

**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:**  
**400687219**

**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: <u>70385</u>	Contact Name: <u>Chris Smith</u>
Name of Operator: <u>SMITH ENERGY CORP</u>	
Address: <u>12706 SHILOH RD</u>	Phone: <u>(303) 7096157</u>
City: <u>GREELEY</u> State: <u>CO</u> Zip: <u>80631</u>	Email: <u>smithenergy@live.com</u>

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: <u>Longknife</u>	Operator's Pit/Facility Number: <u>23-28</u>
API Number (associated well): <u>05- 121 10870 00</u>	
OGCC Location ID (associated location): <u>317404</u>	Or Form 2A # _____
Pit Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>NESW-28-2S-50W-6</u>	
Latitude: <u>39.849739</u>	Longitude: <u>-102.985711</u> County: <u>WASHINGTON</u>

**Operation Information**

Pit Use/Type (Check all that apply):	Pit Type: <input type="checkbox"/> Lined <input checked="" 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 checked="" type="checkbox"/> Production:	<input type="checkbox"/> Skimming/Settling; <input type="checkbox"/> Produced Water Storage; <input checked="" type="checkbox"/> Percolation; <input checked="" 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: <u>Seperator</u>	
Offsite disposal of pit contents:	<input type="checkbox"/> Injection; <input type="checkbox"/> Commercial; <input type="checkbox"/> Reuse/Recycle; <input type="checkbox"/> NPDES;    Permit Number: _____
Other Information:	<u>Pit has existed since well was drilled. This form 15 is being submitted to properly register the pit.</u>

**Site Conditions**

Distance (in feet) to the nearest surface water: <u>5280</u>	Ground Water (depth): <u>199</u>	Water Well: <u>5280</u>
Is this location in a Sensitive Area? <u>No</u>	Existing Location? _____	

**Pit Design and Construction**

Size of Pit (in feet):	Length: <u>30</u> Width: <u>40</u> Depth: <u>5</u>	Calculated Working Volume (in barrels): <u>1069</u>
Flow Rates (in bbl/day):	Inflow: <u>3</u> Outflow: <u>0</u> Evaporation: <u>2.4</u> Percolation: <u>641</u>	
Primary Liner. Type: <u>None</u>	Thickness (mil): <u>0</u>	
Secondday Liner (if present): Type: _____	Thickness (mil): _____	
Is Pit Fenced? <u>No</u>	Is Pit Netted? <u>No</u>	Leak Detection? _____
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: Chris Smith  
Title: Vice President    Email: smithenergy@live.com    Date: \_\_\_\_\_

**Approval**

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

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

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

**Best Management Practices**

**No BMP/COA Type**

**Description**



**CONDITIONS OF APPROVAL:**