

**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:**  
**400639898**

**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: \_\_\_\_\_

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

OGCC Operator Number: _____	10150	Contact Name: _____	Jessica Donahue
Name of Operator: <u>BLACK HILLS PLATEAU PRODUCTION LLC</u>			
Address: _____	1515 WYNKOOP ST STE 500	Phone: _____	(720) 210-1333
City _____	DENVER	State: _____	CO
Zip: _____	80202	Email: _____	Jessica.Donahue@blackhillscorp.com

ATTACHMENTS	
Detailed Site Plan	<input type="checkbox"/>
Design/Cross Sec	<input type="checkbox"/>
Topo Map	<input type="checkbox"/>
Calculations	<input type="checkbox"/>
Sensitive Area Info	<input type="checkbox"/>
Mud Program	<input type="checkbox"/>
Form 2A	<input type="checkbox"/>
Form 26	<input type="checkbox"/>
Water Analysis	<input type="checkbox"/>

**Pit Location Information**

Operator's Pit/Facility Name: _____	Debeque Station	Operator's Pit/Facility Number: _____	Pond 1
API Number (associated well): 05- _____	00		
OGCC Location ID (associated location): _____	Or Form 2A # _____	400556701	
Pit Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>SESW-29-8S-97W-6</u>			
Latitude: _____	39.323770	Longitude: _____	-108.242530
County: _____	MESA		

**Operation Information**

Pit Use/Type (Check all that apply):	Pit Type: <input checked="" type="checkbox"/> Lined <input 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 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"/> Emergency; <input 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: <u>11/03/2014</u> Actual or Planned: <u>Planned</u>
Method of treatment prior to discharge into pit: <u>Oil Skimmer</u>	
Offsite disposal of pit contents:	<input type="checkbox"/> Injection; <input type="checkbox"/> Commercial; <input checked="" type="checkbox"/> Reuse/Recycle; <input type="checkbox"/> NPDES;    Permit Number: _____
Other Information: _____	

**Site Conditions**

Distance (in feet) to the nearest surface water: _____	5970	Ground Water (depth): _____	100	Water Well: _____	1390
Is this location in a Sensitive Area? _____	No	Existing Location? _____			

**Pit Design and Construction**

Size of Pit (in feet):	Length: _____	370	Width: _____	176	Depth: _____	23	Calculated Working Volume (in barrels):	31111	2
Flow Rates (in bbl/day):	Inflow: _____	80000	Outflow: _____	55000	Evaporation: _____	127	Percolation: _____	0	
Primary Liner. Type: _____	HDPE	Thickness (mil): _____	60						
Secondary Liner (if present): Type: _____	HDPE	Thickness (mil): _____	40						
Is Pit Fenced? _____	Yes	Is Pit Netted? _____	No	Leak Detection? _____	Yes				
Other Information: <u>Pit will not be netted, but will be equipped with floating hextiles to deter waterfowl.</u>									

Operator \_\_\_\_\_  
Comments: \_\_\_\_\_

**Certification**

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

Signed: \_\_\_\_\_ Print Name: Jessica Donahue  
Title: Regulatory Technician Email: Jessica.Donahue@blackhillscorp.com Date: \_\_\_\_\_

**Approval**

Signed: \_\_\_\_\_ Title: Director of Cogcc Date: \_\_\_\_\_

**Best Management Practices**

<u>No</u>	<u>BMP/COA Type</u>	<u>Description</u>
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CONDITIONS OF APPROVAL: