

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