

**APPENDIX E**  
**LAND RECLAMATION ANNUAL REPORT**



**OIL AND GAS FACILITY  
LAND RECLAMATION ANNUAL REPORT  
SOUTHERN UTE DEPARTMENT OF ENERGY**  
(Note: Report must be submitted to SUDOE By March 1<sup>st</sup> of each year)

<b>1. NAME OF COMPANY and MAILING ADDRESS</b>
<b>2. CONTACT PERSON AND TELEPHONE NUMBER(S)</b>
<b>3. E MAIL</b>
<b>4. NAME OF FACILITY</b>
<b>5. NUMBER OF FACILITY (If Applicable)</b>
<b>6. SPUD DATE: (If well)</b>
<b>7. LEGAL DESCRIPTION OF FACILITY (ATTACH LOCATION MAP AS FIGURE 1)</b>  Township:                      Range:                      Section:                      ¼:                      ¼:
<b>8. LATITUDE AND LONGITUDE</b>  LATITUDE  LONGITUDE:
<b>9. TOTAL ACREAGE OF DISTURBANCE PRIOR TO RECLAMATION</b> (include all acreage disturbed by installation of the facility)  acres
<b>10. TOTAL ACREAGE RECLAIMED DURING THE CALENDAR YEAR – JANUARY 1 THROUGH DECEMBER 31</b> (ATTACH TOPOGRAPHIC BASE MAP OF RECLAIMED AREAS AS FIGURE 2) (include all acreage reclaimed)  acres
<b>11. RECLAMATION CHECKLIST</b>  Land backfilled and graded to original surface contours <span style="float: right;"><input type="checkbox"/> yes    <input type="checkbox"/> no</span> If no, explain:   Topsoil salvaged, stockpiled and replaced to a minimum 6 inch uniform thickness <span style="float: right;"><input type="checkbox"/> yes    <input type="checkbox"/> no</span> If no, explain:   Seedbed prepared (i.e., ripping to alleviate compaction, disking, tillage, etc.) <span style="float: right;"><input type="checkbox"/> yes    <input type="checkbox"/> no</span> If no, explain:

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**11. RECLAMATION CHECKLIST (Continued)**

Seed mixture prescribed by SUIIT utilized  yes  no  
Describe seed mixture utilized including seeding rate (pounds pure live seed/acre):

Seeding methodology  drilled  broadcast  hydroseeded  
Describe any other methods utilized:

All reclaimed areas mulched and crimped with Colorado certified weed free straw or hay  yes  no  
If no, explain:

Stormwater Best Management Practices in-place  yes  no  
If no, explain:

Invasive and noxious weeds controlled  yes  no  
If no explain and indicate control methodology (e.g., herbicide spray, mechanical means, etc.):

**Please provide any other comments or information pertinent to land reclamation activities completed at this particular facility during the calendar year:**

**12. LAND USE**

Land Use Subsequent to Reclamation  
 commercial  residential  pasture (dry)  pasture (irrigated)  agricultural  forestry  wetlands and lakes  Other \_\_\_\_\_

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**13. FINAL CHECKLIST**

- All pertinent Figures are attached?  yes  no
- All pertinent Appendices are attached?  yes  no
- A PDF of this document has been sent to the SUII DOE?  yes  no
- GPS coordinates have been sent to the SUII DOE (list email)?  yes  no

**I hereby confirm that all information provided in this report are true and accurate to the best of my knowledge.**  
*Signature of applicant or company representative*

**Name and Title of Company Representative**  
*(Please print)*

**Date Signed**