

KANSAS CORPORATION COMMISSION 1161830

Form CDP-4 April 2004 Form must be Typed

## **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:                           | Pit Location (QQQQ):                    |
| Emergency Pit Burn Pit                 |                                         |
| Settling Pit Drilling Pit              | SecTwpR East West                       |
| Workover Pit Haul-Off Pit              | Feet from North / South Line of Section |
|                                        | Feet from East / West Line of Section   |
|                                        | County                                  |
| Date of closure:                       |                                         |

Submitted Electronically