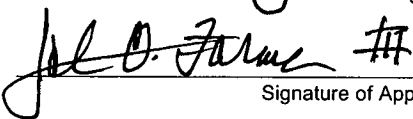



**KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
CLOSURE OF SURFACE PIT**

Form CDP-4  
April 2004  
Form must be Typed

Operator Name: <b>John O. Farmer, Inc.</b>	License Number: <b>5135</b>
Operator Address: <b>P.O. Box 352, Russell, KS 67665</b>	
Contact Person: <b>Marge Schulte</b>	Phone Number: ( <b>785</b> ) <b>483 - 3145, Ext. 214</b>
Permit Number (API No. if applicable): <b>15-009-23,118 - 0000</b>	Lease Name & Well No.: <b>Ehrlich "A" #11</b>
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):  App. <u>  <b>SW</b>  </u> <u>  <b>SW</b>  </u> <u>  <b>NW</b>  </u> Sec. <u>  <b>18</b>  </u> Twp. <u>  <b>16S</b>  </u> R. <u>  <b>13</b>  </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>  <b>2310</b>  </u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>  <b>350</b>  </u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <u>  <b>Barton</b>  </u> County
Date of closure: <u>          <b>10-1-09</b>          </u>	
Was an artificial liner used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If no, how were the sides and bottom sealed to prevent downward migration of the pit contents?	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <b>RECEIVED</b>  <b>OCT 23 2009</b>  <b>KCC WICHITA</b> </div>	
Abandonment procedure of pit: <b>Liquids were hauled 9-24-09 from two workover pits (CDP-5 FILED 10-7-09) with a small amount of remaining fluid allowed to evaporate, removed liners, and backfilled pits.</b>	
The undersigned hereby certifies that <u>  <b>he</b>  </u> / she is <u>          <b>President</b>          </u> for <u>          <b>John O. Farmer, Inc.</b>          </u> (Co.), a duly authorized agent, that all information shown hereon is true and correct to the best of <u>  <b>his</b>  </u> / her knowledge and belief.	
 Signature of Applicant or Agent	
Subscribed and sworn to me on this <u>  <b>22nd</b>  </u> day of <u>          <b>October</b>          </u> , <u>          <b>2009</b>          </u>	
 Notary Public	
My Commission Expires: _____	