KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form CDP-4 April 2004 Form must be Typed

CLOSURE OF SURFACE PIT

| Operator Name: Quest Cherokee, LLC | License Number: 33344 |
|---|--|
| Operator Address: 211 W. 14th Street, Chanute, KS 66720 | |
| Contact Person: Jennifer R. Smith | Phone Number: (620) 431 - 1600 |
| Permit Number (API No. if applicable): 15-099-24297-0000 | Lease Name & Well No.: WINIFRED N. MAXSON TRUST 35-1 |
| Type of Pit: | Pit Location (QQQQ): |
| Emergency Pit Burn Pit | <u>NE SW</u> |
| Settling Pit | Sec. 35 Twp. 34 R. 18 |
| Workover Pit Haul-Off Pit | Feet from ☐ North / ✓ South Line of Section |
| | 1980 Feet from ☐ East / ✓ West Line of Section |
| <u> </u> | <u>Labette</u> County |
| Date of closure: 7/2/09 Was an artificial liner used? Yes V No If no, how were the sides and bottom sealed to prevent downward migration of the pit contents? Native Mud | |
| Hairo Maa | • |
| | KANSAS CORPORATION COMMISSION |
| | KANSAS CORPORATION COMMISSION |
| Abandonment procedure of nit | AUG 1 0 2009 |
| Abandonment procedure of pit: Let air dry, backfill to original topography | |
| | AUG 1 0 2009 |
| | AUG 1 0 2009 RECEIVED |
| Let air dry, backfill to original topography | AUG 1 0 2009 RECEIVED ordinator for Quest Cherokee, LLC (Co.), |
| Let air dry, backfill to original topography The undersigned hereby certifies that he / she is New Well Development Code | AUG 1 0 2009 RECEIVED Ordinator for Quest Cherokee, LLC (Co.), e best of his /her knowledge and belief. |
| Let air dry, backfill to original topography The undersigned hereby certifies that he / she is New Well Development Coda duly authorized agent, that all information shown hereon is true and correct to the | AUG 10 2009 RECEIVED Ordinator for Quest Cherokee, LLC (Co.), e best of his /her knowledge and belief. Signature of Applicant or Agent |
| Let air dry, backfill to original topography The undersigned hereby certifies that he / she is New Well Development Code | AUG 10 2009 RECEIVED Ordinator for Quest Cherokee, LLC (Co.), e best of his /her knowledge and belief. Signature of Applicant or Agent |