

**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:**  
**401066370**

**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: 439484

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

OGCC Operator Number:	10439	Contact Name:	CAROL PRUITT
Name of Operator:	CARRIZO NIOBRARA LLC		
Address:	500 DALLAS STREET #2300	Phone:	(713) 328-1000
City:	HOUSTON	State:	TX
Zip:	77002	Email:	CAROL.PRUITT@CRZO.NET

**Pit Location Information**

Operator's Pit/Facility Name:	O'HARE 1-29-11-57	Operator's Pit/Facility Number:	439484
API Number (associated well):	05-00		
OGCC Location ID (associated location):	439302	Or Form 2A #	
Pit Location (QtrQtr, Sec, Twp, Rng, Meridian):	SWSW-29-11N-57W-6		
Latitude:	40.893350	Longitude:	-103.780740
County:	WELD		

**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:	11/10/2014	Actual or Planned:
		Actual	
Method of treatment prior to discharge into pit: _____			
Offsite disposal of pit contents:	<input type="checkbox"/> Injection;	<input type="checkbox"/> Commercial;	<input checked="" type="checkbox"/> Reuse/Recycle; <input type="checkbox"/> NPDES; Permit Number: _____
Other Information:	FRESHWATER STORAGE PIT ONLY		

**Site Conditions**

Distance (in feet) to the nearest surface water:	336	Ground Water (depth):	33	Water Well:	3185
Is this location in a Sensitive Area?	No	Existing Location?	Yes		

**Pit Design and Construction**

Size of Pit (in feet):	Length:	405	Width:	640	Depth:	14	Calculated Working Volume (in barrels):	37197
								7
Flow Rates (in bbl/day):	Inflow:	36000	Outflow:		Evaporation:		Percolation:	
Primary Liner. Type:	LLDPE		Thickness (mil):	40				
Secondary Liner (if present):	Type:		Thickness (mil):					
Is Pit Fenced?	Yes	Is Pit Netted?	No	Leak Detection?	No			
Other Information:								

Operator Comments: REPORT PER COA ON PERMIT DATED 10/28/14. "OTHER" ATTACHMENTS: 2 PAGES OF THE AS-CONSTRUCTED LAYOUT

**Certification**

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

Signed: \_\_\_\_\_ Print Name: CAROL PRUITT  
Title: REGULATORY COMPLIANCE Email: CAROL.PRUITT@CRZO.NE Date: 06/22/2016  
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