

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

COPY

Form CDP-4
 April 2004
 Form must be Typed

Operator Name: Castle Resources Inc.	License Number: 9860
Operator Address: PO Box 87 Schoenchen, KS 67667	
Contact Person: Jerry Green	Phone Number: (785) 625 - 5155
Permit Number (API No. if applicable): 15-083-20182-00-01	Lease Name & Well No.: Aistrup #1
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 checked="" type="checkbox"/> Workover Pit <input type="checkbox"/> Haul-Off Pit	Pit Location (QQQQ): C <u> </u> SW <u> </u> SW <u> </u> Sec. <u>29</u> Twp. <u>23</u> R. <u>21</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West 660 _____ Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section 660 _____ Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section Hodgeman _____ County

Date of closure: 5/14/09

Was an artificial liner used? Yes No

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

Abandonment procedure of pit:
allowed to dry & backfill

RECEIVED
 KANSAS CORPORATION COMMISSION
 MAY 19 2010

The undersigned hereby certifies that he / she is _____ President _____ for _____ Castle Resources 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 10th day of SEPTEMBER, 2009

 Katherine Bray
 Notary Public

My Commission Expires: 7-3-12

