

KANSAS CORPORATION COMMISSION
CONSERVATION DIVISION
202 West First
200 Colorado Derby Building
Wichita, Kansas 67202-1286

CLOSURE OF SURFACE POND

Operator Name Jack W. Sanders & Son		License No. 9131	
Operator Address 4303 Shawnee Terrace Wellsville, Kansas 66092			
Contact Person Jack or Jackie Sanders		Phone Number (913) 883-2384 883-2006	
Permit Number (API# if applicable) 15-059-24682 000		Lease Name Sanders 1-2	
Type of Pond: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Treatment Pit <input checked="" type="checkbox"/> Drilling Pit <input type="checkbox"/> Workover Pit		Pit Location Sec 31 Twp 15 S Rng 21 E/W 3875 Ft from N/S Line of Sec. 890 (circle one) Ft from E/W Line of Sec. Franklin County	

Date of closure: Feb. 6, 1992

Was an artificial liner used? Yes No

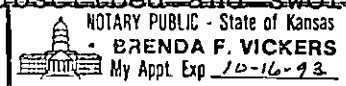
If no, how were the sides and bottom sealed to prevent downward migration of the pit contents? Pit was pumped dry, filled and leveled

Abandonment procedure of pond: Pit was pumped dry and backfilled

The undersigned hereby certifies that he is Jack W. Sanders for Jack W. Sanders & Son (Co.), a duly authorized agent, that all information shown hereon is true and correct to the best of his knowledge and belief.

Jack W. Sanders

Subscribed and sworn to before me on this 24th day of February, 1992



Erenda F. Vickers
Notary Public

My Commission expires October 16, 1993

New Application
 Reauthorization
 (Permit No. _____)

KANSAS CORPORATION COMMISSION
 CONSERVATION DIVISION
 202 West First
 200 Colorado Derby Building
 Wichita, Kansas 67202-1286

Form CDP-1
07/91

APPLICATION FOR SURFACE POND

RECEIVED
 STATE CORPORATION COMMISSION
 FEB 27 1992
 WICHITA, KANSAS

Submit in Duplicate

FORM MUST BE TYPED

Operator Name		License No.	
Operator Address		Wichita, Kansas	
Contact Person		Phone No. ()	
Lease Name	Pit is <input type="checkbox"/> Proposed <input type="checkbox"/> Existing If existing, date constructed _____ Pit capacity _____ (bbls)	Pit Location _____ Qtr. Sec. _____ Twp. _____ Rge. _____ E/W _____ Ft N/S (circle one) of Section Line _____ Ft E/W (circle one) of Section Line _____ County	
Type of Pond: <input type="checkbox"/> Burn Pit <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Workover Pit <input type="checkbox"/> Treatment Pit <input type="checkbox"/> Drilling Pit		Is the pit located in a Sensitive Ground Water Area? <input type="checkbox"/> Yes <input type="checkbox"/> No Chloride concentration: _____ mg/l	
Is Pit bottom below ground level? <input type="checkbox"/> Yes <input type="checkbox"/> No	Artificial liner? <input type="checkbox"/> Yes <input type="checkbox"/> No	How is pit lined if a plastic liner is not used?	
What is the hydraulic conductivity of the bottom and sides of the pit?	How was the conductivity determined? _____	Pit dimensions (all but working pits): _____ Length (ft) _____ Width (ft) Depth from ground level to deepest point _____ feet.	
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 _____ ft. Depth of water well _____ ft.		Depth to shallowest fresh water _____ feet. Source of information: <input type="checkbox"/> measured <input type="checkbox"/> well owner <input type="checkbox"/> electric log <input type="checkbox"/> KDWR	
EMERGENCY, TREATMENT AND BURN PITS ONLY: Producing Formation: _____ Number of producing wells on lease: _____ Barrels of fluid produced daily: _____ Does the slope from the tank battery allow all spilled fluids to flow into the pond? <input type="checkbox"/> Yes <input type="checkbox"/> No		DRILLING AND WORKOVER PITS ONLY: Type of material utilized in drilling/workover _____ Number of working pits to be utilized _____ Abandonment procedure: _____ 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.			
Date _____		Signature of Applicant or Agent _____	
KCC OFFICE USE ONLY			
Date Rec'd _____	Permit No. _____	Permit Date _____	Lease Inspection <input type="checkbox"/> Yes <input type="checkbox"/> No