

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

Form CDP-4  
April 2004  
Form must be Typed

|   |  |
|---|--|
| Operator Name: <b>Priority Oil &amp; Gas LLC</b>  | License Number: <b>31609</b>   |
| Operator Address: <b>PO Box 27798, Denver, CO 80227-0798</b>  |  |
| Contact Person: <b>Melissa Gray</b>   | Phone Number: ( <b>303</b> ) <b>296 - 3435</b>   |
| Permit Number (API No. if applicable): <b>15-023-20490-0000</b>   | Lease Name & Well No.: <b>Uplinger 3-18</b>  |
| Type of Pit:<br><input type="checkbox"/> Emergency Pit <input type="checkbox"/> Burn Pit<br><input type="checkbox"/> Settling Pit <input type="checkbox"/> Drilling Pit<br><input checked="" type="checkbox"/> Workover Pit <input type="checkbox"/> Haul-Off Pit | Pit Location (QQQQ):<br>_____ S/2 _____ N/2 _____ NE<br>Sec. <u>18</u> Twp. <u>5</u> R. <u>41</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West<br><u>943</u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section<br><u>1,329</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section<br><b>Cheyenne</b> _____ County |

Date of closure: 1/14/2009

Was an artificial liner used?  Yes     No

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

Abandonment procedure of pit:

**Evaporate, remove liner and backfill**

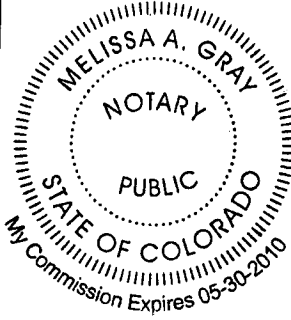
RECEIVED  
KANSAS CORPORATION COMMISSION  
**FEB 13 2009**  
CONSERVATION DIVISION  
WICHITA, KS

The undersigned hereby certifies that he / she is \_\_\_\_\_ **President** \_\_\_\_\_ for **Priority Oil & Gas LLC** (Co.),  
a duly authorized agent, that all information shown hereon is true and correct to the best of his /her knowledge and belief.

*Robbie Greis*  
\_\_\_\_\_  
Signature of Applicant or Agent

Subscribed and sworn to me on this 9th day of February, 2009

*Melissa A. Gray*  
\_\_\_\_\_  
Notary Public



My Commission Expires: 5/30/10