

State of Colorado  
**Oil and Gas Conservation Commission**



#6051

FOR OGCC USE ONLY  
**RECEIVED**  
**8/24/2011**

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OGCC Employee:

Spill	Complaint
Inspection	NOAV

Tracking No:

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)894-2100 Fax:(303)894-2109

**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 Operator Number: _____	Contact Name and Telephone: _____
Name of Operator: _____	_____
Address: _____	No: _____
City: _____ State: _____ Zip: _____	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.:**

\_\_\_\_\_



Tracking Number: \_\_\_\_\_  
Name of Operator: \_\_\_\_\_  
OGCC Operator No: \_\_\_\_\_  
Received Date: \_\_\_\_\_  
Well Name & No: Location ID # 335336  
Facility Name & No: GM 331-34

REMEDIATION WORKPLAN (Cont.)

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

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: Karolina Blaney  
Title: Environmental Specialist Date: 7/7/2011

OGCC Approved: [Signature] Title: FOR Chris Canfield Date: 08/24/2011  
EPS NW Region

## Report of Analysis

<b>Client Sample ID:</b> GM 331-34	
<b>Lab Sample ID:</b> T78807-1	<b>Date Sampled:</b> 06/13/11
<b>Matrix:</b> SO - Soil	<b>Date Received:</b> 06/16/11
<b>Method:</b> SW846 8015	<b>Percent Solids:</b> 89.7
<b>Project:</b> GM 331-34 FLARE PIT	

Run #	File ID	DF	Analyzed	By	Prep Date	Prep Batch	Analytical Batch
Run #1	HH0005014.D	1	06/17/11	AT	n/a	n/a	GHH245
Run #2							

Run #	Initial Weight	Final Volume	Methanol Aliquot
Run #1	5.09 g	5.0 ml	100 ul
Run #2			

CAS No.	Compound	Result	RL	MDL	Units	Q
	TPH-GRO (C6-C10)	ND	6.0	0.36	mg/kg	
CAS No.	Surrogate Recoveries	Run# 1	Run# 2	Limits		
460-00-4	4-Bromofluorobenzene	93%		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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<b>Matrix:</b> SO - Soil	<b>Percent Solids:</b> 89.7
<b>Method:</b> SW846 8015 M SW846 3550B	
<b>Project:</b> GM 331-34 FLARE PIT	

Run #	File ID	DF	Analyzed	By	Prep Date	Prep Batch	Analytical Batch
Run #1	IF207562.D	1	06/19/11	HD	06/17/11	OP18914	GIB1225
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)	ND	3.7	3.0	mg/kg	
CAS No.	Surrogate Recoveries	Run# 1	Run# 2	Limits		
84-15-1	o-Terphenyl	72%		33-115%		

ND = Not detected      MDL - Method Detection Limit  
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