

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-1  
May 2010  
Form must be Typed

**APPLICATION FOR SURFACE PIT**

*Submit in Duplicate*

|                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Operator Name: _____                                                                                                                                                                                                                                                                                                |  | License Number: _____                                                                                                                                                                                                                                          |  |
| Operator Address: _____                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                |  |
| Contact Person: _____                                                                                                                                                                                                                                                                                               |  | Phone Number: _____                                                                                                                                                                                                                                            |  |
| Lease Name & Well No.: _____                                                                                                                                                                                                                                                                                        |  | Pit Location (QQQQ):<br>_____-_____-_____-_____                                                                                                                                                                                                                |  |
| Type of Pit:<br><input type="checkbox"/> Emergency Pit <input type="checkbox"/> Burn Pit<br><input type="checkbox"/> Settling Pit <input type="checkbox"/> Drilling Pit<br><input type="checkbox"/> Workover Pit <input type="checkbox"/> Haul-Off Pit<br><i>(If WP Supply API No. or Year Drilled)</i>             |  | Pit is:<br><input type="checkbox"/> Proposed <input type="checkbox"/> Existing<br>If Existing, date constructed: _____<br>Pit capacity: _____ (bbls)                                                                                                           |  |
| Is the pit located in a Sensitive Ground Water Area? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                       |  | Chloride concentration: _____ mg/l<br><i>(For Emergency Pits and Settling Pits only)</i>                                                                                                                                                                       |  |
| Is the bottom below ground level?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                       |  | Artificial Liner?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                  |  |
| How is the pit lined if a plastic liner is not used?                                                                                                                                                                                                                                                                |  | _____                                                                                                                                                                                                                                                          |  |
| Pit dimensions (all but working pits):    _____ Length (feet)    _____ Width (feet) <input type="checkbox"/> N/A: Steel Pits<br>Depth from ground level to deepest point: _____ (feet) <input type="checkbox"/> No Pit                                                                                              |  |                                                                                                                                                                                                                                                                |  |
| If the pit is lined give a brief description of the liner material, thickness and installation procedure.                                                                                                                                                                                                           |  | Describe procedures for periodic maintenance and determining liner integrity, including any special monitoring.                                                                                                                                                |  |
| Distance to nearest water well within one-mile of pit:<br>_____ feet    Depth of water well _____ feet                                                                                                                                                                                                              |  | Depth to shallowest fresh water _____ feet.<br>Source of information:<br><input type="checkbox"/> measured <input type="checkbox"/> well owner <input type="checkbox"/> electric log <input type="checkbox"/> KDWR                                             |  |
| <b>Emergency, Settling and Burn Pits ONLY:</b><br>Producing Formation: _____<br>Number of producing wells on lease: _____<br>Barrels of fluid produced daily: _____<br>Does the slope from the tank battery allow all spilled fluids to flow into the pit? <input type="checkbox"/> Yes <input type="checkbox"/> No |  | <b>Drilling, Workover and Haul-Off Pits ONLY:</b><br>Type of material utilized in drilling/workover: _____<br>Number of working pits to be utilized: _____<br>Abandonment procedure: _____<br>_____<br>Drill pits must be closed within 365 days of spud date. |  |
| Submitted Electronically                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                |  |

|                                |  |                                                                                                |  |
|--------------------------------|--|------------------------------------------------------------------------------------------------|--|
| <b>KCC OFFICE USE ONLY</b>     |  |                                                                                                |  |
| Date Received: _____           |  | Permit Number: _____                                                                           |  |
| Permit Date: _____             |  | Lease Inspection: <input type="checkbox"/> Yes <input type="checkbox"/> No                     |  |
| <input type="checkbox"/> Liner |  | <input type="checkbox"/> Steel Pit <input type="checkbox"/> RFAC <input type="checkbox"/> RFAS |  |

**PERMIT EXPIRES : 07/30/2019**