

Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

Steel Pit

RFAS

Lease Inspection: 🔲 Yes 🔀 No

Liner

Form CDP-1 May 2010 Form must be Typed

APPLICATION FOR SURFACE PIT

Submit in Duplicate Operator Name: OXY USA Inc. License Number: 5447 Operator Address: 5 E GREENWAY PLZ PO BOX 27570 HOUSTON TX 77227 Contact Person: KENNY ANDREWS Phone Number: 620-629-4200 Lease Name & Well No.: LONGWOOD A 1 Pit Location (QQQQ): NW NE SE Type of Pit: Emergency Pit Burn Pit X Proposed Existing Settling Pit Drilling Pit 2310 If Existing, date constructed: Feet from North / X South Line of Section X Workover Pit Haul-Off Pit 990 Feet from X East / West Line of Section (If WP Supply API No. or Year Drilled) Pit capacity: 15-081-20777-00-00 100 Haskell (bbls) County Is the pit located in a Sensitive Ground Water Area? Yes X No mg/l (For Emergency Pits and Settling Pits only) Is the bottom below ground level? Artificial Liner? How is the pit lined if a plastic liner is not used? X Yes No Yes X No BENTONITE AND CUTTINGS 15 Pit dimensions (all but working pits): Length (feet) _Width (feet) N/A: Steel Pits Depth from ground level to deepest point: (feet) No Pit If the pit is lined give a brief description of the liner Describe procedures for periodic maintenance and determining material, thickness and installation procedure. liner integrity, including any special monitoring. 360 Distance to nearest water well within one-mile of pit: Depth to shallowest fresh water_ feet. Source of information: measured X KDWR well owner electric log feet Depth of water well. Emergency, Settling and Burn Pits ONLY: Drilling, Workover and Haul-Off Pits ONLY: CEMENT Producing Formation:_ Type of material utilized in drilling/workover: Number of producing wells on lease: _ Number of working pits to be utilized: **EVAPORATION AND BACKFILL** Barrels of fluid produced daily: ____ 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. Submitted Electronically

Permit Date:

Permit Number:

Date Received:

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