KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form CDP-4 April 2004 Form must be Typed

CLOSURE OF SURFACE PIT

Operator Name: Kansas Natural Gas Operating, Inc.	License Number: 32787
Operator Address: P.O. Box 815 Sublette, KS 67877	
Contact Person: Steve Lehning	Phone Number: (620) 675 - 8185
Permit Number (API No. if applicable): 15-081-21761-0000	Lease Name & Well No.: Stevens B-2
Type of Pit:	Pit Location (QQQQ):
Emergency Pit Burn Pit	<u>SE - SE - SE - 1/4</u>
Settling Pit	Sec. 13 Twp. 30 R. 32 ☐ East West
☐ Workover Pit ☐ Haul-Off Pit	40' Feet from North / ✓ South Line of Section
(Off-Site Drilling Pit)	150' Feet from ✓ East / West Line of Section Haskell County County
Date of closure: February 12, 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?	
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If no, how were the sides and bottom sealed to prevent downward migration of the Fresh water and drilling mud. Evaporate till dry and backf	pit contents? **RECEIVED** Fill.
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Fresh water and drilling mud. Evaporate till dry and backf	CONSERVATION
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Fresh water and drilling mud. Evaporate till dry and backf Abandonment procedure of pit: Evaporate till dry. Backfill to complete The undersigned hereby certifies that he / she is Supt.	CONSERVATION DIVISION WICHITA, KS for Kansas Natural Gas Operating, Inc. (Co.),
Fresh water and drilling mud. Evaporate till dry and backf Abandonment procedure of pit: Evaporate till dry. Backfill to complete The undersigned hereby certifies that he / she is Supt.	for Kansas Natural Gas Operating, Inc. (Co.), best of his /her knowledge and belief. Signature of Applicant or Agent
Abandonment procedure of pit: Evaporate till dry. Backfill to complete The undersigned hereby certifies that he / she is Supt. a duly authorized agent, that all information shown hereon is true and correct to the	For Kansas Natural Gas Operating, Inc. (Co.), best of his /her knowledge and belief. Signature of Applicant or Agent
Abandonment procedure of pit: Evaporate till dry. Backfill to complete The undersigned hereby certifies that he / she is	for Kansas Natural Gas Operating, Inc. (Co.), best of his /her knowledge and belief. Signature of Applicant or Agent