

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-4
July 2014
Form must be Typed

CLOSURE OF SURFACE PIT

Operator Name:	License Number:
Operator Address:	
Contact Person:	Phone Number: () -
Permit Number <i>(API No. if applicable)</i> :	Lease Name & Well No.:
Type of Pit: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Drilling Pit <input type="checkbox"/> Workover Pit <input type="checkbox"/> Haul-Off Pit	Pit Location (QQQQ): _____ - _____ - _____ - _____ Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West _____ Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section _____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section _____ County
Date of closure: _____	
Was an artificial liner used? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, how were the sides and bottom sealed to prevent downward migration of the pit contents?	
Abandonment procedure of pit:	
The undersigned hereby certifies that he / she is _____ for _____ (Co.), a duly authorized agent, that all information shown hereon is true and correct to the best of his /her knowledge and belief.	
_____ Signature of Applicant or Agent	
Subscribed and sworn to me on this _____ day of _____, _____	
_____ Notary Public	
My Commission Expires: _____	

CLOSURE OF SURFACE PIT (FORM CDP-4) Instructions

General Instruction.

1. Form must be typed.

Section 1: Operator Information.

- 1a. **Operator Name.** Enter the operator's full name as it appears on operator's license.
- 1b. **License #.** Enter the operator's license number. To verify KCC operator license information, please check the Commission's website at http://www.kcc.state.ks.us/conservation/oil_license.cgi or contact the Conservation Division's Licensing Department at (316) 337-6194.
- 1c. **Operator Address.** Enter the operator's street or PO box number, city, state, and zip code.
- 1d. **Contact Person.** Enter the name of the individual who will be the operator's contact person for this Closure of Surface Pit Form, should the Conservation Division Staff need to contact the operator about the form. The contact person may be the operator or the operator's agent.
- 1e. **Phone.** Enter the phone number of the contact person that the Conservation Division Staff may easily reach if necessary to discuss the Closure of Surface Pit Form.

Section 2: Pit Information.

- 2a. **Permit Number (API No. if applicable).** Enter the KCC permit number for the pit to be closed. For workover, drilling, and haul-off pits, the Permit Number is the API Number. For emergency, settling, and burn pits, the Permit Number is listed at the bottom of the approved Application for Surface Pit (CDP-1) Form in the "KCC Office Use Only" Section.
- 2b. **Lease Name & Well No.** Enter the lease name and well number at which the subject pit is located.
- 2c. **Type of Pit.** Mark the appropriate box to indicate whether the subject pit is an emergency pit, settling pit, workover pit, burn pit, drilling pit, or haul-off pit.
- 2d. **Pit Location.**
 - 2d(1). **QQQQ.** Enter the pit's $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ section location.
 - 2d(2). **Sec., Twp., and R.** Enter the section, township, and range where the subject pit is located and mark the appropriate box to indicate if the range is East or West of the Sixth Principal Meridian.
 - 2d(3). **Footage from Section Lines.** Enter the number of feet the subject pit is located from the North or South section line and mark the appropriate box to indicate from which section line the measurement was taken. Enter the number of feet the subject pit is located from the East or West section line and mark the appropriate box to indicate from which section line the measurement was taken.
 - 2d(4). **County.** Enter the county where the subject pit is located.

Section 3: Closure Information.

- 3a. **Date of closure.** Enter the date when the subject pit was closed.
- 3b. **Use of an artificial liner.** Mark the appropriate box to indicate whether an artificial liner was used to close the subject pit.
- 3c. **Prevention of downward migration of pit contents.** If an artificial liner was not used to close the pit, provide an explanation of how the sides and bottom of the subject pit were sealed to prevent the downward migration of pit contents.
- 3d. **Abandonment Procedures.** Provide an explanation of the procedures used by the operator to abandon the subject pit after its closing.

Section 4: Verification.

- 4a. **Applicant's Position with operator.** Enter the position which the person completing the Form holds with the subject pit's operator.
- 4b. **Operator Name.** Enter the operator's full name as it appears in Section 1a.
- 4c. **Signature.** The applicant must sign the Form in front of a legal notary to verify that the information on the form is true and correct.
- 4d. **Legal Notary.** A legal notary will complete the 4d sections.

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CLOSURE OF SURFACE PIT

Operator Name: 1a	License Number: 1b
Operator Address: 1c	
Contact Person: 1d	Phone Number: (1e) -
Permit Number (API No. if applicable): 2a	Lease Name & Well No.: 2b
Type of Pit: 2c <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Drilling Pit <input type="checkbox"/> Workover Pit <input type="checkbox"/> Haul-Off Pit	Pit Location (QQQQ): _____ - 2d(1) - _____ Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West 2d(3) Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section 2d(3) Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section 2d(4) _____ County
Date of closure: 3a _____	
Was an artificial liner used? <input type="checkbox"/> Yes <input type="checkbox"/> No 3b	
If no, how were the sides and bottom sealed to prevent downward migration of the pit contents? 3c	
Abandonment procedure of pit: 3d	
The undersigned hereby certifies that he / she is _____ 4a _____ for _____ 4b _____ (Co.), a duly authorized agent, that all information shown hereon is true and correct to the best of his /her knowledge and belief.	
_____ 4c Signature of Applicant or Agent	
Subscribed and sworn to me on this 4d day of _____ 4d _____, 4d	
_____ 4d Notary Public	
My Commission Expires: _____ 4d _____	