

State of Colorado
Oil and Gas Conservation Commission

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



FOR OGCC USE ONLY
#7058
OGCC Employee:
<input type="checkbox"/> Spill <input type="checkbox"/> Complaint
<input type="checkbox"/> Inspection <input type="checkbox"/> NOAV
Tracking No:

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): Pit Closure

OGCC Operator Number: <u>100200</u>	Contact Name and Telephone: <u>Steven Shute</u>
Name of Operator: <u>Lone Pine Gas, Inc.</u>	No: <u>970-928-9208</u>
Address: <u>4505 S. Broadway</u>	Fax: <u>email: pipeline@rof.net</u>
City: <u>Englewood</u> State: <u>CO</u> Zip: <u>80113</u>	

API Number: <u>324634</u>	County: <u>Jackson - 057</u>
Facility Name: <u>treater Overflow Pit</u>	Facility Number: <u>115241</u>
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): crude/condensate

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:
<input checked="" type="checkbox"/> Soils	<u>Possible soil contamination under liner</u>	_____
<input type="checkbox"/> Vegetation	_____	_____
<input type="checkbox"/> Groundwater	_____	_____
<input type="checkbox"/> Surface Water	_____	_____

REMEDIATION WORKPLAN

Describe initial action taken (if previously provided, refer to that form or document):
See attached Work Plan.

Describe how source is to be removed:
See attached Work Plan.

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.:
See attached Work Plan.

FORM
27
Rev 6/99

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Tracking Number: _____
Name of Operator: _____
OGCC Operator No: _____
Received Date: _____
Well Name & No: _____
Facility Name & No: _____

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REMEDIATION WORKPLAN (Cont.)

OGCC Employee: _____

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

4 wells were drilled around the Pit and Holding Ponds 1, 2, and 3 and sampled on 4/17/12 for BTEX, TPH (DRO and GRO), metals (Table 910-1) and inorganics (pH, SAR, EC). The results indicate all levels in the groundwater are below Table 910-1 (attached).

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.

See attached Work Plan.

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:

See attached Work Plan. Confirmation sampling will be performed before backfilling.

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

See attached Work Plan.

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: _____ Date Site Investigation Completed: _____ Date Remediation Plan Submitted: _____
Remediation Start Date: _____ Anticipated Completion Date: _____ Actual Completion Date: _____

