KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form CDP-4 April 2004 Form must be Typed

CLOSURE OF SURFACE PIT

Occupation National Design of the Control of the Co	Lisans Number 00040
Operator Name: Rosewood Resources, Inc.	License Number: 33019
Operator Address: RR 1, Box 206, St. Francis, KS 67756-9789	
Contact Person: Tom W. Roelfs	Phone Number: (970) 324 - 1686
Permit Number (API No. if applicable): 15-023-21236-00 0	Lease Name & Well No.: Uplinger 42-09
Type of Pit:	Pit Location (QQQQ):
Emergency Pit Burn Pit	SW _ NE _ SE _ NE
Settling Pit	Sec. 9 Twp. 4S R. 40W ☐ East ✓ West
Workover Pit Haul-Off Pit	1955 Feet from 🗸 North / 🗌 South Line of Section
•	650 Feet from ✓ East / West Line of Section
	Sherman Cheyean County
Date of closure: 9/19/2010	
Was an artificial liner used? ☐ Yes ✔ No	
If no, how were the sides and bottom sealed to prevent downward migration of the pit contents?	
Clay/Bentonite barrier from drilling fluids.	
Abandonment procedure of pit:	RECEIVED
Pit was allowed to air dry, then backfilled.	IAN 2 c 20
	JAIV 2 0 2U
	JAN 2 6 20 KCC WICHI
The undersigned hereby certifies that he / she isAssistant Production For	reman for Rosewood Resources, Inc. (Co.),
The undersigned hereby certifies that he / she isAssistant Production For a duly authorized agent, that all information shown hereon is true and correct to the	(00.)
The undersigned hereby defined that he / she is	(00.)
The undersigned hereby defined that he / she is	(00.)
The undersigned hereby defined that he / she is	e best of his /her knowledge and belief.
a duly authorized agent, that all information shown hereon is true and correct to the	best of his /her knowledge and belief.
a duly authorized agent, that all information shown hereon is true and correct to the Subscribed and sworn to me on this NOTARY PUBLIC - State of Kansas	Signature of Applicant or Agent
a duly authorized agent, that all information shown hereon is true and correct to the Subscribed and sworn to me on this NOTARY PUBLIC - State of Kansas KATHY ROELFS	best of his /her knowledge and belief.