

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

Form CDP-4  
April 2004  
Form must be Typed

07

Operator Name: <b>Birk Petroleum</b>	License Number: <b>31280</b>
Operator Address: <b>874 12th Rd SW, Burlington, Ks 66839</b>	
Contact Person: <b>Brian L. Birk</b>	Phone Number: ( <b>620</b> ) <b>364 - 5875</b>
Permit Number (API No. if applicable): <b>15-207-27211-0000</b>	Lease Name & Well No.: <b>Blake #23</b>
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): _____ - <u>NE</u> - <u>NW</u> - <u>SE</u> Sec. <u>28</u> Twp. <u>23</u> R. <u>16</u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West <u>2090</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>1910</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>Woodson</u> _____ County

Date of closure: 08/31/2007

Was an artificial liner used?  Yes  No

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

**Native mud/clay**

Abandonment procedure of pit:

**Backfill with dirt**

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

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of Applicant or Agent

Subscribed and sworn to me on this 6<sup>th</sup> day of September 2007



*[Handwritten Signature]*  
\_\_\_\_\_  
Notary Public

My Commission Expires: February 1, 2008

RECEIVED  
KANSAS CORPORATION COMMISSION

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

**SEP 14 2007**

CONSERVATION DIVISION  
WICHITA, KS