

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1048766

Form CDP-1
May 2010
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):  |
| Type of Pit:  Emergency Pit Burn Pit  Settling Pit Drilling Pit  Workover Pit Haul-Off Pit  (If WP Supply API No. or Year Drilled)  Is the pit located in a Sensitive Ground Water A | Pit is:  Proposed Existing  If Existing, date constructed:  Pit capacity:  (bbls) |   | SecTwpR East WestFeet from North / South Line of SectionFeet from East / West Line of SectionCounty  Chloride concentration: mg/l (For Emergency Pits and Settling Pits only) |
| Is the bottom below ground level?  Yes No  | Artificial Liner?   |   | How is the pit lined if a plastic liner is not used?  |
| Pit dimensions (all but working pits):Length (feet)  Depth from ground level to deepest point:   |   |   |   |
| If the pit is lined give a brief description of the li material, thickness and installation procedure.   |   |   | dures for periodic maintenance and determining acluding any special monitoring.   |
| Distance to nearest water well within one-mile of pit:   |   | Depth to shallowest fresh water feet. Source of information:  |   |
| feet Depth of water well   | feet measured   |   | well owner electric log KDWR  |
| Emergency, Settling and Burn Pits ONLY:  Producing Formation:  Number of producing wells on lease:  Barrels of fluid produced daily:   |   | Drilling, Workover and Haul-Off Pits ONLY:  Type of material utilized in drilling/workover:  Number of working pits to be utilized:  Abandonment procedure: |   |
| Does the slope from the tank battery allow all spilled fluids to flow into the pit? Yes No   |   | Drill pits must be closed within 365 days of spud date.   |   |
| Submitted Electronically   |   |   |   |
| KCC OFFICE USE ONLY  Liner Steel Pit RFAC RFAS   |   |   |   |
| Date Received: Permit Num  | ber:  | Permi   | t Date: Lease Inspection:  Yes No   |