

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.:	
<p>Type of Pit:</p> <p><input type="checkbox"/> Emergency Pit <input type="checkbox"/> Burn Pit</p> <p><input type="checkbox"/> Settling Pit <input type="checkbox"/> Drilling Pit</p> <p><input type="checkbox"/> Workover Pit <input type="checkbox"/> Haul-Off Pit</p>		<p>Pit Location (QQQQ):</p> <p>_____ - _____ - _____ - _____</p> <p>Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West</p> <p>_____ Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section</p> <p>_____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section</p> <p>_____ County</p>	
<p>Date of closure: _____</p> <p>Was an artificial liner used? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, how were the sides and bottom sealed to prevent downward migration of the pit contents?</p> <p>Abandonment procedure of pit:</p>			

Submitted Electronically