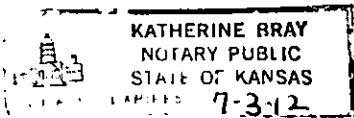


**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
CLOSURE OF SURFACE PIT**

Form GDP-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): 1505102154 006G	Lease Name & Well No.: Pearl 2
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): <u> SE NE SE </u> Sec. <u>13</u> Twp. <u>11</u> R. <u>178</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>1650</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>330</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>Ellis</u> County
Date of closure: <u>3/15/10</u>	
Was an artificial liner used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 evaporate & backfill	
RECEIVED JUN 11 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 <u>10th</u> day of <u>June</u> , <u>2010</u>	
	_____ KATHERINE BRAY Notary Public
My Commission Expires: <u>7-3-12</u>	