KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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Form CDP-1 April 2004 Form must be Typed

APPLICATION FOR SURFACE PIT

Submit in Duplicate

Operator Name: OXY USA Inc.			License Number: 5447
Operator Address: P. O. Box 2528, Liberal, KS 67901			
Contact Person: Kenny Andrews			Phone Number: (620) 629 - 4200
Lease Name & Well No.: Fowler A-1			Pit Location (QQQQ):
Type of Pit:	Pit is:		<u>SENWNW</u>
Emergency Pit Burn Pit	✓ Proposed		Sec. 15 _{Twp. 33 R. 43}
Settling Pit Drilling Pit	If Existing, date constructed:		1250 Feet from 🗸 North / 🗌 South Line of Section
✓ Workover Pit Haul-Off Pit	Pit capacity:		1250 Feet from East / 🗸 West Line of Section
(If WP Supply API No. or Year Drilled) 15-129-21751	100 (bbls)		Morton County
Is the pit located in a Sensitive Ground Water Area?		Chloride concentration:mg/l	
Is the bottom below ground level? Artificial Liner?		(For Emergency Pits and Settling Pits only) How is the pit lined if a plastic liner is not used?	
Is the bottom below ground level? Yes No	Yes No		Bentonite & Cuttings
Pit dimensions (all but working pits):1	5 Length (feet) 5		
Depth from ground level to deepest point:6(feet)			
If the pit is lined give a brief description of the liner material, thickness and installation procedure.			edures for periodic maintenance and determining ncluding any special monitoring.
Distance to nearest water well within one-mile of pit		Depth to shallowest fresh waterfeet. Source of information:	
		measuredwell owner electric logKDWR	
Emergency, Settling and Burn Pits ONLY:		Drilling, Workover and Haul-Off Pits ONLY:	
Producing Formation:		Type of material utilized in drilling/workover:	
Number of producing wells on lease:		Number of working pits to be utilized:I	
Barrels of fluid produced daily:		Abandonment procedure: Let dry & backfill to original grade	
Does the slope from the tank battery allow all spilled fluids to flow into the pit? Yes No		Drill pits must be closed within 365 days of spud date.	
I hereby certify that the above statements are true and correct to the best of My knowledge and belief. NAME OF THE DESTRUCTION COMMITTEEN CONTROL OF THE PROPERTY OF THE P			
Date		/ s	Signature of Applicant or Agent
Date Signature of Applicant or Agent CONSERVATION DIVISION OF A CONSERVATION DIVISION DIVISION OF A CONSERVATION DIVISION OF A CONSERVATION DIVISION DIVISION OF A CONSERVATION DIVISION DIVISION OF A CONSERVATION DIVISION OF A CONSERVATION DIVISION DIVISIONE DIVI			
Date Received: 2/20/08 Permit Number: 15-/29-2175/ Permit Date: 2/20/08 Lease Inspection: Yes X No			