

FORM
27
Rev 6/99

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State of Colorado

Oil and Gas Conservation Commission

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



FOR OGOC USE ONLY

Received 8/8/16

Rem # 9799

Robert Young

OGOC Employee

☐ Spill ☐ Complaint

☐ Inspection ☐ NOAV

Tracking No: 200440071

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): Close oil skim pit

OGOC Operator Number: 14855	Contact Name and Telephone: Cullin Johnson
Name of Operator: CENTRAL OPERATING INC	No: 303-828-8613
Address: 1600 BROADWAY, SUITE 1050	Fax:
City: DENVER State: CO Zip: 80202	
API Number:	County: WASHINGTON
Facility Name: MARICK TANK BATTERY	Facility Number: 236128 117704(20)
Well Name: MARICK	Well Number:
Location (QtrQtr, Sec, Twp, Rng, Meridian): SENE, SEC 3, T3S, R52W	Latitude: 39.822769 Longitude: -103.185387

TECHNICAL CONDITIONS

Type of Waste Causing Impact (crude oil, condensate, produced water, etc): Crude Oil

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): DRY LAND FARMING

Soil type, if not previously identified on Form 2A or Federal Surface Use Plan: CLAY WITH SOME LOAM

Potential receptors (water wells within 1/4 mi, surface waters, etc.): None identified

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	Area in and adjacent to pit	Visual inspection
<input type="checkbox"/> Vegetation		
<input type="checkbox"/> Groundwater		
<input type="checkbox"/> Surface Water		

REMEDIALATION WORKPLAN

Describe initial action taken (if previously provided, refer to that form or document):
Skim oil tank is in service. Pit is drying.

Describe how source is to be removed:
Skim oil tank is in service.

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.:
After it is sufficiently dry, the soil in and around will be removed and disposed of in an approved licensed facility.

Submit Page 2 with Page 1



Tracking Number: 200440071
Name of Operator: Central Operating Inc.
OGCC Operator No: 14855
Received Date: 8/8/2016
Well Name & No: Marick #2
Facility Name & No: Oil skm pit #117704

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REMEDIAL WORKPLAN (Cont.) Rem # 9799

OGCC Employee

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

No evidence of impacted ground water.

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.

Back fill pit with clean soil.

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:

Proposed sampling will be 4 side samples of side walls and one pit bottom. (see work plan for details)

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

Soil excavated will be hauled to an approved land fill.

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: <u>04/06/2016</u>	Date Site Investigation Completed: _____	Date Remediation Plan Submitted: <u>8/4/2016</u>
Remediation Start Date: <u>8/2016</u>	Anticipated Completion Date: <u>10/16</u>	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: Cullen Johnson

Signed: Cullen Johnson

Title: Operations Engineer

Date: 8/4/16

OGCC Approved: Robert S. Young

Title: NE EPS

Date: 8/11/2016

* See conditions of approval correspondence.