

KANSAS CORPORATION COMMISSION 1192041

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