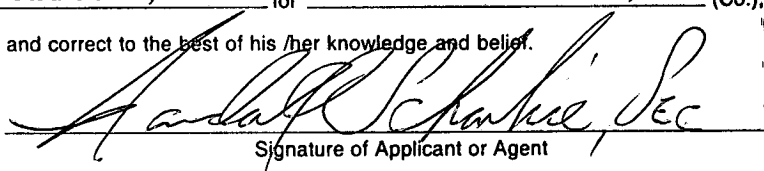

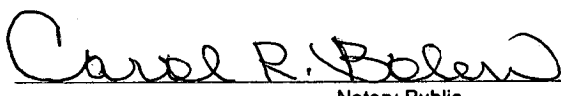


KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-4  
April 2004  
Form must be Typed

CLOSURE OF SURFACE PIT

Operator Name: Schankie Well Service, Inc.	License Number: 6470
Operator Address: 1006 SW Blvd, PO Box 397 Madison, KS 66860	
Contact Person: Cliff Schankie 21271 0000	Phone Number: (620) 437-2595
Permit Number (API No. if applicable): 15-073- <del>2117</del>	Lease Name & Well No.: Butte #MP6
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): _____ E 2 - NW - NW Sec. 27 Twp. 23 R. 11 <input checked="" type="checkbox"/> East <input type="checkbox"/> West 660 Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section 990 Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section Greenwood _____ County
Date of closure: 8-24-09	
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:	
RECEIVED KANSAS CORPORATION COMMISSION  FEB 04 2010  CONSERVATION DIVISION WICHITA, KS	
The undersigned hereby certifies that he / she is <u>Randall Schankie, Sec.</u> for <u>Schankie Well Ser, 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>3rd</u> day of <u>February</u> , 2010	
	 Notary Public
My Commission Expires: <u>January 9, 2013</u>	