

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:
2145066

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: 435031

NOTE: Operator to provide OGCC Pit Number only if available on an existing pit for pit report

| | | | |
|-----------------------|--------------|---------------|----------------------|
| OGCC Operator Number: | 66561 | Contact Name: | Laura Beth Hickert |
| Name of Operator: | OXY USA INC | | |
| Address: | PO BOX 27757 | Phone: | (620) 629-4253 |
| City: | HOUSTON | State: | TX |
| Zip: | 77227 | Email: | beth_hickert@oxy.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: | SNIFF | Operator's Pit/Facility Number: | B-1 |
| API Number (associated well): | 05- 011 06036 00 | | |
| OGCC Location ID (associated location): | 321214 | Or Form 2A # | |
| Pit Location (QtrQtr, Sec, Twp, Rng, Meridian): | SEnw-9-23S-48W-6 | | |
| Latitude: | 38.064180 | Longitude: | -102.806870 |
| County: | BENT | | |

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 type="checkbox"/> Production: | <input type="checkbox"/> Skimming/Settling; | <input type="checkbox"/> Produced Water Storage; | <input type="checkbox"/> Percolation; |
| <input checked="" 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"/> Construction Date: | <input type="checkbox"/> Actual or Planned: | <input checked="" type="checkbox"/> Plugging; |
| | | | <input type="checkbox"/> BS&W/Tank Bottoms |
| Method of treatment prior to discharge into pit: | NONE | | |
| 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: | VAC TRUCK ONSITE. | | |

Site Conditions

| | | | | | |
|--|------|-----------------------|----|-------------|------|
| Distance (in feet) to the nearest surface water: | 3540 | Ground Water (depth): | 20 | Water Well: | 4430 |
| Is this location in a Sensitive Area? | No | Existing Location? | | | |

Pit Design and Construction

| | | | | | |
|-------------------------------|--------------|------------------|------------------|---|-----|
| Size of Pit (in feet): | Length: 20 | Width: 10 | Depth: 6 | Calculated Working Volume (in barrels): | 125 |
| Flow Rates (in bbl/day): | Inflow: 35 | Outflow: | Evaporation: | Percolation: | |
| Primary Liner. Type: | POLYETHYLENE | | Thickness (mil): | 24 | |
| Secondary Liner (if present): | Type: | Thickness (mil): | | | |
| Is Pit Fenced? | No | Is Pit Netted? | No | Leak Detection? | No |
| Other Information: | | | | | |

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: LAURA BETH HICKERT
Title: REGULATORY ASSISTANT Email: BETH_HICKER@OXY.COM Date: 04/30/2013

Approval

Signed: Matthew Lee

Title: Director of Cogcc

Date: 11/12/2013

Best Management Practices

No BMP/COA Type

Description

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|--|--|
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CONDITIONS OF APPROVAL:

COA Type

Description

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