

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 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: 104621

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

OGCC Operator Number: 76840	Contact Name: Fabrianna Venaducci
Name of Operator: SCHNEIDER ENERGY SERVICES INC	
Address: P O BOX 889	Phone: (303) 279-0789
City: FORT MORGAN	State: CO Zip: 80701
Email: fabrianna@jameskaro.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: Vondy #1	Operator's Pit/Facility Number: 104621
API Number (associated well): 05- 121 10456 00	
OGCC Location ID (associated location): 317296	Or Form 2A #
Pit Location (QtrQtr, Sec, Twp, Rng, Meridian): NESW-21-2S-55W-6	
Latitude: 39.863063	Longitude: -103.549429
County: WASHINGTON	

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 type="checkbox"/> Produced Water Storage; <input checked="" type="checkbox"/> Percolation; <input checked="" 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: _____ Actual or Planned: Actual
Method of treatment prior to discharge into pit: Skim Pit	
Offsite disposal of pit contents:	<input type="checkbox"/> Injection; <input type="checkbox"/> Commercial; <input type="checkbox"/> Reuse/Recycle; <input type="checkbox"/> NPDES; Permit Number: _____
Other Information: _____	

Site Conditions

Distance (in feet) to the nearest surface water: 184	Ground Water (depth): 109	Water Well: 3806
Is this location in a Sensitive Area? No	Existing Location? Yes	

Pit Design and Construction

Size of Pit (in feet):	Length: 70	Width: 57	Depth: 10	Calculated Working Volume (in barrels): _____
Flow Rates (in bbl/day):	Inflow: _____	Outflow: _____	Evaporation: _____	Percolation: _____
Primary Liner. Type: N/A	Thickness (mil): _____			
Secondary Liner (if present): Type: N/A	Thickness (mil): _____			
Is Pit Fenced? No	Is Pit Netted? No	Leak Detection? No		
Other Information: Pit is unlined. Operator was advised by COGCC that it is not necessary to provide calculations for evaporation pit so they have not been included.				

Comments: water level of the nearest water well. That well is a stock well approximately 3806 feet to the NE in the NENE of the subject section.

Certification

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

Signed: _____ Print Name: Fabrianna Venaducci
Title: Contract Landman Email: fabrianna@jameskaro.com Date: _____

Approval

Signed: _____ Title: Director of Cogcc Date: _____

Best Management Practices

No BMP/COA Type

Description

No BMP/COA Type	Description

CONDITIONS OF APPROVAL: