



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: 119232

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

OGCC Operator Number:	10705	Contact Name:	Timothy Fernandez
Name of Operator:	EVERGREEN NATURAL RESOURCES LLC		
Address:	1875 LAWRENCE ST STE 1150	Phone:	(719) 2204330
City	DENVER	State:	CO
Zip:	80202	Email:	timothy.fernandez@enrllc.com

Pit Location Information

Operator's Pit/Facility Name:	BECKS 41-16	Operator's Pit/Facility Number:	
API Number (associated well):	05- 071 06612 00		
OGCC Location ID (associated location):	217833	Or Form 2A #	
Pit Location (QtrQtr, Sec, Twp, Rng, Meridian):	NENE-16-32S-65W-6		
Latitude:	37.264566	Longitude:	-104.672627
County:	LAS ANIMAS		

Operation Information

Construction Date:	05/07/1999	Actual or Planned:	Actual	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.					
Pit Use/Type (Check all that apply):					
<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 type="checkbox"/> Evaporation	
<input type="checkbox"/> Special Purpose:	<input type="checkbox"/> Flare	<input type="checkbox"/> Blowdown	<input type="checkbox"/> BS&W/Tank Bottoms		
<input type="checkbox"/> Multi-Well Pit:	<input type="checkbox"/> Check if Rule 909.g.(1-4) applies.				
<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: Separator					
Offsite disposal of pit contents: <input checked="" type="checkbox"/> Injection; <input 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:	3300	Ground Water (depth):	50
Distance (in feet) to nearest Building Unit:	5280	Water Well:	3900
Distance (in feet) to nearest Designated Outside Activity Area:	5280		

Pit Design and Construction

Size of Pit (in feet):	Length: <u>70</u>	Width: <u>30</u>	Depth: <u>6</u>	Calculated Working Volume (in barrels): <u>2244</u>
Flow Rates (in bbl/day):	Inflow: <u>60</u>	Outflow: <u> </u>	Evaporation: <u>3</u>	Percolation: <u>97</u>
Primary Liner:	Type: <u>None</u>	Thickness (mil): <u>0</u>		
Operational Lifespan, per manufacturer's specs (years): <u>0</u>				
Seconday Liner (if present):	Type: <u>None</u>	Thickness (mil): <u>0</u>		
Operational Lifespan, per manufacturer's specs (years): <u>0</u>				
Pit Emissions				
Estimated tons per year (tpy) of volatile organic compounds (VOCs): Attach Pit Emission Calculations. <u>0</u>				
Other Information: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				

Operator Comments:	This Form 15 is being filed to update coordinates at the Becks 41-16 Pit, Facility ID: 119232 in response to inspection Doc# 710500104. Coordinates were collected on site from the southeast corner of the pit.
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: <u>Timothy Fernandez</u>
Title: <u>Regulatory Supervisor</u>	Email: <u>timothy.fernandez@enrllc.com</u> Date: <u>01/15/2024</u>

Approval		
Signed: _____	Title: _____	Date: _____

Best Management Practices	
<u>No BMP/COA Type</u>	<u>Description</u>
CONDITIONS OF APPROVAL:	
<u>COA Type</u>	<u>Description</u>
0 COA	

Attachment List	
<u>Att Doc Num</u>	<u>Name</u>
403654288	PIT REPORT SUBMITTED
403654297	OTHER
Total Attach: 2 Files	

General Comments		
<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval
Total: 0 comment(s)		