



CLOSURE OF SURFACE PIT

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|---|---|
| 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