

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
**APPLICATION FOR SURFACE PIT**

Form CDP-1  
May 2010  
Form must be Typed

*Submit in Duplicate*

|                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                               |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Operator Name:                                                                                                                                                                                                                                                                                                      |                                                                                                                                                      | License Number:                                                                                                                                                                                                                                                                                                                                               |  |
| Operator Address:                                                                                                                                                                                                                                                                                                   |                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                               |  |
| Contact Person:                                                                                                                                                                                                                                                                                                     |                                                                                                                                                      | Phone Number:                                                                                                                                                                                                                                                                                                                                                 |  |
| Lease Name & Well No.:                                                                                                                                                                                                                                                                                              |                                                                                                                                                      | Pit Location (QQQQ):<br>____ - ____ - ____ - ____<br>Sec. ____ Twp. ____ R. ____ <input type="checkbox"/> East <input type="checkbox"/> West<br>____ Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section<br>____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section<br>____ County |  |
| 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>Drill pits must be closed within 365 days of spud date.                                                                                                         |  |
| Submitted Electronically                                                                                                                                                                                                                                                                                            |                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                               |  |

**KCC OFFICE USE ONLY**

☐ Liner    ☐ Steel Pit    ☐ RFAC    ☐ RFAS

Date Received: \_\_\_\_\_ Permit Number: \_\_\_\_\_ Permit Date: \_\_\_\_\_ Lease Inspection: ☐ Yes ☐ No

PERMIT EXPIRES : 01/29/2025

Conservation Division  
266 N. Main St., Ste. 220  
Wichita, KS 67202-1513



Phone: 316-337-6200  
Fax: 316-337-6211  
<http://kcc.ks.gov/>

Andrew J. French, Chairperson  
Dwight D. Keen, Commissioner  
Annie Kuether, Commissioner

Laura Kelly, Governor

October 01, 2024

JENNIFER PETERS  
Daylight Petroleum, LLC  
PO BOX 52070  
HOUSTON, TX 77027-2952

Re: Workover Pit Application  
LAUBER AETNA 1 W  
Sec.21-25S-15E  
Woodson County, Kansas

Dear JENNIFER PETERS:

District staff has inspected the above referenced location and has determined that the Workover pit shall be constructed **without slots**, the bottom shall be flat and reasonably level, and the free fluids must be removed. The fluids are to be removed from the Workover pit within 24 hours of completion of drilling operations.

**NO completion fluids or non-exempt wastes shall be placed in the Workover pit.**

The fluids should be taken to an authorized disposal well. Please call the District Office at (620) 902-6450 when the fluids have been removed. Please file form CDP-5 (August 2008), Exploration and Production Waste Transfer, through KOLAR within 30 days of fluid removal.

If you have any questions or concerns please feel free to contact the District Office at (620) 902-6450.