

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

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): 15-179-21248-00-00 | Lease Name & Well No.: Clark #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 | Pit Location (QQQQ): SW - SW - NW - NW Sec. <u>32</u> Twp. <u>8</u> R. <u>28</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>1260</u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>330</u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <u>Sheridan</u> County |

Date of closure: 10/14/10

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

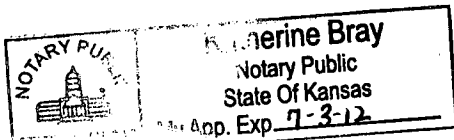
Abandonment procedure of pit:
Allowed to dry & backfill

**RECEIVED
NOV 04 2010
KCC WICHITA**

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 2nd day of NOVEMBER, 2010



KATHERINE BRAY
Notary Public

My Commission Expires: 7-3-12