

# State of Colorado Oil and Gas Conservation Commission

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



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## EARTHEN PIT REPORT / PERMIT

This form is to be used for both reporting and permitting pits. Rule 908 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: 0

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

OGCC Operator Number: 10339	Contact Name: Jace Marshall
Name of Operator: GULFPORT ENERGY CORPORATION	
Address: 3001 QUAIL SPRINGS PARKWAY	Phone: (405) 252-4637
City: OKLAHOMA CITY State: OK Zip: 73134	Email: jmarshall@gulfportenergy.com

### Pit Location Information

Operator's Pit/Facility Name: State 41-14-1	Operator's Pit/Facility Number: 41-14-1
API Number (associated well): 05- 081 07664 00	
OGCC Location ID (associated location): 424058	Or Form 2A #
Pit Location (QtrQtr, Sec, Twp, Rng, Meridian): SWSW-14-6N-91W-6	
Latitude: 40.472717	Longitude: -107.578134
County: MOFFAT	

### Operation Information

Construction Date:	Actual or Planned:	Pit Type: Unlined
Per rule 405.c: Operators will provide the Commission written notice 2 business days in advance of a Pit liner installation at any facility.		
<b>Pit Use/Type (Check all that apply):</b>		
<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 checked="" type="checkbox"/> Special Purpose:	<input checked="" type="checkbox"/> Flare	<input type="checkbox"/> Blowdown
<input type="checkbox"/> Multi-Well Pit:	<input type="checkbox"/> Check if Rule 909.g.(1-4) applies.	<input type="checkbox"/> BS&W/Tank Bottoms
<input type="checkbox"/> Cuttings Trench		
<input type="checkbox"/> Form 15 Exception Pit Submitted within 30 Days after Constructing (908.c):	<input type="checkbox"/> Emergency	<input type="checkbox"/> Workover
	<input type="checkbox"/> Plugging	
Method of treatment prior to discharge into pit:		
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:		

### Site Conditions

Enter 5280 for distance greater than 1 mile.		
Distance (in feet) to the nearest surface water: 716	Ground Water (depth): 80	Water Well: 682
Distance (in feet) to nearest Building Unit: 577		
Distance (in feet) to nearest Designated Outside Activity Area: 334		

### Pit Design and Construction

Size of Pit (in feet): Length: 25 Width: 25 Depth: 8 Calculated Working Volume (in barrels): 400

Flow Rates (in bbl/day): Inflow: 0 Outflow: 0 Evaporation: 0 Percolation: 0

Primary Liner. Type: Earthen Thickness (mil): 304

Operational Lifespan, per manufacturer's specs (years): 100

Secondary Liner (if present): Type: None Thickness (mil): 0

Operational Lifespan, per manufacturer's specs (years): 0

#### **Pit Emissions**

Estimated tons per year (tpy) of volatile organic compounds (VOCs): Attach Pit Emission Calculations. 0

Other Information:

Operator  
Comments:

As requested by the COGCC, Gulfport is submitting this Form 15 to acquire a Facility ID for the flare pit already constructed on location. This will be referenced on a Form 27 Site Investigation and Remediation Workplan specific to the flare pit closure.

#### **Certification**

Rule 909.e.(3): If an Operator allows oil or condensate (free product or sheen) to accumulate in a Pit, then the Director may revoke the Operator's Form 15 and require the Operator to close and remediate the Pit.

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

Signed: \_\_\_\_\_ Print Name: Joel Mason

Title: Senior Project Manager Email: joel.mason@absaroksolutions.com Date: \_\_\_\_\_

#### **Approval**

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

### **Best Management Practices**

#### **No BMP/COA Type** **Description**

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CONDITIONS OF APPROVAL:

#### **COA Type** **Description**

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### **Attachment List**

#### **Att Doc Num** **Name**

402886625	OTHER
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Total Attach: 1 Files

### **General Comments**

#### **User Group** **Comment** **Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)