

**State of Colorado
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Document Number:
400358504

EARTHEN PIT REPORT / PERMIT

This form is to be used for both reporting and permitting pits. Rule 903 describes when a Permit with prior approval, or a Report within 30 days is required for pits. Submit required attachments and forms.

Form Type: **PERMIT** **REPORT** OGCC PIT NUMBER: _____

NOTE: Operator to provide OGCC Pit Number only if available on an existing pit for pit report

OGCC Operator Number: _____	10150	Contact Name: _____	Jessica Donahue
Name of Operator: <u>BLACK HILLS PLATEAU PRODUCTION LLC</u>			
Address: _____	1515 WYNKOOP ST STE 500	Phone: _____	(720) 210-1333
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>	Email: <u>Jessica.Donahue@blackhillscorp.com</u>

ATTACHMENTS	
Detailed Site Plan	<input type="checkbox"/>
Design/Cross Sec	<input type="checkbox"/>
Topo Map	<input type="checkbox"/>
Calculations	<input type="checkbox"/>
Sensitive Area Info	<input type="checkbox"/>
Mud Program	<input type="checkbox"/>
Form 2A	<input type="checkbox"/>
Form 26	<input type="checkbox"/>
Water Analysis	<input type="checkbox"/>

Pit Location Information

Operator's Pit/Facility Name: _____	Homer Deep Unit	Operator's Pit/Facility Number: _____	9-41
API Number (associated well): 05- _____	00		
OGCC Location ID (associated location): _____		Or Form 2A # _____	400358503
Pit Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>NENE-9-8S-98W-6</u>			
Latitude: <u>39.379660</u>	Longitude: <u>-108.323210</u>	County: <u>GARFIELD</u>	

Operation Information

Pit Use/Type (Check all that apply):	Pit Type: <input checked="" type="checkbox"/> Lined <input type="checkbox"/> Unlined
<input type="checkbox"/> Drilling: (Ancillary, Completion, Flowback, Reserve Pits)	<input type="checkbox"/> Oil-based Mud; <input type="checkbox"/> Salt Sections or High Chloride Mud
<input type="checkbox"/> Production:	<input type="checkbox"/> Skimming/Settling; <input type="checkbox"/> Produced Water Storage; <input type="checkbox"/> Percolation; <input type="checkbox"/> Evaporation
<input type="checkbox"/> Special Purpose:	<input type="checkbox"/> Flare; <input type="checkbox"/> Emergency; <input type="checkbox"/> Blowdown; <input type="checkbox"/> Workover; <input type="checkbox"/> Plugging; <input type="checkbox"/> BS&W/Tank Bottoms
<input checked="" type="checkbox"/> Multi-Well Pit:	Construction Date: <u>03/01/2013</u> Actual or Planned: <u>Planned</u>
Method of treatment prior to discharge into pit: <u>Separator</u>	
Offsite disposal of pit contents:	<input checked="" type="checkbox"/> Injection; <input type="checkbox"/> Commercial; <input checked="" type="checkbox"/> Reuse/Recycle; <input type="checkbox"/> NPDES; Permit Number: _____
Other Information:	<u>The primary plan is to reuse/recycle all contents from the pit. If the volume becomes too great to manage however the contents will be taken to the Hancock Gulch #1 injection well, Facility ID #159293.</u>

Site Conditions

Distance (in feet) to the nearest surface water: _____	1638	Ground Water (depth): _____	95	Water Well: _____	2098
Is this location in a Sensitive Area? _____	No	Existing Location? _____			

Pit Design and Construction

Size of Pit (in feet):	Length: <u>365</u>	Width: <u>74</u>	Depth: <u>20</u>	Calculated Working Volume (in barrels): <u>41320</u>
Flow Rates (in bbl/day):	Inflow: <u>99999</u>	Outflow: _____	Evaporation: _____	Percolation: _____
Primary Liner. Type: _____	HDPE	Thickness (mil): _____	24	
Secondary Liner (if present): Type: _____		Thickness (mil): _____		
Is Pit Fenced? <u>Yes</u>	Is Pit Netted? <u>Yes</u>	Leak Detection? <u>No</u>		
Other Information:	<u>Measured to water well receipt # 9503204B, Permit # 279876--, owner #10 Enterprises. Reference area is immediately adjacent to the northeast of pad. Initially the pit will only contain freshwater. During this period, the pit will not be netted. Once flowback water is introduced to the pit, it will be netted in accordance with COGCC regulations.</u>			

Operator _____
Comments: _____

Certification

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Jessica Donahue
Title: Regulatory Technician Email: Jessica. Donahue@blackhillscorp.com Date: _____

Approval

Signed: _____ Title: Director of Cogcc Date: _____

BMP

<u>Type</u>	<u>Comment</u>

Total: 0 comment(s)

CONDITIONS OF APPROVAL:
