

**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:
400379386

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: _____	10084	Contact Name: David Castro
Name of Operator: PIONEER NATURAL RESOURCES USA INC		
Address: 1401 17TH ST STE 1200	Phone: (303) 2988100	
City: DENVER	State: CO	Zip: 80202
Email: david.castro@pxd.com		

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: BEM 32-19	Operator's Pit/Facility Number: _____
API Number (associated well): 05- 071 08925 00	
OGCC Location ID (associated location): 308987	Or Form 2A # _____
Pit Location (QtrQtr, Sec, Twp, Rng, Meridian): SWNE-19-33s-66w-6	
Latitude: 37.157880	Longitude: -104.819280
County: LAS ANIMAS	

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 checked="" type="checkbox"/> Production:	<input type="checkbox"/> Skimming/Settling; <input checked="" type="checkbox"/> Produced Water Storage; <input type="checkbox"/> Percolation; <input checked="" 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 type="checkbox"/> Multi-Well Pit:	Construction Date: _____ Actual or Planned: _____
Method of treatment prior to discharge into pit: separator	
Offsite disposal of pit contents:	<input checked="" type="checkbox"/> Injection; <input type="checkbox"/> Commercial; <input type="checkbox"/> Reuse/Recycle; <input type="checkbox"/> NPDES; Permit Number: _____
Other Information: _____	

Site Conditions

Distance (in feet) to the nearest surface water: 1820	Ground Water (depth): 55	Water Well: 1260
Is this location in a Sensitive Area? No	Existing Location? _____	

Pit Design and Construction

Size of Pit (in feet):	Length: 70	Width: 40	Depth: 6	Calculated Working Volume (in barrels): 2991
Flow Rates (in bbl/day):	Inflow: 1	Outflow: 0	Evaporation: 4	Percolation: 0
Primary Liner. Type: PVC Fabric	Thickness (mil): 30			
Secondary Liner (if present):	Type: _____	Thickness (mil): _____		
Is Pit Fenced? Yes	Is Pit Netted? No	Leak Detection? _____		
Other Information: _____				

Operator Comments: A Form 15 was submitted in August 2008 with no response since. That Form 15 incorrectly stated that the pit was unlined, when in fact it has bene lined ever since the location's construction. That Form 15 also had incorrect pit dimensions. This form 15 serves as a re-submittal to get the pit permitted correctly.

Certification

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

Signed: _____ Print Name: David Castro
Title: Environmental Specialist Email: david.castro@pxd.com Date: _____

Approval

Signed: _____

Title: _____ Director of Cogcc _____

Date: _____

BMP

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

Total: 0 comment(s)

CONDITIONS OF APPROVAL:

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