## 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): 15-099-24299-0000	Lease Name & Well No.: HAAG, STANLEY W 9-2
Type of Pit:	Pit Location (QQQQ):
Emergency Pit Burn Pit	<u>NW</u> . SW
Settling Pit ✓ Drilling Pit	Sec. 9 Twp. 35 R. 18
Workover Pit Haul-Off Pit	1980 Feet from North / ✓ South Line of Section
	660 Feet from East / West Line of Section
	LABETTE County
Date of closure:	
	KANSAS CORPORATION COMMISSION
	AUG 1 2 2009
	no-
Abandonment procedure of pit:	RECEIVED
Abandonment procedure of pit:  Let air dry, backfill to original topography	RECEIVED
Let air dry, backfill to original topography	RECEIVED
Let air dry, backfill to original topography  The undersigned hereby certifies that he / she is New Well Development Coo	RECEIVED  ordinator for Quest Cherokee, LLC (Co.),
Let air dry, backfill to original topography	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 Coo	Predinator for Quest Cherokee, LLC (Co.), 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 Coo	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 Coo	PRECEIVED  Ordinator for Quest Cherokee, LLC (Co.), best of his /her knowledge and belief.  Signature of Applicant or Agent  August 2009
Let air dry, backfill to original topography  The undersigned hereby certifies that he / she is a duly authorized agent, that all information shown hereon is true and correct to the	Predinator for Quest Cherokee, LLC (Co.), best of his /her knowledge and belief.  Signature of Applicant or Agent