



KANSAS CORPORATION COMMISSION 1260100
OIL & GAS CONSERVATION DIVISION

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: <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