

FORM

27

Rev 6/99

# State of Colorado Oil and Gas Conservation Commission

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



#7149

FOR OGCC USE ONLY

**RECEIVED**  
 7/24/2012

## 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 Employee

☐ Spill ☐ Complaint

☐ Inspection ☐ NOAV

Tracking No:

OGCC Operator Number: 100200	Contact Name and Telephone:
Name of Operator: Lone Pine Gas Inc.	Steven Shute
Address: 4505 S Broadway	No: 970-928-9208
City: Englewood State: CO Zip: 80113	Fax: email: pipeline@rof.net
API Number:	County: Jackson - 057
Facility Name: Noffsinger Treater overflow pit	Facility Number: 115268
Well Name:	Well Number:
Location: (QtrQtr, Sec, Twp, Rng, Meridian): <u>NWNE 5. 33 9 N 81 W</u> Latitude: <u>40.71415</u> Longitude: <u>-106.478858</u>	

### 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	oil present in pit	visual
<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):

Excavated approx 550 cu yd of contaminated, screened soils with PID meter, stockpiled for treatment/disposal at licensed landfill. Backfilled the pit partially with clean soil on the banks of the pit.

**Describe how source is to be removed:**

Excavate using hydraulic excavator.

**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.:**

Soil is stockpiled at the Margaret Spaulding 4 and Margaret Spaulding 14 pad (Location ID: 324634). The pads are bermed and maintained to prevent storm water runoff.

Submit Page 2 with Page 1



REMEDIATION WORKPLAN (Cont.)

Tracking Number: \_\_\_\_\_  
Name of Operator: Lone Dome  
OGCC Operator No: 100200  
Received Date: 7/24/12  
Well Name & No: \_\_\_\_\_  
Facility Name & No: 115268

OGCC Employee: \_\_\_\_\_

If groundwater has been impacted, describe proposed monitoring plan (# of wells or sample points, sampling schedule, analytical methods, etc.):  
not 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.

Final grading and compaction will be completed with clean fill to match existing contours after receipt of samples and confirmation of contaminant removal.

2 samples were collected for metals, TPH (GRO & DRO), BTEX at the bottom of the pit.

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:

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

The stockpiled soil will be treated on-site and reused for fill or removed and hauled to an approved facility such as Twin Enviro in Milner, CO.

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: <u>7-2-12</u>	Date Site Investigation Completed: <u>7-3-12</u>	Date Remediation Plan Submitted: <u>7-24-12</u>
Remediation Start Date: <u>7-2-12</u>	Anticipated Completion Date: <u>7-3-12</u>	Actual Completion Date: <u>7-3-12</u>

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

Print Name: Randall R. Miller

Signed: Randall R. Miller

Title: Environmental Consultant

Date: 7-24-12

OGCC Approved: Cheryl Fure

Title: Env. Supv.

Date: 7/25/12

Provide analytical data upon receipt.

Submit a Summary Form 4 per Rule 1004.c.(4)

ADF 7/25/12