

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

Form CDP-4  
April 2004  
Form must be Typed

Operator Name: <b>Indian Oil Co., Inc.</b>	License Number: <b>31938</b>
Operator Address: <b>P.O. Box 209, Medicine Lodge, Kansas 67104</b>	
Contact Person: <b>Anthony Farrar</b>	Phone Number: ( <b>620</b> ) <b>886 - 3763</b>
Permit Number (API No. if applicable): <b>15-057-20313-00-00</b>	Lease Name & Well No.: <b>Hyer "D" SWD #1</b>
Type of Pit: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Drilling Pit <input checked="" type="checkbox"/> Workover Pit <input type="checkbox"/> Haul-Off Pit	Pit Location (QQQQ): _____ <b>C</b> _____ <b>SW</b> _____ <b>NE</b> Sec. <b>19</b> Twp. <b>27</b> R. <b>21</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <b>1980</b> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <b>1980</b> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <b>Ford</b> _____ County

Date of closure: 10/18/2007

Was an artificial liner used?  Yes  No

If no, how were the sides and bottom sealed to prevent downward migration of the pit contents?

**Natural Clay**

RECEIVED  
KANSAS CORPORATION COMMISSION

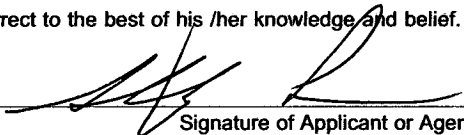
**SEP 15 2008**

CONSERVATION DIVISION  
WICHITA, KS

Abandonment procedure of pit:

**Remove free fluids from pit, allow to dry, then backfill.**

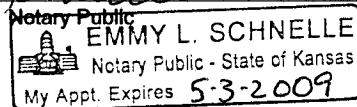
The undersigned hereby certifies that he / she is Vice President, Operations for Indian Oil (Co.),  
a duly authorized agent, that all information shown hereon is true and correct to the best of his /her knowledge and belief.

  
 \_\_\_\_\_  
 Signature of Applicant or Agent

Subscribed and sworn to me on this 10 day of September, 2008

  
 \_\_\_\_\_  
 Notary Public

My Commission Expires: 5-3-2009

  
 Notary Public  
**EMMY L. SCHNELLE**  
 Notary Public - State of Kansas  
 My Appt. Expires **5-3-2009**