

**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): 15-151-21229-00-00	Lease Name & Well No.: Dorgan 1-8
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 _ NW _ NW _ NE _  Sec. <u>8</u> Twp. <u>28</u> R. <u>15</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West  4916 Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section  2082 Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section  Pratt _____ County

Date of closure: 11/18/2008

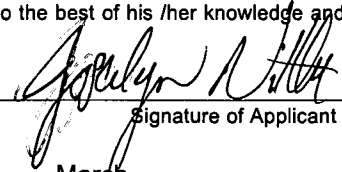
Was an artificial liner used?     Yes     No

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

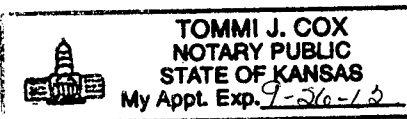
Abandonment procedure of pit:  
**Allowed to evaporate; backfill per KCC regulations.**

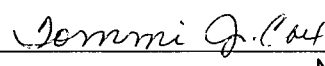
RECEIVED  
 MAR 11 2009  
 KCC WICHITA

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