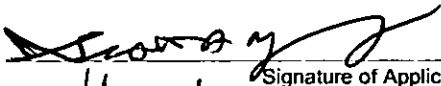
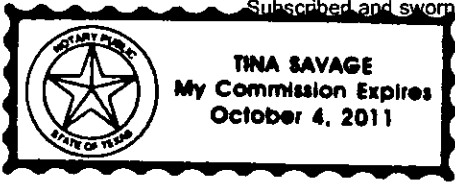


KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
CLOSURE OF SURFACE PIT

Form CDP-4  
April 2004  
Form must be Typed

Operator Name: REGENCY FIELD SERVICES LCC		License Number: 34040							
Operator Address: PO BOX U, LAKIN, KS 67860									
Contact Person: TROY MICHAEL		Phone Number: ( 620 ) 353 - 8353							
Permit Number (API No. if applicable) <u>15</u> -093-21869-00-00		Lease Name & Well No.: 4252 1							
<p>Type of Pit:</p> <table><tr><td><input type="checkbox"/> Emergency Pit</td><td><input type="checkbox"/> Burn Pit</td></tr><tr><td><input type="checkbox"/> Settling Pit</td><td><input checked="" type="checkbox"/> Drilling Pit</td></tr><tr><td><input type="checkbox"/> Workover Pit</td><td><input type="checkbox"/> Haul-Off Pit</td></tr></table>		<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	<p>Pit Location (QQQQ):</p> <p>SE - SE - SE -</p> <p>Sec. <u>30</u> Twp. <u>24</u> R. <u>37</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West</p> <p><u>24</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section</p> <p><u>70</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section</p> <p>KEARNY _____ County</p>	
<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								
<p>Date of closure: <u>1-15-11</u></p> <p>Was an artificial liner used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, how were the sides and bottom sealed to prevent downward migration of the pit contents?</p> <p>Abandonment procedure of pit: PIT FOR CATHODIC PROTECTION - VACUUMED FLUIDS OUT AND BACKFILLED.</p>									
<p>The undersigned hereby certifies that he / she is <u>SCOTT A YOUNG</u> for <u>MCLEAN'S CP INSTALLATION, INC</u> (Co.), a duly authorized agent, that all information shown hereon is true and correct to the best of his /her knowledge and belief.</p> <p> Signature of Applicant or Agent</p> <p>Subscribed and sworn to me on this <u>24th</u> day of <u>January</u> <u>2011</u></p> <p> Notary Public</p> <p>My Commission Expires: <u>10-4-11</u></p> <p>RECEIVED JAN 31 2011</p>									