

**State of Colorado**  
**Energy & Carbon Management Commission**

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



**Document Number:**

**403682353**

**Date Received:**

**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: 113681

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

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

**Pit Location Information**

Operator's Pit/Facility Name: <u>Cindy H 23-27 Pit</u>	Operator's Pit/Facility Number: _____
API Number (associated well): 05- <u>071</u> <u>06507</u> <u>00</u>	
OGCC Location ID (associated location): <u>307489</u>	Or Form 2A # _____
Pit Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>NESW-27-33S-66W-6</u>	
Latitude: <u>37.139713</u>	Longitude: <u>-104.768544</u> County: <u>LAS ANIMAS</u>

**Operation Information**

Construction Date: <u>09/23/1999</u>	Actual or Planned: <u>Actual</u>	Pit Type: <u>Unlined</u>
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"/> <b>Drilling: (Ancillary, Completion, Flowback, Reserve Pits)</b>	<input type="checkbox"/> Oil-based Mud	<input type="checkbox"/> Salt Sections or High Chloride Mud
<input checked="" type="checkbox"/> <b>Production:</b>	<input type="checkbox"/> Skimming/Settling	<input checked="" type="checkbox"/> Produced Water Storage
<input type="checkbox"/> <b>Special Purpose:</b>	<input type="checkbox"/> Flare	<input checked="" type="checkbox"/> Percolation <input checked="" type="checkbox"/> Evaporation
<input type="checkbox"/> <b>Multi-Well Pit:</b>	<input type="checkbox"/> Blowdown	<input type="checkbox"/> BS&W/Tank Bottoms
<input type="checkbox"/> <b>Cuttings Trench</b>	<input type="checkbox"/> Check if Rule 909.g.(1-4) applies.	
<input type="checkbox"/> <b>Form 15 Exception Pit Submitted within 30 Days after Constructing (908.c):</b>	<input type="checkbox"/> Emergency	<input type="checkbox"/> Workover <input type="checkbox"/> Plugging
Method of treatment prior to discharge into pit: <u>Separator</u>		
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		

**Site Conditions**

Enter 5280 for distance greater than 1 mile.		
Distance (in feet) to the nearest surface water: <u>400</u>	Ground Water (depth): <u>25</u>	Water Well: <u>1450</u>
Distance (in feet) to nearest Building Unit: <u>1000</u>		
Distance (in feet) to nearest Designated Outside Activity Area: <u>5280</u>		

**Pit Design and Construction**

Size of Pit (in feet): Length: 70 Width: 30 Depth: 6 Calculated Working Volume (in barrels): 2244  
Flow Rates (in bbl/day): Inflow: 28 Outflow: \_\_\_\_\_ Evaporation: \_\_\_\_\_ Percolation: \_\_\_\_\_  
Primary Liner. Type: None Thickness (mil): 0  
Operational Lifespan, per manufacturer's specs (years): 0  
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:

**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: Timothy Fernandez  
Title: Regulatory Supervisor Email: Timothy.Fernandez@enrllc.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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0 COA

**Attachment List**

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

403682409	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)