

**State of Colorado
Oil and Gas Conservation Commission**

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OGCC RECEPTION

Document Number:
400997501

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: 119465

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

OGCC Operator Number: 62340	Contact Name: Andrew Busch
Name of Operator: NATIONAL FUEL CORPORATION	
Address: 8400 EAST PRENTICE AVE #735	Phone: (303) 220-7772
City: GREENWOOD VILLAGE State: CO Zip: 80111-2926	Email: abusch@national-fuel.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: Federal #3-10-84	Operator's Pit/Facility Number: 119465
API Number (associated well): 05-045 06391 00	
OGCC Location ID (associated location): 322496	Or Form 2A #
Pit Location (QtrQtr, Sec, Twp, Rng, Meridian): NESE-10-8S-104W-6	
Latitude:	Longitude:
County: GARFIELD	

Operation Information

Pit Use/Type (Check all that apply):	Pit Type: <input type="checkbox"/> Lined <input checked="" 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 checked="" type="checkbox"/> Production:	<input type="checkbox"/> Skimming/Settling; <input checked="" type="checkbox"/> Produced Water Storage; <input type="checkbox"/> Percolation; <input checked="" type="checkbox"/> Evaporation
<input type="checkbox"/> Special Purpose:	<input type="checkbox"/> Flare; <input type="checkbox"/> Emergency; <input checked="" type="checkbox"/> Blowdown; <input type="checkbox"/> Workover; <input type="checkbox"/> Plugging; <input type="checkbox"/> BS&W/Tank Bottoms
<input type="checkbox"/> Multi-Well Pit:	Construction Date: 10/04/1983 Actual or Planned: Actual
Method of treatment prior to discharge into pit: NA	
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:	Information contained in this Form 15 is based on operations prior to selling asset to Foundation Energy Mgmt. Prior to setting 525 gallon produced water tank, pit was used for produced water storage and blowdown. Pit is now used for aded capacity inside bermed area. Site Conditions

Distance (in feet) to the nearest surface water: 1542	Ground Water (depth): 3792	Water Well: 6358
Is this location in a Sensitive Area? No	Existing Location? Yes	

Pit Design and Construction

Size of Pit (in feet):	Length: 14	Width: 14	Depth: 3	Calculated Working Volume (in barrels): 104
Flow Rates (in bbl/day):	Inflow: 0	Outflow: 0	Evaporation: 0	Percolation: 0
Primary Liner. Type:	NA	Thickness (mil):	0	
Seconday Liner (if present):	Type: NA	Thickness (mil):	0	
Is Pit Fenced? Yes	Is Pit Netted? Yes	Leak Detection? No		
Other Information:	Nearest surface water is dry tributary of West Salt Creek, SE of location. Per the geological well report, well was drilled with air to 3792' with no encounters of water reported. Nearest water well east of location per GISOnline map.			

Operator: _____
Comments: Per instructions from Annie Eckman, the SAD status on the COGIS Pit Information sheet will be used for the SAD for facilities being transferred to Foundation Energy Mgmt.

Certification

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

Signed: _____ Print Name: Andrew Busch
Title: VP Operations Email: abusch@national-fuel.com Date: _____

Approval

Signed: _____ Title: _____ Date: _____

Best Management Practices

No	BMP/COA Type	Description

CONDITIONS OF APPROVAL:

COA Type	Description