

KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

Form must be Typed

Form CDP-4

April 2004

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 Sec.____Twp.____R.___ East West ___ Feet from ___ North / ___ South Line of Section Workover Pit Haul-Off Pit ___ Feet from ___ East / ___ West Line of Section County Date of closure: _ Was an artificial liner used? Yes No If no, how were the sides and bottom sealed to prevent downward migration of the pit contents? Abandonment procedure of pit:

Submitted Electronically