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

Print Name: Steven Shute Signed: [Signature]
Title: Owner Date: 5/30/12

OGCC Approved: [Signature] Title: Env. Super. Date: 5/31/12

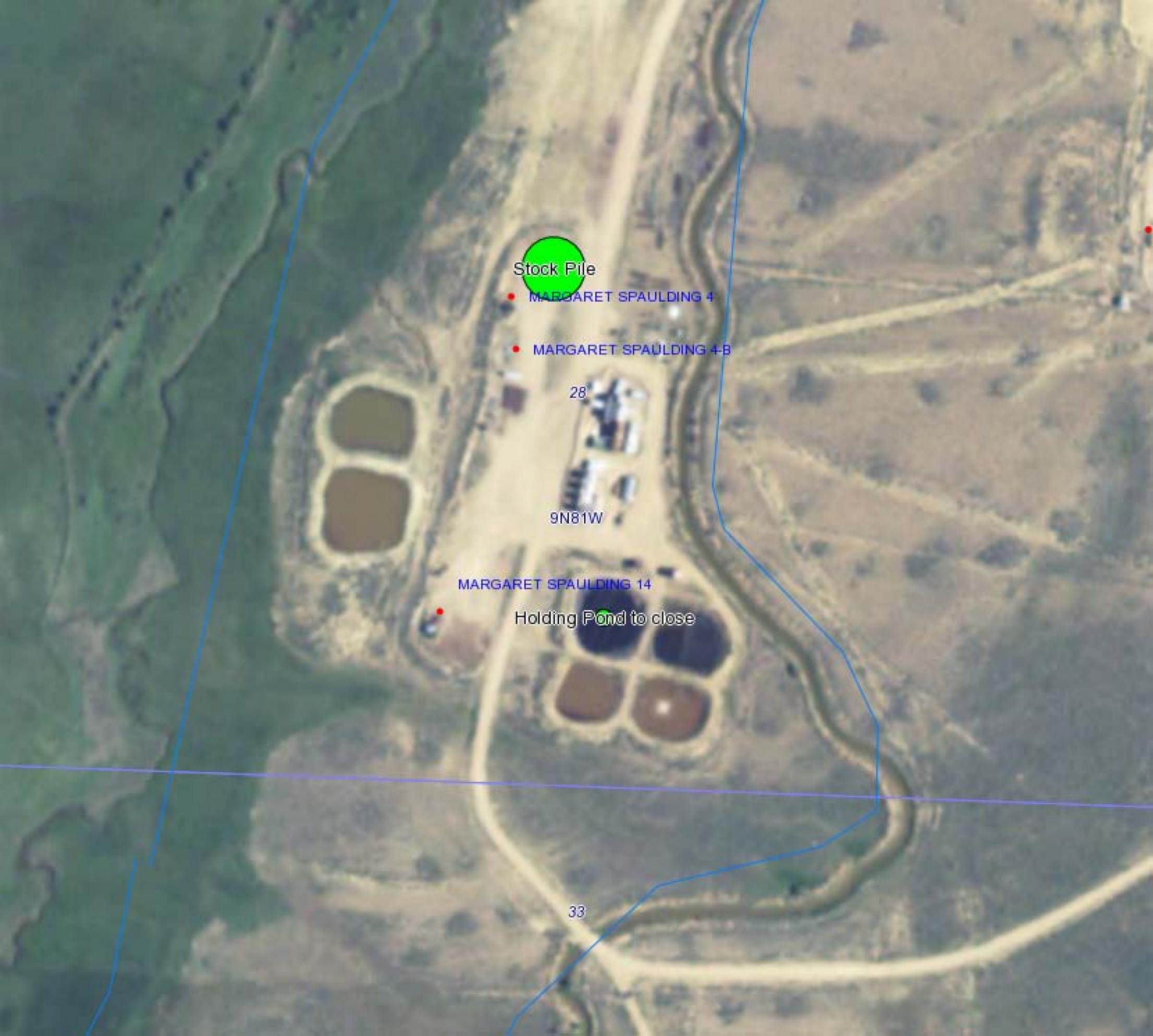
Notify Alex Fischer at: 303-894-2100 x 5138, alex.fischer@state.co.us and Kris Neidel at: 970.888-6909; kris.neidel@state.co.us. 72 hrs. prior to beginning fieldwork.

Pit Closure Plan for Facility ID: 115241
Treater Overflow Pit

1. Remove oil on surface of pit using vacuum truck and dispose of into oil tanks for further treatment and sale.
2. Pump the remaining water from the pit into portable 400 bbl weir/separator tank to separate any remaining oil in the water. The water stream will be routed to Treatment Pond #1 and any oil collected in the separator will be removed for further treatment and sale.
3. The pit liner will be steam cleaned after the fluid level is lowered. The pit liner will be mechanically removed using a hydraulic excavator. The pit liner will be disposed of at an approved facility.
4. It is anticipated that de-watering of the pit will continue during the excavation of the pit and fluids will be processed using the weir/separator tanks. Excavation will be completed using a hydraulic excavator using proper OSHA guidelines for benching or shoring.
5. A photo ionization detector (PID) will be used to screen the soils and the excavated soil will be stock-piled at the Margaret Spaulding #4, API 05-057-06031 pad and Location ID: 324634 for licensed disposal or on-site treatment-recycling. Excavated material will be bermed and appropriate storm water best management practices (BMPs) will be in place.
6. Approximately 6 – 8 confirmation samples will be mechanically collected from the sides and bottom of the excavated pit to verify that contamination levels are below Table 910-1. The bottom of the excavation sample(s) may be soil or water samples, depending on the condition of the excavation and feasibility. One sample will be analyzed for the 910-1 list of constituents. The remaining samples will be analyzed for metals in soil (910-1) Benzene, Toluene, Xylenes, Ethylbenzene (BTEX), TPH (DRO and GRO), and Inorganics in soil (SAR, pH, and EC).
7. Clean fill or recycled clean soil will be used to backfill the excavation once the sampling is completed and confirmation of laboratory results are acceptable.

Schedule: Week of June 25, 2012 Begin Excavation and sampling
 Week of July 22 Receive laboratory results of sampling and back fill pit

This plan was completed by: Randall R. Miller
 North Park Engineering & Consulting, Inc.



Stock Pile

MARGARET SPAULDING 4

MARGARET SPAULDING 4-B

28

9N81W

MARGARET SPAULDING 14

Holding Pond to close

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