

FORM
15Rev
10/11

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 | Bruns |
| Name of Operator: | PDC ENERGY INC | | | |
| Address: | 1775 SHERMAN STREET - STE 3000 | Phone: | (303) 831-3971 | |
| City | DENVER | State: | CO | Zip: 80203 |
| Email: | brandon.bruns@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"/> Special Purpose: | <input type="checkbox"/> Flare; | <input type="checkbox"/> Emergency; | <input type="checkbox"/> Blowdown; |
| <input type="checkbox"/> Multi-Well Pit: | <input type="checkbox"/> Workover; | <input type="checkbox"/> Plugging; | <input type="checkbox"/> BS&W/Tank Bottoms |
| 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

| | |
|--|--|
| | |
|--|--|

Total: 0 comment(s)

CONDITIONS OF APPROVAL:

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