



#3671

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COGCC

OGCC Employee:

☐ Spill ☐ Complaint
☐ Inspection ☐ NOAV

Tracking No:

FORM
27
Rev 6/99State of Colorado
Oil and Gas Conservation Commission

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): Pit Closure

OGCC Operator Number: 52530

Name of Operator: Magpie Operating Inc

Address: 2707 S. County Rd 11

City: Loveland

State: CO Zip: 80537

Contact Name and Telephone:

Ryan Warner

No: 770 669-6308

Fax: 970 669 6396

API Number: 05-087-06066

County:

Facility Name:

Facility Number:

Well Name: Challis

Well Number:

Location: (QtrQtr, Sec, Twp, Rng, Meridian): SWSW 34 4N 59W

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 per COGCC

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: Sandy

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):

Remove wire and cover. Close pit, backfill soil.

Describe how source is to be removed:

N/A

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.:

Pit is believed to be clean
Will submit samples for final approval.



REMEDIATION WORKPLAN (Cont.)

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

OGCC Employee: _____

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

N/A

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.

Pit back Filled and leveled.
Dressed up to match adjacent ground.
Soil samples, rule 910.

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:

Samples to be submitted.

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

No E&P waste. Reuse soil.

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: 3/23/06 Date Site Investigation Completed: _____ Date Remediation Plan Submitted: 4/27/06
Remediation Start Date: 3/23/06 Anticipated Completion Date: 7/1/06 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: RYAN WARNER Signed: Ryan Warner
Title: Vice President Date: 4/27/06

OGCC Approved: Frederick V. Fager Title: EPS Date: 6/1/06

* See letter of conditional approval dated 6/1/06