

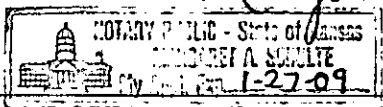


KANSAS CORPORATION COMMISSION  
 OIL & GAS CONSERVATION DIVISION  
**CLOSURE OF SURFACE PIT**

Form CDP-4  
 April 2004  
 Form must be Typed

|  |   |
|--|---|
| Operator Name: <b>John O. Farmer, Inc.</b>   | License Number: <b>5135</b>   |
| Operator Address: <b>P.O. Box 352, Russell, KS 67665</b>   |   |
| Contact Person: <b>Marge Schulte</b> <span style="border: 1px solid red; padding: 2px;">063</span>   | Phone Number: ( <b>785</b> ) <b>483 - 3145, Ext. 214</b>  |
| Permit Number (API No. if applicable): <del>15-065-21,431</del> - <b>0000</b>  | Lease Name & Well No.: <b>Curtis #1</b>   |
| Type of Pit:<br><input type="checkbox"/> Emergency Pit <input type="checkbox"/> Burn Pit<br><input type="checkbox"/> Settling Pit <input type="checkbox"/> Drilling Pit<br><input checked="" type="checkbox"/> Workover Pit <input type="checkbox"/> Haul-Off Pit              | Pit Location (QQQQ):<br>_____ <u>  NW  </u> <u>  NW  </u> <u>  SE  </u><br>Sec. <u>  36  </u> Twp. <u>  15S  </u> R. <u>  27  </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West<br><u>  2290  </u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section<br><u>  2310  </u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section<br><u>  Gove  </u> _____ County |
| Date of closure: <u>  10-2-07  </u>  |   |
| Was an artificial liner used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |   |
| If no, how were the sides and bottom sealed to prevent downward migration of the pit contents?   |   |
| RECEIVED<br>KANSAS CORPORATION COMMISSION<br><br><b>OCT 24 2007</b><br><br>CONSERVATION DIVISION<br>WICHITA KS   |   |
| Abandonment procedure of pit:<br>Allowed liquid contents to evaporate, removed liner, and backfilled pit - NOT ENOUGH FLUID VOLUME TO NECESSITATE HAULING TO SWD.  |   |
| The undersigned hereby certifies that <u>  he  </u> / she is _____ <u>  president  </u> for <u>  John O. Farmer, Inc.  </u> (Co.),<br>a duly authorized agent, that all information shown hereon is true and correct to the best of <u>  his  </u> / her knowledge and belief. |   |
| <br>_____<br>Signature of Applicant or Agent   |   |
| Subscribed and sworn to me on this <u>  22nd  </u> day of <u>  October  </u> , <u>  2007  </u>   |   |
| <br>_____<br>Notary Public   |   |
| My Commission Expires:   |   |