

**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:**  
**400403612**

**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: _____ 69175	Contact Name: Brandon Brunns
Name of Operator: PDC ENERGY INC	
Address: 1775 SHERMAN STREET - STE 3000	Phone: (303) 831-3971
City: DENVER      State: CO      Zip: 80203	Email: brandon.brunns@pdce.com

ATTACHMENTS	
Detailed Site Plan	
Design/Cross Sec	
Topo Map	
Calculations	
Sensitive Area Info	
Mud Program	
Form 2A	
Form 26	
Water Analysis	

**Pit Location Information**

Operator's Pit/Facility Name: Waste Management 2T-HZ Pad	Operator's Pit/Facility Number: _____
API Number (associated well): 05- _____ 00	
OGCC Location ID (associated location): 432133	Or Form 2A # 400402524
Pit Location (QtrQtr, Sec, Twp, Rng, Meridian): SWSW-2-2N-64W-6	
Latitude: 40.160250	Longitude: -104.510600      County: WELD

**Operation Information**

Pit Use/Type (Check all that apply):	Pit Type: <input checked="" type="checkbox"/> Lined <input type="checkbox"/> Unlined
<input checked="" 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: 05/01/2013      Actual or Planned: Planned
Method of treatment prior to discharge into pit: None - ancillary fresh water p	
Offsite disposal of pit contents:	<input type="checkbox"/> Injection; <input checked="" type="checkbox"/> Commercial; <input type="checkbox"/> Reuse/Recycle; <input type="checkbox"/> NPDES;    Permit Number: _____
Other Information:	Ancillary fresh water pit to be used for fracing at adjacent, multi-well pads

**Site Conditions**

Distance (in feet) to the nearest surface water: 5840	Ground Water (depth): 43	Water Well: 4677
Is this location in a Sensitive Area? No	Existing Location? _____	

**Pit Design and Construction**

Size of Pit (in feet):	Length: 400    Width: 400    Depth: 5	Calculated Working Volume (in barrels): 18998 1
Flow Rates (in bbl/day):	Inflow: 0    Outflow: 0    Evaporation: 0    Percolation: 0	
Primary Liner. Type: Polyethylene	Thickness (mil): 30	
Secondary Liner (if present):	Type: _____    Thickness (mil): _____	
Is Pit Fenced? No	Is Pit Netted? No	Leak Detection? No
Other Information:	A 4 foot earthen berm will be constructed around the pit.	

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: Liz Lindow  
Title: Regulatory Analyst      Email: liz.lindow@pdce.com      Date: \_\_\_\_\_

**Approval**

Signed: \_\_\_\_\_

Title: \_\_\_\_\_ Director of Cogcc

Date: \_\_\_\_\_

**BMP**

Type

Comment

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

Total: 0 comment(s)

**CONDITIONS OF APPROVAL:**

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