

**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:
400879456

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: _____	10150	Contact Name: _____	Jessica Donahue
Name of Operator: <u>BLACK HILLS PLATEAU PRODUCTION LLC</u>			
Address: _____	1515 WYNKOOP ST STE 500	Phone: _____	(720) 210-1333
City/DENVER	State: <u>CO</u>	Zip: <u>80202</u>	Email: <u>Jessica.Donahue@blackhillscorp.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: _____	Winter Flats	Operator's Pit/Facility Number: _____	10-31-99
API Number (associated well): 05- _____	00		
OGCC Location ID (associated location): _____		Or Form 2A # _____	400861229
Pit Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>NWNE-10-9S-99W-6</u>			
Latitude: <u>39.291950</u>	Longitude: <u>-108.424150</u>	County: _____	MESA

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"/> 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 checked="" type="checkbox"/> Multi-Well Pit:	Construction Date: <u>09/15/2015</u> Actual or Planned: <u>Planned</u>
Method of treatment prior to discharge into pit: _____	
Offsite disposal of pit contents:	<input checked="" type="checkbox"/> Injection; <input checked="" 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: _____	1134	Ground Water (depth): _____	30	Water Well: _____	36960
Is this location in a Sensitive Area?	<u>No</u>	Existing Location?	_____		

Pit Design and Construction

Size of Pit (in feet):	Length: <u>295</u>	Width: <u>50</u>	Depth: <u>12</u>	Calculated Working Volume (in barrels): <u>18520</u>
Flow Rates (in bbl/day):	Inflow: <u>200</u>	Outflow: _____	Evaporation: _____	Percolation: _____
Primary Liner. Type: _____	HDPE	Thickness (mil): _____	24	
Secondary Liner (if present): Type: _____	HDPE	Thickness (mil): _____	24	
Is Pit Fenced? <u>Yes</u>	Is Pit Netted? <u>Yes</u>	Leak Detection? <u>No</u>		
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: Jessica Donahue
 Title: Regulatory Technician Email: Jessica.Donahue@blackhillscorp.com Date: _____

Approval

Signed: _____

Title: _____

Date: _____

Best Management Practices

No BMP/COA Type

Description

CONDITIONS OF APPROVAL: