

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:
400375549

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: _____	20275	Contact Name: Jim Wieger
Name of Operator: _____	CORAL PRODUCTION CORP	
Address: _____	1600 STOUT ST STE 1500	Phone: (303) 623-3573
City: _____	DENVER	State: CO Zip: 80202 Email: jimwieger@qwestoffice.net

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: _____	Linda	Operator's Pit/Facility Number: _____	2
API Number (associated well): 05- _____	121 10498 00		
OGCC Location ID (associated location): _____		Or Form 2A # _____	
Pit Location (QtrQtr, Sec, Twp, Rng, Meridian): _____	NENE-30-2S-52W-6		
Latitude: _____	39.856700	Longitude: _____	-103.239150
County: _____	WASHINGTON		

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 checked="" 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: 02/05/2013 Actual or Planned: Planned
Method of treatment prior to discharge into pit:	water knock out, treater, tank
Offsite disposal of pit contents:	<input type="checkbox"/> Injection; <input type="checkbox"/> Commercial; <input checked="" type="checkbox"/> Reuse/Recycle; <input type="checkbox"/> NPDES; Permit Number: _____
Other Information:	settling tanks prior to flow into skim pit, then to produced water pit.

Site Conditions

Distance (in feet) to the nearest surface water: _____	5000	Ground Water (depth): _____	260	Water Well: _____	6000
Is this location in a Sensitive Area?	No	Existing Location?	_____		

Pit Design and Construction

Size of Pit (in feet):	Length: 33	Width: 30	Depth: 10	Calculated Working Volume (in barrels):	988
Flow Rates (in bbl/day):	Inflow: 370	Outflow: 368	Evaporation: 2.05	Percolation: 0	
Primary Liner. Type:	plastic		Thickness (mil):	34	
Secondary Liner (if present):	Type: _____	Thickness (mil):	_____		
Is Pit Fenced?	No	Is Pit Netted?	Yes	Leak Detection?	No
Other Information:	Unlined pit was pumped out and excavated to native soil. Form 27 Remediation Workplan was submitted and approved. Sampling was performed for existing skim pit closure. This application is for replacement of unlined skim pit at the same location. Final construction date is dependent on approval of unlined pit closure.				

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: James Wieger
Title: Geologist Email: jimwieger@qwestoffice.net Date: _____

Approval

Signed: _____

Title: _____ Director of Cogcc

Date: _____

BMP

Type

Comment

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

Total: 0 comment(s)

CONDITIONS OF APPROVAL:

--