



**CLOSURE OF SURFACE PIT**

Operator Name:		License Number:	
Operator Address:			
Contact Person:		Phone Number: (     )     -	
Permit Number (API No. if applicable):		Lease Name & Well No.:	
Type of Pit: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Drilling Pit <input type="checkbox"/> Workover Pit <input type="checkbox"/> Haul-Off Pit		Pit Location (QQQQ): _____ - _____ - _____ - _____ Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West _____ Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section _____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section _____ County	
Date of closure: _____  Was an artificial liner used? <input type="checkbox"/> Yes <input type="checkbox"/> No  If no, how were the sides and bottom sealed to prevent downward migration of the pit contents?          Abandonment procedure of pit:			

Submitted Electronically