

State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2109

FOR OGCC USE ONLY
257819
RECEIVED

LEA Entered 8/7/00
OIL & GAS COMMISSION
Complete the

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 SUBMITTED FOR:

 Pit Report **X** Pit Permit

Attachment Checklist

OGCC Operator Number: 06385	Contact Name and Telephone: GERALD JACOB	Detailed Site Plan	Oper	OGCC
Name of Operator: EVERGREEN OPERATING CORPORATION	No: 303-298-8100	Topo Map with Pit Location		<input checked="" type="checkbox"/>
Address: 1401 17th STREET, SUITE 1200	Fax: 303-298-7800	Water Analysis (Form 25)		<input checked="" type="checkbox"/>
City: DENVER State: CO Zip: 80202		Source Wells (Form 26)		<input checked="" type="checkbox"/>
		Pit Design Plan & Cross Sect.		<input checked="" type="checkbox"/>
		Design Calculations		<input checked="" type="checkbox"/>
		Sensitive Area Determination		<input checked="" type="checkbox"/>
		Mud Program		<input checked="" type="checkbox"/>
		Form 2A		<input checked="" type="checkbox"/>

API Number (of associated well): **05-071-06315** OGCC Facility ID (of other associated facility): **Bud 34-6**

Pit Location (QtrQtr, Sec, Twp, Rng, Meridian) **SW/SE, SEC. 6, T33S, R65W, 6TH P.M.**

Latitude: **N/A** Longitude: **N/A** County: **LAS ANIMAS**

Pit Use: **X** Production Drilling (Attach mud program) Special Purpose (Describe use):

Pit Type: Lined **X** Unlined Surface Discharge Permit: **X** Yes No

Offsite disposal of pit contents: Injection Commercial Pit/Facility Name: Pit/Facility No:

Attach Form 26 to identify Source Wells and Form 25 to provide Produced Water Analysis results. See COA

Existing Site Conditions

Is the location in a "Sensitive Area"? Yes **X** No Attach data used for determination.

Distance (in feet) to nearest surface water: **2000'** ground water: **approximately 710' - 880 (see text)** water wells: **4800'**

LAND USE (or attach copy of Form 2A, if previously submitted for associated well) Select one which best describes land use:

Crop Land: Irrigated Dry Land Improved Pasture Hay Meadow CRP

Non-Crop Land: **X** Rangeland Timber Recreational Other (describe):

Subdivided: Industrial Commercial Residential

SOILS (or attach copy of Form 2A, if previously submitted for associated well)

Soil map units from USNRCS survey: Sheet No: **18D** Soil Complex/Series No: **PjE**

Soils Series Name: **Louviers - Sarcillo - Trag Complex** Horizon thickness (in inches): A: **0-4"** B: **4-14"** C: **14-18**

Soils Series Name: Horizon thickness (in inches): A: B: C:

Attach detailed site plan and topo map with pit location.

Pit Design and Construction

Size of pit (feet): Length: **70** Width: **30** Depth: **6**

Calculated pit volume (bbls): **2,244** Daily inflow rate (bbls/day): **UNKNOWN**

Daily disposal rates (attach calculations): Evaporation **3** bbls/day Percolation: **154** bbls/day

Type of liner material: **NONE** Thickness: **N/A**

Attach description of proposed design and construction (include sketches and calculations).

Method of treatment of produced water prior to discharge into pit (separator, heater treater, other): **SEPARATOR**

Is pit fenced? Yes **X** No Is pit netted? Yes **X** No

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

Print Name: **GERALD JACOB**

Signed: Title: **ENVIRONMENTAL SUPERVISOR** Date: **7/26/00**

OGCC Approved: Title: **EPS** Date: **8-3-00**

CONDITIONS OF APPROVAL, IF ANY:

Water data previously provided 8/1/98.

Facility Number: **257819**



State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2109

25 1817
RECEIVED

OIL & GAS COMMISSION

SOURCE OF PRODUCED WATER FOR DISPOSAL

This form must be completed for any new disposal site and for any change in sources of produced water for an existing disposal site.

OGCC Operator Number: 06385

Name of Operator: EVERGREEN OPERATING CORPORATION

Address: 1401 17th STREET, SUITE 1200

City: DENVER State: CO Zip: 80202

Contact Name and Telephone:
GERALD JACOB

No: 303-298-8100

Fax: 303-298-7800

Complete the
Attachment Checklist
Oper

OGCC

Analysis

Sample Location Map

If more space is required,
attach additional sheet

OGCC DISPOSAL FACILITY NUMBER: Pending

Operator's Disposal Facility Name: Bud 34-6 Pit

Location (QtrQtr, Sec, Twp, Rng, Meridian): SW/SE, SEC. 6, T33S, R65W, 6th p.m.

Address: N/A

City: _____ State: _____ Zip: _____ County: _____

Add Source: OGCC Lease Number: _____ API No: 05-071-06315 Well Name & No: Bud 34-6

X Operator Name: EVERGREEN OPERATING CORPORATION Operator Number: 06385

Delete Source: Location: QtrQtr: SW/SE Section: 6 Township: 33S Range: 65W Producing Formation: Vermejo

Analysis attached? _____ Yes X No* Transported to disposal site via: X Pipeline _____ Truck TDS: 3530 ppm.

* data previously submitted

Add Source: OGCC Lease Number: _____ API No: _____ Well Name & No: _____

Operator Name: _____ Operator Number: _____

Delete Source: Location: QtrQtr: _____ Section: _____ Township: _____ Range: _____ Producing Formation: _____

Analysis attached? _____ Yes _____ No Transported to disposal site via: _____ Pipeline _____ Truck TDS: _____

Add Source: OGCC Lease Number: _____ API No: _____ Well Name & No: _____

Operator Name: _____ Operator Number: _____

Delete Source: Location: QtrQtr: _____ Section: _____ Township: _____ Range: _____ Producing Formation: _____

Analysis attached? _____ Yes _____ No Transported to disposal site via: _____ Pipeline _____ Truck TDS: _____

Add Source: OGCC Lease Number: _____ API No: _____ Well Name & No: _____

Operator Name: _____ Operator Number: _____

Delete Source: Location: QtrQtr: _____ Section: _____ Township: _____ Range: _____ Producing Formation: _____

Analysis attached? _____ Yes _____ No Transported to disposal site via: _____ Pipeline _____ Truck TDS: _____

Add Source: OGCC Lease Number: _____ API No: _____ Well Name & No: _____

Operator Name: _____ Operator Number: _____

Delete Source: Location: QtrQtr: _____ Section: _____ Township: _____ Range: _____ Producing Formation: _____

Analysis attached? _____ Yes _____ No Transported to disposal site via: _____ Pipeline _____ Truck TDS: _____

Add Source: OGCC Lease Number: _____ API No: _____ Well Name & No: _____

Operator Name: _____ Operator Number: _____

Delete Source: Location: QtrQtr: _____ Section: _____ Township: _____ Range: _____ Producing Formation: _____

Analysis attached? _____ Yes _____ No Transported to disposal site via: _____ Pipeline _____ Truck TDS: _____

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

Print Name: GERALD JACOB

Signed: _____ Title: ENVIRONMENTAL SUPERVISOR

Date: 7/24/00

OGCC Approved: _____ Title: EPS Date: 8-3-01

CONDITIONS OF APPROVAL, IF ANY:

