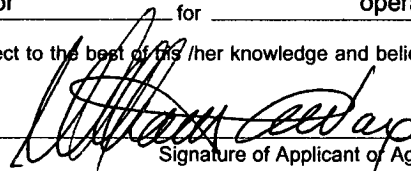
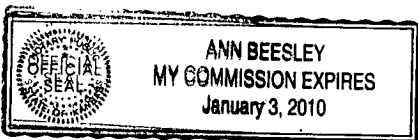
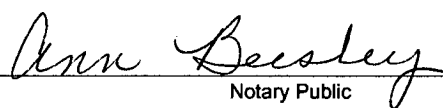


**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
CLOSURE OF SURFACE PIT**

Form CDP-4
April 2004
Form must be Typed

Operator Name: William T. Wax	License Number: 3473
Operator Address: P. O. Box 276, McCune, KS 66753	
Contact Person: Bill Wax	Phone Number: (620) 724 - 3400
Permit Number (API No. if applicable): 15-099-24159-0000	Lease Name & Well No.: owens #31-3
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): _____ <u>sw</u> _____ <u>ne</u> _____ <u>se</u> Sec. <u>31</u> Twp. <u>33</u> R. <u>19</u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West <u>1650</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>990</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section Labette _____ County
Date of closure: <u>11/28/07</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? native clay	
Abandonment procedure of pit: backfill when dry	
RECEIVED KANSAS CORPORATION COMMISSION FEB 04 2008 CONSERVATION DIVISION WICHITA, KS	
The undersigned hereby certifies that he / she is _____ operator _____ for _____ operator _____ (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 of Agent	
Subscribed and sworn to me on this <u>30</u> day of <u>January</u> , <u>2008</u>	
	 _____ Notary Public
My Commission Expires: <u>1-3-2010</u>	