



**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:<br><br><input type="checkbox"/> Emergency Pit <input type="checkbox"/> Burn Pit<br><br><input type="checkbox"/> Settling Pit <input type="checkbox"/> Drilling Pit<br><br><input type="checkbox"/> Workover Pit <input type="checkbox"/> Haul-Off Pit | Pit Location (QQQQ):<br><br>_____ - _____ - _____ - _____<br><br>Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West<br><br>_____ Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section<br><br>_____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section<br><br>_____ 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