

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:
400673474

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: _____	29200	Contact Name: Jeff Pshigoda	
Name of Operator: FAULCONER INC* VERNON E			
Address: P O BOX 7995	Phone: (903) 504-2344		
City: TYLER	State: TX	Zip: 75711	Email: jpshigoda@vefinc.com

ATTACHMENTS	
Detailed Site Plan	
Design/Cross Sec	
Topo Map	
Calculations	
Sensitive Area Info	
Mud Program	
Form 2A	
Form 26	
Water Analysis	

Pit Location Information

Operator's Pit/Facility Name: Sunical 1	Operator's Pit/Facility Number: _____
API Number (associated well): 05- 067 05436 00	
OGCC Location ID (associated location): _____	Or Form 2A # _____
Pit Location (QtrQtr, Sec, Twp, Rng, Meridian): SENW-17-33N-9W-N	
Latitude: 37.106630	Longitude: -107.853150
County: _____	

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 checked="" type="checkbox"/> Production:	<input type="checkbox"/> Skimming/Settling; <input 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 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: 08/14/2014 Actual or Planned: Actual
Method of treatment prior to discharge into pit: Mechanical Separation	
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: _____	

Site Conditions

Distance (in feet) to the nearest surface water: 4300	Ground Water (depth): 15	Water Well: 4300
Is this location in a Sensitive Area? No	Existing Location? _____	

Pit Design and Construction

Size of Pit (in feet):	Length: 8	Width: 8	Depth: 10	Calculated Working Volume (in barrels): 100
Flow Rates (in bbl/day):	Inflow: 1	Outflow: 0	Evaporation: 0	Percolation: 0
Primary Liner. Type: Epoxy	Thickness (mil): 3			
Secondary Liner (if present): Type: Steel	Thickness (mil): 0.5			
Is Pit Fenced? Yes	Is Pit Netted? Yes	Leak Detection? No		
Other Information: Buried steel tank with 3' above ground. Replacement tank.				

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: Robbie Anglin
Title: Production Analyst Email: ranglin@vefinc.com Date: _____

Approval

Signed: _____

Title: _____ Director of Cogcc

Date: _____

Best Management Practices

No BMP/COA Type

Description

CONDITIONS OF APPROVAL: