

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

**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