

State of Colorado
Oil and Gas Conservation Commission

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#6050

FOR OGCC USE ONLY

RECEIVED
8/24/2011

SITE INVESTIGATION AND REMEDIATION WORKPLAN

This form shall be submitted to the Director for approval prior to the initiation of site investigation and remediation activities. Form 27 is intended to be used whenever possible. Additional documentation will be required when large volumes of soil and groundwater have been impacted or involve large facilities with multiple source areas. See Rule 910. Attach as many pages as needed to fully describe the proposed work.

CAUSE OF CONDITION BEING INVESTIGATED AND REMEDIATED

Spill or Release Plug & Abandon Central Facility Closure Site/Facility Closure Other (describe): _____

OGCC Employee:

Spill Complaint
Inspection NOAV

Tracking No:

OGCC Operator Number: _____

Name of Operator: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name and Telephone: _____

No: _____

Fax: _____

API Number: _____ County: _____

Facility Name: _____ Facility Number: _____

Well Name: _____ Well Number: _____

Location: (QtrQtr, Sec, Twp, Rng, Meridian): _____ Latitude: _____ Longitude: _____

TECHNICAL CONDITIONS

Type of Waste Causing Impact (crude oil, condensate, produced water, etc): _____

Site Conditions: Is location within a sensitive area (according to Rule 901e)? Y N If yes, attach evaluation.

Adjacent land use (cultivated, irrigated, dry land farming, industrial, residential, etc.): _____

Soil type, if not previously identified on Form 2A or Federal Surface Use Plan: _____

Potential receptors (water wells within 1/4 mi, surface waters, etc.): _____

Description of Impact (if previously provided, refer to that form or document):

Impacted Media (check): Extent of Impact: How Determined:

Soils _____ _____

Vegetation _____ _____

Groundwater _____ _____

Surface Water _____ _____

REMEDIALTION WORKPLAN

Describe initial action taken (if previously provided, refer to that form or document):

Describe how source is to be removed:

Describe how remediation of existing impacts is to be accomplished, including removal and disposal at an injection well or licensed facility, land treatment on site, removal of impacted groundwater, insitu bioremediation, burning of oily vegetation, etc.:



REMEDIATION WORKPLAN (Cont.)

Tracking Number: _____
Name of Operator: _____
OGCC Operator No: _____
Received Date: _____
Well Name & No: Location ID # 335 397
Facility Name & No: 6H 24-27

OGCC Employee: _____

If groundwater has been impacted, describe proposed monitoring plan (# of wells or sample points, sampling schedule, analytical methods, etc.):

Ground water has not been impacted.

Describe reclamation plan. Discuss existing and new grade recontouring; method and testing of compaction alleviation; and reseeding program, including location of new seed, seed mix and noxious weed prevention. Attach diagram or drawing. Use additional sheet for description if required.

The pit will be reclaimed in accordance with the 1000 series rules.

Attach samples and analytical results taken to verify remediation of impacts. Show locations of samples on an onsite schematic or drawing.

Is further site investigation required? ☐ Y ☒ N If yes, describe:

One grab sample was collected from the middle of the pit.

See attached plat for the grab sample and pit location.

See attached analytical report for the analytical results.

Final disposition of E&P waste (landtreated and disposed onsite, name of licensed disposal facility, recycling, reuse, etc.):

No E&P waste was generated.

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: <u>6/13/2011</u>	Date Site Investigation Completed: <u>6/27/2011</u>	Date Remediation Plan Submitted: <u>7/7/2011</u>
Remediation Start Date: <u>NA</u>	Anticipated Completion Date: <u>NA</u>	Actual Completion Date: <u>6/27/2011</u>

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

Print Name: Karolina Blaney

Signed: _____

Title: Environmental Specialist

Date: 7/7/2011

Karolina Blaney

OGCC Approved: _____

Title: _____

Date: _____

For Chris Canfield
EPS NW Region

06/29/2011

Report of Analysis

Client Sample ID:	GM 24-27	Date Sampled:	06/13/11
Lab Sample ID:	T78809-1	Date Received:	06/16/11
Matrix:	SO - Soil	Percent Solids:	96.1
Method:	SW846 8015		
Project:	GM 24-27		

Run #	File ID	DF	Analyzed	By	Prep Date	Prep Batch	Analytical Batch
Run #1	HH0005009.D	1	06/17/11	AT	n/a	n/a	GHH245
Run #2							

Run #	Initial Weight	Final Volume	Methanol Aliquot
Run #1	5.34 g	5.0 ml	100 ul
Run #2			

CAS No.	Compound	Result	RL	MDL	Units	Q
	TPH-GRO (C6-C10)	ND	5.1	0.30	mg/kg	

CAS No.	Surrogate Recoveries	Run# 1	Run# 2	Limits
460-00-4	4-Bromofluorobenzene	90%		46-127%
98-08-8	aaa-Trifluorotoluene	98%		44-120%

ND = Not detected MDL - Method Detection Limit
 RL = Reporting Limit
 E = Indicates value exceeds calibration range

J = Indicates an estimated value
 B = Indicates analyte found in associated method blank
 N = Indicates presumptive evidence of a compound

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Matrix:	SO - Soil	Percent Solids:	96.1
Method:	SW846 8015 M SW846 3550B		
Project:	GM 24-27		

Run #	File ID	DF	Analyzed	By	Prep Date	Prep Batch	Analytical Batch
Run #1	IF207618.D	1	06/21/11	HD	06/17/11	OP18914	GIF1227
Run #2							

Run #	Initial Weight	Final Volume
Run #1	30.1 g	1.0 ml
Run #2		

CAS No.	Compound	Result	RL	MDL	Units	Q
	TPH (C10-C28)	24.9	3.5	2.8	mg/kg	
CAS No.	Surrogate Recoveries	Run# 1	Run# 2	Limits		
84-15-1	o-Terphenyl	77%		33-115%		

ND = Not detected MDL - Method Detection Limit
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