

State of Colorado
Oil and Gas Conservation Commission

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



FOR OGCC USE ONLY

Received 6/21/2016

Rem # 9744

Robert Young
OGCC Employee

Spill Complaint
 Inspection NOAV

Tracking No: 200439904

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): _____

GENERAL INFORMATION

OGCC Operator Number: 24320 Name of Operator: Diamond Operating Inc. Address: 6666 Gunpark Drivc, Suite 200 City: Boulder State: CO Zip: 80301		Contact Name and Telephone Name: David Peterson No: (303) 494-4420 Fax:
API/Facility No: 117631, 109575 05-121-05134 Facility Name: Decker Skim/1 and Decker 22-18 2 Well Name: Decker Lease Wells #1, #2 Location (QtrQtr, Sec, Twp, Rng, Meridian): SWNE S18 T4S R53W	County: Washington Facility Number: 117631 and 109575 Well Number: Decker Lease Wells #1, #2 Latitude: 39.706645 Longitude: -103.357073	

TECHNICAL CONDITIONS

Type of Waste Causing Impact (crude oil, condensate, produced water, etc.): Produced Water

Site Conditions: Is location within a sensitive area (according to Rule 901e)? Y N If yes, attach evaluation. ** Please see 'Potential Receptors' section below.

Adjacent land use (cultivated, irrigated, dry land farming, industrial, residential, etc.): Rangeland

Soil type, if not previously identified on Form 2A or Federal Surface Use Plan: Norka-Colby loams, 3 to 5 percent slopes

Potential receptors (water wells within 1/4 mi, surface waters, etc.): There is a domestic water well located approximately 115' to the Southeast (DWR #89412)

Depth to shallow groundwater is estimated at approximately 35 feet bgs.

Description of Impact (if previously provided, refer to that form or document):

Impacted Media (check): <input checked="" type="checkbox"/> Soils <input type="checkbox"/> Vegetation <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface water	Extent of Impact: Refer to the attached Figures and Table 1	How Determined: Excavation and soil sampling
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REMEDIATION WORKPLAN

Describe initial action taken (if previously provided, refer to that form or document):
 On February 19, 2016 as part of characterization and closure activities, six test pits were excavated and soil samples were collected at varying depths to determine the vertical and lateral extent of hydrocarbon impacts that exceed COGCC Table 910-1 standards (Table 910) for each pit.

Describe how source is to be removed:
 Please see attached Enhanced Bioremediation Workplan.

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.:
 Please see attached Enhanced Bioremediation Workplan.

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REMEDATION WORKPLAN (CONT.)

OGCC Employee: Robert Young

Tracking Number: 200439904
Name of Operator: Diamond Operating Inc.
OGCC Operator No: 24320
Received Date: 6/21/2016
Well Name & No: Decker Skim/1 & Decker 22-18 2
Facility Name & No.: 117631, 109575

If groundwater has been impacted, describe proposed monitoring plan (# of wells or sample points, sampling schedule, analytical methods, etc.):
Groundwater was not encountered during characterization activities. Please see attached Enhanced Bioremediation Workplan.

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. Please see attached Enhanced Bioremediation Workplan.

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? [X] Y [] N If yes, describe:
Sidewall and base confirmation sampling will be performed. Please see attached Enhanced Bioremediation Workplan and Exhibit A for analytical results to date.

Final disposition of E&P waste (landtreated and disposed onsite, name of licensed disposal facility, recycling, reuse, etc.):
No offsite disposal is planned for this project.

IMPLEMENTATION SCHEDULE

Table with 4 columns: Date Site Investigation Began, Date Site Investigation Completed, Remediation Plan Submitted, Remediation Start Date, Anticipated Completion Date, Actual Completion Date. Values include 2/19/2016, 7/20/2016, 6/20/2016, 7/20/2019, TBD.

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

Print Name: David Peterson

Signed: [Signature] Title: Pres. Decker Date: 6/21/2016

OGCC Approved: Robert Young Title: NE EPS Date: 7/11/2016