





1017802

**IN ALL CASES PLOT THE INTENDED WELL ON THE PLAT BELOW**

*Plat of acreage attributable to a well in a prorated or spaced field*

**If the intended well is in a prorated or spaced field, please fully complete this side of the form.** If the intended well is in a prorated or spaced field complete the plat below showing that the well will be properly located in relationship to other wells producing from the common source of supply. Please show all the wells and within 1 mile of the boundaries of the proposed acreage attribution unit for gas wells and within 1/2 mile of the boundaries of the proposed acreage attribution unit for oil wells.

API No. 15 - \_\_\_\_\_

Operator: \_\_\_\_\_

Lease: \_\_\_\_\_

Well Number: \_\_\_\_\_

Field: \_\_\_\_\_

Number of Acres attributable to well: \_\_\_\_\_

QTR/QTR/QTR/QTR of acreage: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Location of Well: County: \_\_\_\_\_

\_\_\_\_\_ feet from  N /  S Line of Section

\_\_\_\_\_ feet from  E /  W Line of Section

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  E  W

Is Section:  Regular or  Irregular

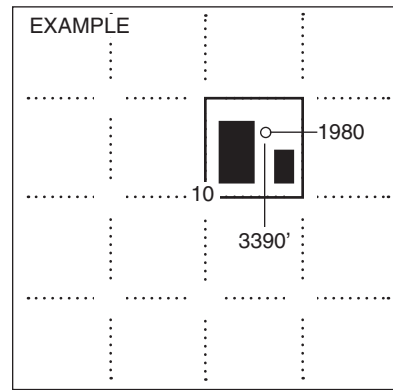
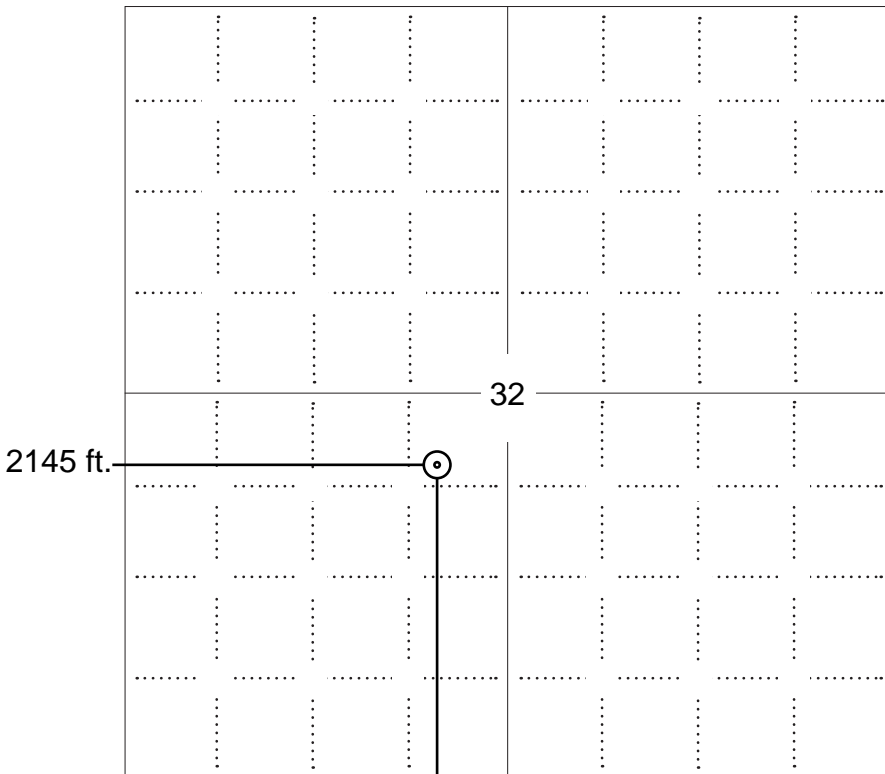
**If Section is Irregular, locate well from nearest corner boundary.**

Section corner used:  NE  NW  SE  SW

**PLAT**

*(Show location of the well and shade attributable acreage for prorated or spaced wells.)*

*(Show footage to the nearest lease or unit boundary line.)*



**NOTE: In all cases locate the spot of the proposed drilling location.**

2145 ft.

