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STATE CORPORATION COMMISSION

MOA 6 5000

## KANSAS CORPORATION COMMISSION CONSERVATION DIVISION APR 1 8 2003

130 S MARKET – ROOM 2078 WICHITA KS 67202 APR 1 8 2003 KCC WICHITA

CONSERVATION DIVISION FORM MUST BE TYPED

## APPLICATION FOR SURFACE POND

O RUBOTIN VALIBATE

			ONTONA
OPERATOR NAME Loren Smith			LICENSE NO. 8462
OPERATOR ADDRESS 5501 NW 124th Terr., Oswego, KS 67356			
CONTACT PERSON  Loren Smith			PHONE NUMBER (316 ) 827-6264
LEASE NAME	PIT IS:		PIT LOCATION
Tim Czapansky #10	XX ProposedExisting		<u>SE</u> Qtr. Sec <u>8</u> Twp <u>32</u> Rng <u>21</u> E/W
TYPE OF POND: BURN PIT EMERGENCY PIT TREATMENT PIT	If existing, date constructed:		Ft from PW (circle one) Line of Sec.
WORKOVER PIT X DRILLING PIT (If WP Supply API No. or Year Drilled)	PIT CAPACITY:  100 (bbls)		Labette COUNTY
Is the pit located in a Sensitive Ground Water Area? Yes <del>X No</del>			Chloride concentration:mg/l (For Emergency and Treatment Pits only)
Is Pit bottom below ground level?	Artificial Liner?		How is pit lined if a plastic liner is not used?
<u>x</u> Yes No	Yes _XNo		Clay side and bottom.
Pit dimensions (all but working pits): 20	Length (ft) 8		Width (ft)
Depth from ground level to deepest point4 (ft)			
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  Noneft. Depth of water wellft.		Depth to shallowest fresh water ~ 20_ feet. Source of information: EHKES measured well owner electric log KDWR	
EMERGENCY, TREATMENT AND BURN PITS ONLY:		DRILLING AND WORKOVER PITS ONLY:	
Producing Formation:		Type of material utilized in drilling/workover:	
Number of producing wells on lease:		Number of working pits to be utilized:	
Barrels of fluid produced daily:		Abandonment procedure	
Does the slope from the tank battery allow all spilled fluids to flow into the pond? 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.			
11-3-00 2000 Date			Smith f Applicant or Agent
KCC OFFICE USE ONLY			
Date Rec'd \(\lambda \lambda \rangle accordage \) Permit No. Permit Date \(\lambda \lambda \rangle accordage accorda			