

**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:
400993918

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: 119458

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

OGCC Operator Number: 62340	Contact Name: Andrew Busch
Name of Operator: NATIONAL FUEL CORPORATION	
Address: 8400 EAST PRENTICE AVE #735	Phone: (303) 220-7772
City: GREENWOOD VILLAGE State: CO Zip: 80111-2926	Email: abusch@national-fuel.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: Federal #2-3-8-104	Operator's Pit/Facility Number: 119458
API Number (associated well): 05-045 06165 00	
OGCC Location ID (associated location): 322397	Or Form 2A #
Pit Location (QtrQtr, Sec, Twp, Rng, Meridian): NESW-3-8S-104W-6	
Latitude: 39.394469	Longitude: -108.977784
County: GARFIELD	

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 checked="" 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 checked="" 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: 06/21/1979 Actual or Planned: Actual
Method of treatment prior to discharge into pit: NA	
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:	Information contained in this Form 15 is based on operations prior to selling asset to Foundation Energy Mgmt. Prior to setting 95 bbl produced water tank, pit was used for produced water storage and blowdown. Pit is now used for added capacity inside the bermed area. Currently no holes are produced into the pit during normal operations.

Distance (in feet) to the nearest surface water: 868	Ground Water (depth): 3252	Water Well: 1193
Is this location in a Sensitive Area? No	Existing Location? Yes	

Pit Design and Construction

Size of Pit (in feet):	Length: 12	Width: 12	Depth: 4	Calculated Working Volume (in barrels): 102
Flow Rates (in bbl/day):	Inflow: 0	Outflow: 0	Evaporation: 0	Percolation: 0
Primary Liner. Type:	NA	Thickness (mil):	0	
Secondary Liner (if present):	Type: NA	Thickness (mil):	0	
Is Pit Fenced? Yes	Is Pit Netted? Yes	Leak Detection? No		
Other Information:	Nearest surface water is the intermittently flowing West Salt Creek west of the location. Geologic report indicated well was drilled to 3252 with air. No water encounters reported. Nearest water well shown on GISOnline map is West Gas well NE of location.			

Operator: _____
Comments: Per instructions from Annie Eckman, the SAD on the COGIS Pit Information sheet will be used for the SAD for facilities being transferred to Foundation Energy Mgmt.

Certification

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

Signed: _____ Print Name: Andrew Busch
Title: VP Operations Email: abusch@national-fuel.com Date: _____

Approval

Signed: _____ Title: _____ Date: _____

Best Management Practices

No	BMP/COA Type	Description

CONDITIONS OF APPROVAL:

COA Type	Description