

**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:
401239324

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: _____ | 10531 | Contact Name: Scott Ghan |
| Name of Operator: <u>VANGUARD OPERATING LLC</u> | | |
| Address: <u>5847 SAN FELIPE #3000</u> | Phone: (970) 876-1959 | |
| City: <u>HOUSTON</u> | State: <u>TX</u> | Zip: <u>77057</u> |
| Email: <u>sghan@vnrlc.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: _____ | GGU Miller 11D | Operator's Pit/Facility Number: _____ |
| API Number (associated well): 05- _____ | 00 | |
| OGCC Location ID (associated location): _____ | 335427 | Or Form 2A # _____ |
| Pit Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>NWNW-32-6S-91W-6</u> | | |
| Latitude: <u>39.489146</u> | Longitude: <u>-107.584048</u> | County: <u>GARFIELD</u> |

Operation Information

| | |
|--|---|
| Pit Use/Type (Check all that apply): | Pit Type: <input checked="" type="checkbox"/> Lined <input 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 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>05/01/2017</u> Actual or Planned: <u>Planned</u> |
| Method of treatment prior to discharge into pit: <u>See attached supplemental info</u> | |
| Offsite disposal of pit contents: | <input checked="" type="checkbox"/> Injection; <input type="checkbox"/> Commercial; <input checked="" type="checkbox"/> Reuse/Recycle; <input type="checkbox"/> NPDES; Permit Number: _____ |
| Other Information: | <u>Please see attached supplemental information for details.</u> |

Site Conditions

| | | | | | |
|--|-----------|-----------------------------|-------|-------------------|------|
| Distance (in feet) to the nearest surface water: _____ | 1925 | Ground Water (depth): _____ | 100 | Water Well: _____ | 2267 |
| Is this location in a Sensitive Area? | <u>No</u> | Existing Location? | _____ | | |

Pit Design and Construction

| | | | | | | | | | |
|-------------------------------|---|------------------------|----------------|--------------------|--------------------|----|---|-------|---|
| Size of Pit (in feet): | Length: _____ | 260 | Width: _____ | 180 | Depth: _____ | 20 | Calculated Working Volume (in barrels): | 12182 | 6 |
| Flow Rates (in bbl/day): | Inflow: _____ | 14000 | Outflow: _____ | Evaporation: _____ | Percolation: _____ | | | | |
| Primary Liner. Type: | <u>synthetic -XR5</u> | Thickness (mil): _____ | 30 | | | | | | |
| Secondary Liner (if present): | Type: <u>E30WBS anti-skid</u> | Thickness (mil): _____ | 30 | | | | | | |
| Is Pit Fenced? | <u>Yes</u> | Is Pit Netted? | <u>Yes</u> | Leak Detection? | <u>Yes</u> | | | | |
| Other Information: | <u>Pit design and construction details included in the attached supplemental information.</u> | | | | | | | | |

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 McKisson
Title: Manager Email: cmckisson@ltenv.com Date: _____

Approval

Signed: _____

Title: _____

Date: _____

Best Management Practices

No BMP/COA Type

Description

| | |
|--|--|
| | |
|--|--|

CONDITIONS OF APPROVAL:

COA Type

Description

| | |
|--|--|
| | |
|--|--|

Attachment Check List

Att Doc Num

Name

| | |
|-----------|--------------------------------|
| 401240356 | SENSITIVE AREA DETERMINATION |
| 401240357 | OTHER |
| 401240359 | DESIGN: PLAN AND CROSS SECTION |
| 401240360 | OTHER |
| 401240361 | TOPOGRAPHIC MAP |
| 401240362 | OTHER |

Total Attach: 6 Files

General Comments

User Group

Comment

Comment Date

| | | |
|--|--|---------------------|
| | | Stamp Upon Approval |
|--|--|---------------------|

Total: 0 comment(s)