

STATE OF WYOMING
OIL AND GAS CONSERVATION COMMISSION
P. O. Box 2640
Casper, Wyoming 82602

FEDERAL FORMS MAY BE SUBMITTED IN LIEU OF FORM 14B for non-split estate lands.
IF ALL INFORMATION REQUIRED HEREON IS INCLUDED

APPLICATION FOR PERMIT TO CONSTRUCT AND USE AN EARTHEN PIT
TEMPORARY USE, OR RESERVE PIT

8.API #:
* **

7.COUNTY:

(SUBMIT IN DUPLICATE)

Split Estate

Yes

No

If Split Estate,
provide the Form
1A.

1. TYPE OF PIT.

NEW PIT

EXISTING PIT

RESERVE PIT

FLARE

COMPLETION

OTHER _____

2. NAME OF OPERATOR:

PHONE NO.:

EMAIL:

3. ADDRESS OF OPERATOR:

4. WELL NAME:

6. LOCATION (QQ SEC. T.R.):

LAT.
LONG.

5. GROUND ELEVATION:

Ft.

9. Distance: Is this pit located less than 350 feet from water supplies, residences, schools, parks, hospitals,
Churches, business, or other places where people are known to congregate?

No

Yes

10. WATER ANALYSIS - TESTS MUST BE MADE IN ACCORDANCE WITH STANDARD METHODS - ATTACH FULL COPY OF
ANALYSIS(ES) TO THIS FORM

METHOD OF WATER SAMPLE COLLECTION

LABORATORY PROVIDED RECEIPTAL:

OTHER: _____

DATE WATER SAMPLE WAS TAKEN IN THE FIELD: _____

11. MUD & COMPLETION PROGRAM (AS APPLICABLE):

12. ANTICIPATED TIME PERIOD THE PIT WILL BE IN USE:

(Sundry if open one year after drilling).

13. SIZE OF PIT:

(1) LENGTH _____ Ft. WIDTH _____ Ft. DEPTH _____ Ft. FREEBOARD _____ Ft.

(2) LENGTH _____ Ft. WIDTH _____ Ft. DEPTH _____ Ft. FREEBOARD _____ Ft.

14. PIT CAPACITY:

(1) 0 BBLs. (2) 0 BBLs.

15. ORIGIN OF PIT CONTENT:

(1) _____ (2) _____

16. DISPOSAL OF PIT CONTENTS:

EVAPORATION: _____

HAULED: _____ (PIT LOCATION & OWNERSHIP)

DISPOSAL WELL: _____ (WELL NO. AND LOCATION)

17. DRAINAGE DISTANCE IN FEET TO CLOSEST FRESH POND, STREAM OR LAKE:

NAME: _____ FT. _____

18. SUBSOIL TYPE:

19. TYPE OF SEALING MATERIAL (Including specifications and Method of Application):

* Number Assigned Well On APD For Reserve Pit: (If Unassigned, The Commission Will Provide It).

** Number Assigned To Well Or One Of The Wells Which Produces Water Going Into The Temporary Pit.

20. ADDITIONAL INFORMATION (By attachment, include a plan view of the location, a topo map of sufficient size and detail to determine the surface drainage system complete with all natural waterways and irrigation systems, (if appropriate), and other information as may be specifically required by the Commission)

21. I HEREBY CERTIFY THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNED: _____ TITLE: _____ DATE: _____

SPACE BELOW FOR COMMISSION USE

APPROVED BY: _____ TITLE: _____ DATE: _____

CONDITIONS OF APPROVAL, IF ANY: