

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

Form CDP-4
April 2004
Form must be Typed

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): 15-093-21812-0000	Lease Name & Well No.: Hamlin 4-3
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 (Off-Site Reserve Pit)	Pit Location (QQQQ): SW <u> </u> SW <u> </u> SW <u> </u> - <u> </u> /4 Sec. <u>36</u> Twp. <u>24</u> R. <u>35</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West 150 _____ Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section 40 _____ Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section Kearny _____ County
Date of closure: <u>March 28, 2008</u>	
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? Pit was allowed to evaporate till dry, backfilled and restored to original condition.	
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Abandonment procedure of pit: Pit was allowed to evaporate till dry - backfilled and restored to original condition and spread manure to complete closure.	
The undersigned hereby certifies that he / she is _____ <u>Supt.</u> _____ for <u>Kansas Natural Gas Operating, 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>1st</u> day of <u>April</u> , <u>2008</u>	
_____ Notary Public	
My Commission Expires: _____	

