

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

Form CDP-4  
April 2004  
Form must be Typed

Operator Name: <b>LaVeta Oil &amp; Gas LLC</b>	License Number: <b>32432</b>
Operator Address: <b>P.O. Box 780 Middleburg, VA 20118</b>	
Contact Person: <b>Martin Ziegler</b>	Phone Number: ( <b>620</b> ) <b>546</b> - <b>4559</b>
Permit Number (API No. if applicable): <b>15 185 23702 0000</b>	Lease Name & Well No.: <b>Heyen B17</b>
Type of Pit: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Settling Pit <input checked="" type="checkbox"/> <del>Drilling Pit</del> <input type="checkbox"/> Workover Pit <input checked="" type="checkbox"/> Haul-Off Pit	Pit Location (QQQQ): _____ <u>  </u> <u>  </u> <u>  </u> <u>  </u> _____ NW    NW    NE Sec. <u>  31  </u> Twp. <u>  22  </u> R. <u>  11  </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>  650  </u> <u>  1600  </u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>  2480  </u> <u>  340  </u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>  Stafford  </u> <u>  KS  </u> _____ County

Date of closure:   April 1, 2012  

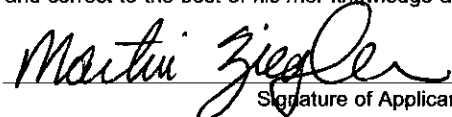
Was an artificial liner used?     Yes     No

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

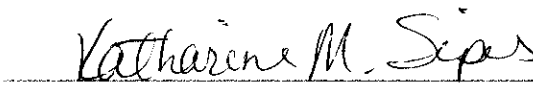
Abandonment procedure of pit:

RECEIVED  
 JUN 22 2012  
 KCC WICHITA

The undersigned hereby certifies that he / she is   contact agent   for   LA VETA   (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   21<sup>ST</sup>   day of   June     2012  

  
 \_\_\_\_\_  
 Notary Public

My Commission Expires:   August 10, 2015  

NOTARY PUBLIC - State of Kansas  
 KATHARINE M. SIPES  
 My Appt. Exp.   8-10-15