

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



#7789

FOR OGCC USE ONLY

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.

OGCC Employee:  
 Spill       Complaint  
 Inspection       NOAV  
 Tracking No:

**CAUSE OF CONDITION BEING INVESTIGATED AND REMEDIATED**

Spill or Release     Plug & Abandon     Central Facility Closure     Site/Facility Closure     Other (describe): Steel tank in the ground

OGCC Operator Number: <u>76840</u>	Contact Name and Telephone: <u>Jeff Schneider</u>
Name of Operator: <u>Schneider Energy Services inc</u>	No: <u>970-381-9588</u>
Address: <u>P.O. Box 297</u>	Fax: _____
City: <u>Fort Morgan</u> State: <u>colo</u> Zip: <u>80701</u>	

API Number: <u>05-121-06390</u>	County: <u>Washington</u>
Facility Name: <u>Nugget Unit</u>	Facility Number: <u>234283</u>
Well Name: <u>Nugget Unit-Wagers</u>	Well Number: <u>B-1</u>
Location: (QtrQtr, Sec, Twp, Rng, Meridian): <u>NWNE, sec29, T1S, R56W</u>	Latitude: _____ Longitude: _____

**TECHNICAL CONDITIONS**

Type of Waste Causing Impact (crude oil, condensate, produced water, etc): Close Skim Pit

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 type="checkbox"/> Soils	_____	_____
<input type="checkbox"/> Vegetation	_____	_____
<input type="checkbox"/> Groundwater	_____	_____
<input type="checkbox"/> Surface Water	_____	_____

**REMEDIALTION WORKPLAN**

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

**Take sample form the sides and center of the pit and have it worked for THRP, Calc, Mag, Sodium, SAR, PH and Ec.**

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.:

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



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

Page 2

**REMEDIATION WORKPLAN (Cont.)**

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

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

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.

Remove the Steel tank in the ground and remove the waste in the bottom. Remove the soil below the bottom of the tank. Take samples and check for approved limits for THPH, calcium, Mag, Sodium, SAR, PH and Ec.

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.):

Waste Management in Logan County.

**IMPLEMENTATION SCHEDULE**

Date Site Investigation Began: 2-13-2013 Date Site Investigation Completed: \_\_\_\_\_ Date Remediation Plan Submitted: \_\_\_\_\_  
Remediation Start Date: 4-24-2013 Anticipated Completion Date: 5-30-2013 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: Lewis C. Camp

Signed: *Lewis C. Camp*

Title: Geologist

Date: 4-24-2013

OGCC Approved: ACE for John Axelsson Title: NE Colo EPS Date: 5/15/2013

**★ SEE ATTACHED CONDITIONS OF APPROVAL**