

**State of Colorado
Oil and Gas Conservation Commission**

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OGCC RECEPTION

Document Number:
400994448

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: 119478

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	<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: Federal #12-3	Operator's Pit/Facility Number: 119478
API Number (associated well): 05-045 06200 00	
OGCC Location ID (associated location): 322414	Or Form 2A #
Pit Location (QtrQtr, Sec, Twp, Rng, Meridian): SWNW-3-8S-104W-6	
Latitude: 39.399178	Longitude: -108.980929
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 type="checkbox"/> Production: <input type="checkbox"/> Skimming/Settling; <input type="checkbox"/> Produced Water Storage; <input type="checkbox"/> Percolation; <input type="checkbox"/> Evaporation	
<input checked="" 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: 12/21/1981	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 infrequently for blowdown. Currently pit is not used during normal operations. Site Conditions

Distance (in feet) to the nearest surface water: 143	Ground Water (depth): 3998	Water Well: 1852
Is this location in a Sensitive Area? No	Existing Location? Yes	

Pit Design and Construction

Size of Pit (in feet): Length: 16 Width: 16 Depth: 2	Calculated Working Volume (in barrels): 91
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 on the west side of location. No water encounters were reported while drilling with air to a depth of 3998. Nearest water well is West Gas well SW of location per GISOnline map.

Operator: _____
Comments: Per instructions from Annie Eckman, the SAD status on the COGIS Pit Information sheet will be used for 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