

**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:**  
**400801396**

**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: _____ 47200	Contact Name: Thomas K Hohn
Name of Operator: <u>KGH OPERATING COMPANY</u>	
Address: <u>P O BOX 2235</u>	Phone: (406) 655-3381
City: <u>BILLINGS</u> State: <u>MT</u> Zip: <u>59103-2235</u>	Email: <u>tkhohn@hohneng.com</u>

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: _____ Meagher 3-5	Operator's Pit/Facility Number: _____
API Number (associated well): 05- _____ 00	
OGCC Location ID (associated location): _____	Or Form 2A # _____
Pit Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>Lot 2-3-1S-104W-6</u>	
Latitude: <u>40.003159</u>	Longitude: <u>-109.048962</u> County: <u>RIO BLANCO</u>

**Operation Information**

Pit Use/Type (Check all that apply):	Pit Type: <input checked="" type="checkbox"/> Lined <input type="checkbox"/> Unlined
<input checked="" 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 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>06/05/2015</u> Actual or Planned: <u>Planned</u>
Method of treatment prior to discharge into pit: _____	
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:	<div style="border: 1px solid black; padding: 2px;">Drilling fluids will be transported to a commercial disposal facility. Cuttings will be landspread with landowner consent. Pit will be located in cut. Liner specifications are attached.</div>

**Site Conditions**

Distance (in feet) to the nearest surface water: _____ 2110	Ground Water (depth): _____ 500	Water Well: _____ 5280
Is this location in a Sensitive Area? _____ No	Existing Location? _____	

**Pit Design and Construction**

Size of Pit (in feet):	Length: _____ 135    Width: _____ 50    Depth: _____ 8	Calculated Working Volume (in barrels): _____ 4520
Flow Rates (in bbl/day):	Inflow: _____ 5    Outflow: _____	Evaporation: _____    Percolation: _____
Primary Liner. Type: _____ HDPE	Thickness (mil): _____ 24	
Secondary Liner (if present): Type: _____	Thickness (mil): _____	
Is Pit Fenced? _____ Yes	Is Pit Netted? _____ No	Leak Detection? _____ No
Other Information:	<div style="border: 1px solid black; padding: 2px;">Pit volume allows for 2 feet of freeboard.</div>	

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: Thomas K Hohn  
Title: Designated Agent      Email: tkhohn@hohneng.com      Date: \_\_\_\_\_

**Approval**

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Best Management Practices**

**No BMP/COA Type**

**Description**



CONDITIONS OF APPROVAL: