

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

Form CDP-4
April 2004
Form must be Typed

Operator Name: Indian Oil Co., Inc.	License Number: 31938
Operator Address: PO Box 209, Medicine Lodge, KS 67104	
Contact Person: Anthony Farrar	Phone Number: (620) 886 - 3763
Permit Number (API No. if applicable): 15-047-20938-00-00	Lease Name & Well No.: Knudson 1-22
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): _____ SE _____ SE _____ NE Sec. <u>22</u> Twp. <u>24</u> R. <u>18</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>2310</u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>330</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>Edwards</u> County

Date of closure: 1/30/2009

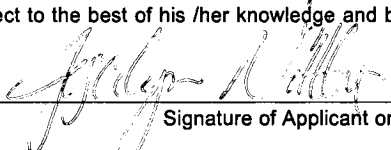
Was an artificial liner used? Yes No

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

Abandonment procedure of pit:
Allowed to evaporate; backfill per KCC regulations.

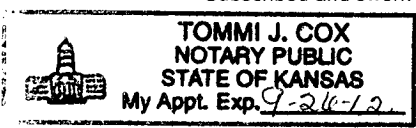
RECEIVED
 MAR 11 2009
 KCC WICHITA


The undersigned hereby certifies that he / she is Secretary/Treasurer for Indian Oil Co., Inc. (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 March, 2009





 Notary Public

My Commission Expires: 9-26-12