

**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

Summary of Changes

Lease Name and Number: Evel 'G' 2

API/Permit #: 15-135-25491-00-00

Doc ID: 1190329

Correction Number: 1

Field Name	Previous Value	New Value
Closure Date	02/19/2004	02/19/2014