

**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:**  
**400990549**

**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: 119451

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:	PO BOX 4892	Phone:	(303) 220-7772
City:	PARKER	State:	CO Zip: 80134 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:	Government #2	Operator's Pit/Facility Number:	119451
API Number (associated well):	05- 045 06070 00		
OGCC Location ID (associated location):	322339	Or Form 2A #	
Pit Location (QtrQtr, Sec, Twp, Rng, Meridian):	NENE-34-6S-104W-6		
Latitude:	39.499380	Longitude:	-108.967447
		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 checked="" 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 checked="" type="checkbox"/> Multi-Well Pit:	Construction Date:	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:	This Form 15 is based on operations prior to selling this asset to Foundation Energy Mgmt. Pit used for blowdown and produced water.		

**Site Conditions**

Distance (in feet) to the nearest surface water:	94	Ground Water (depth):	4920	Water Well:	9851
Is this location in a Sensitive Area?	No	Existing Location?	Yes		

**Pit Design and Construction**

Size of Pit (in feet):	Length: 10	Width: 10	Depth: 3	Calculated Working Volume (in barrels):	53
Flow Rates (in bbl/day):	Inflow: 0	Outflow: _____	Evaporation: 0.01	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:	Surface Water - Dry tributary to West Salt Creek on west side of location. No ground water reported when well was air drilled to 4920'. Nearest water well due south per GISOnline Map.				

Operator Comments: Per instructions from Annie Eckman, the SAD status 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: 02/17/2016

**Approval**

Signed: \_\_\_\_\_

*Matthew Lee*

Title: \_\_\_\_\_

Director of COGCC

Date: \_\_\_\_\_

05/10/2017

**Best Management Practices**

**No BMP/COA Type**

**Description**

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CONDITIONS OF APPROVAL:

**COA Type**

**Description**

	Pit is weed infested and appears to be out of service. If pit is not in use, close in accordance with an approved Site Investigation and Remediation Workplan (Form 27).
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**Attachment Check List**

**Att Doc Num**

**Name**

400990549	PIT REPORT SUBMITTED
400990613	SENSITIVE AREA DETERMINATION
400990614	OTHER
400990630	OTHER
400990637	OTHER
400990646	OTHER
400990653	DETAILED SITE PLAN
400990655	OTHER

Total Attach: 8 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

Environmental	Otherwise, pit must be maintained to the standards permitted at the time of construction. Comply with Rule 603.f using the Rule 603.f guidance document for further details.	05/10/2017
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Total: 1 comment(s)