**In plotting the proposed location of the well, you must show:**

1. The manner in which you are using the depicted plat by identifying section lines, i.e. 1 section, 1 section with 8 surrounding sections, 4 sections, etc.
2. The distance of the proposed drilling location from the south / north and east / west outside section lines.
3. The distance to the nearest lease or unit boundary line (in footage).
4. If proposed location is located within a prorated or spaced field a certificate of acreage attribution plat must be attached: (C0-7 for oil wells; CG-8 for gas wells).



KANSAS CORPORATION COMMISSION 1017802  
OIL & GAS CONSERVATION DIVISION

Form CDP-1  
April 2004  
Form must be Typed

**APPLICATION FOR SURFACE PIT**

*Submit in Duplicate*

|                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Operator Name: _____                                                                                                                                                                                                                                                                                                |  | License Number: _____                                                                                                                                                                                                                                          |  |
| Operator Address: _____                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                |  |
| Contact Person: _____                                                                                                                                                                                                                                                                                               |  | Phone Number: _____                                                                                                                                                                                                                                            |  |
| Lease Name & Well No.: _____                                                                                                                                                                                                                                                                                        |  | Pit Location (QQQQ):<br>_____-_____-_____-_____                                                                                                                                                                                                                |  |
| 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 type="checkbox"/> Workover Pit <input type="checkbox"/> Haul-Off Pit<br><i>(If WP Supply API No. or Year Drilled)</i>             |  | Pit is:<br><input type="checkbox"/> Proposed <input type="checkbox"/> Existing<br>If Existing, date constructed:<br>_____<br>Pit capacity:<br>_____ (bbls)                                                                                                     |  |
| Is the pit located in a Sensitive Ground Water Area? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                       |  | Chloride concentration: _____ mg/l<br><i>(For Emergency Pits and Settling Pits only)</i>                                                                                                                                                                       |  |
| Is the bottom below ground level?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                       |  | Artificial Liner?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                  |  |
| How is the pit lined if a plastic liner is not used?                                                                                                                                                                                                                                                                |  | _____                                                                                                                                                                                                                                                          |  |
| Pit dimensions (all but working pits): _____ Length (feet)    _____ Width (feet)    _____ N/A: Steel Pits<br>Depth from ground level to deepest point: _____ (feet)    _____ No Pit                                                                                                                                 |  |                                                                                                                                                                                                                                                                |  |
| If the pit is lined give a brief description of the liner material, thickness and installation procedure.                                                                                                                                                                                                           |  | Describe procedures for periodic maintenance and determining liner integrity, including any special monitoring.                                                                                                                                                |  |
| Distance to nearest water well within one-mile of pit<br>_____ feet    Depth of water well _____ feet                                                                                                                                                                                                               |  | Depth to shallowest fresh water _____ feet.<br>Source of information:<br>_____ measured    _____ well owner    _____ electric log    _____ KDWR                                                                                                                |  |
| <b>Emergency, Settling and Burn Pits ONLY:</b><br>Producing Formation: _____<br>Number of producing wells on lease: _____<br>Barrels of fluid produced daily: _____<br>Does the slope from the tank battery allow all spilled fluids to flow into the pit? <input type="checkbox"/> Yes <input type="checkbox"/> No |  | <b>Drilling, Workover and Haul-Off Pits ONLY:</b><br>Type of material utilized in drilling/workover: _____<br>Number of working pits to be utilized: _____<br>Abandonment procedure: _____<br>_____<br>Drill pits must be closed within 365 days of spud date. |  |
| Submitted Electronically                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                |  |

|                            |                      |                    |                                                                            |      |
|----------------------------|----------------------|--------------------|----------------------------------------------------------------------------|------|
| <b>KCC OFFICE USE ONLY</b> |                      | Steel Pit          | RFAC                                                                       | RFAS |
| Date Received: _____       | Permit Number: _____ | Permit Date: _____ | Lease Inspection: <input type="checkbox"/> Yes <input type="checkbox"/> No |      |