

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:

400482208

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: | 96850 | Contact Name: | Karolina Blaney |
| Name of Operator: | WPX ENERGY ROCKY MOUNTAIN LLC | | |
| Address: | 1001 17TH STREET - SUITE #1200 | Phone: | (970) 683 2295 |
| City: | DENVER | State: | CO |
| Zip: | 80202 | Email: | Karolina.Blaney@WPXEnergy.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: | SG Cement Return Pit | Operator's Pit/Facility Number: | |
| API Number (associated well): | 05- _____ | | 00 |
| OGCC Location ID (associated location): | | Or Form 2A # | |
| Pit Location (QtrQtr, Sec, Twp, Rng, Meridian): | SENW-32-7S-96W-6 | | |
| Latitude: | 39.393733 | Longitude: | -108.134185 |
| County: | GARFIELD | | |

Operation Information

| | | | |
|---|---|---|--|
| Pit Use/Type (Check all that apply): | Pit Type: | <input type="checkbox"/> Lined | <input checked="" 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: | | Actual or Planned: | |
| Method of treatment prior to discharge into pit: _____ | | | |
| 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: _____ | | | |

Site Conditions

| | | | | | |
|--|-----|-----------------------|-----|-------------|------|
| Distance (in feet) to the nearest surface water: | 769 | Ground Water (depth): | 100 | Water Well: | 4087 |
| Is this location in a Sensitive Area? | No | Existing Location? | No | | |

Pit Design and Construction

| | | | | | | | | |
|---|---------|------------------|------------------|-----------------|--------------|---|---|-----|
| Size of Pit (in feet): | Length: | 22 | Width: | 9 | Depth: | 5 | Calculated Working Volume (in barrels): | 176 |
| Flow Rates (in bbl/day): | Inflow: | 5 | Outflow: | | Evaporation: | | Percolation: | |
| Primary Liner. Type: | 0 | Thickness (mil): | 0 | | | | | |
| Secondary Liner (if present): | Type: | | Thickness (mil): | | | | | |
| Is Pit Fenced? | Yes | Is Pit Netted? | No | Leak Detection? | No | | | |
| Other Information: The depth to ground water is based on data for wells located in the adjacent sections. | | | | | | | | |

Operator Comments: For Alex Fischer's review

Certification

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

Signed:

Print Name:

Karolina

Title:

Blaney

Email:

karolina.Blaney@wpxenergy.com

Date:

Approval

Signed: _____

Title: _____ Director of Cogcc

Date: _____

Best Management Practices

No BMP/COA Type

Description

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

CONDITIONS OF APPROVAL:

COA Type

Description

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