



CLOSURE OF SURFACE PIT

Operator Name:	License Number:
Operator Address:	
Contact Person:	Phone Number: () -
Permit Number <i>(API No. if applicable)</i> :	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

D.S. & W. Well Servicing, Inc.

1822 24th Street
Great Bend, KS 67530

Invoice

Date	Invoice #
8/25/2015	71683

Bill To
Carmen Schmitt, Inc. Carmen Schmitt P.O. Box 47 Great Bend, KS 67530-0047

Lease Name	Terms	Due Date
Hodson "A" #4W	30 Days	9/24/2015

Item	Description	Qty	Rate	Amount
Backhoe	John Deere Backhoe - with operator <i>710/53 12350.0004 Well File</i>	1.5	75.00	112.50

Thank You

Subtotal \$112.50

Sales Tax (7.0%) \$0.00

Total \$112.50

Balance Due \$112.50

620-793-5838 Office
620-793-5860 Fax



