS CONSERVATION DIVISION
CLOSURE OF SURFACE PIT

Form CDP-4
April 2004
Form must be typed

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): 15-101-22007-00-00	Lease Name & Well No. ROBBINS TRUST 26-3 #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): ____ - ____ - ____ - ____ Sec. <u>26</u> Twp. <u>18S</u> R. <u>29</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>420</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>330</u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section ____ LANE County
Date of closure: <u>AUGUST 22, 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 & CLAY	
Abandonment procedure of pit: ALLOWED TO DRY, THEN BACKFILLED	
The undersigned hereby certifies that he / she is <u>SECRETARY/TREASURER</u> for <u>LARSON ENGINEERING, INC.</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>14TH</u> day of <u>FEBRUARY</u> , <u>2008</u>	
	 _____ Notary Public
My Commission Expires: <u>MAY 5, 2008</u>	