

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	<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: 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"/> 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: _____	
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

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CONDITIONS OF APPROVAL:

COA Type

Description

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