

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



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

FOR OGCC USE ONLY

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): close skim pit

OGCC Operator Number: <u>24320</u>	Contact Name and Telephone: <u>Dave Peterson</u>
Name of Operator: <u>Diamond Operating, Inc.</u>	No: <u>303-517-3399</u>
Address: <u>6666 Gunpark Drive, Suite 200</u>	Fax: <u>303-494-3931</u>
City: <u>Boulder</u> State: <u>CO</u> Zip: <u>80301</u>	
API Number: <u>05-123-05702</u>	County: <u>Weld</u>
Facility Name: <u>Scheetz skim</u>	Facility Number: <u>112239</u>
Well Name: <u>Arthur Scheetz</u>	Well Number: <u>#1</u>
Location: (QtrQtr, Sec, Twp, Rng, Meridian): <u>NW NE 9-T9N-R61W</u>	Latitude: <u>40.769677</u> Longitude: <u>104.209949</u>

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.

Adjacent land use (cultivated, irrigated, dry land farming, industrial, residential, etc.): Pasture non-cropland

Soil type, if not previously identified on Form 2A or Federal Surface Use Plan: Olney-Ascalon-Platner

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

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	_____	_____

REMEDATION WORKPLAN

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

Removed screen cover from skim pit. Removed water from pit. Checked for oil-stained soil.

Describe how source is to be removed:

No oil-stained soil. Traces of iron sulfide scale on pit banks.

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.:

Not applicable – no oily soil.

Submitted to OGCC 2/10/2014

FORM
27
Rev 6/99

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

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REMEDIATION WORKPLAN (Cont.)

OGCC Employee: _____

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

Not applicable

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.

After testing soil sample from base of the pit, if the analytical results comply with concentration levels set forth in Table 910-1, backfill pit using excess soil available on site. Pit area will be restored to original grade. Location of pit is within confines of tank battery site and therefore it will not be reseeded.

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.):

Not applicable

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: 10/15/2013 Date Site Investigation Completed: 12/28/2013 Date Remediation Plan Submitted: 2/7/2014
Remediation Start Date: est. 3/1/2014 Anticipated Completion Date: 3/2/2014 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: David C. Peterson

Signed: _____

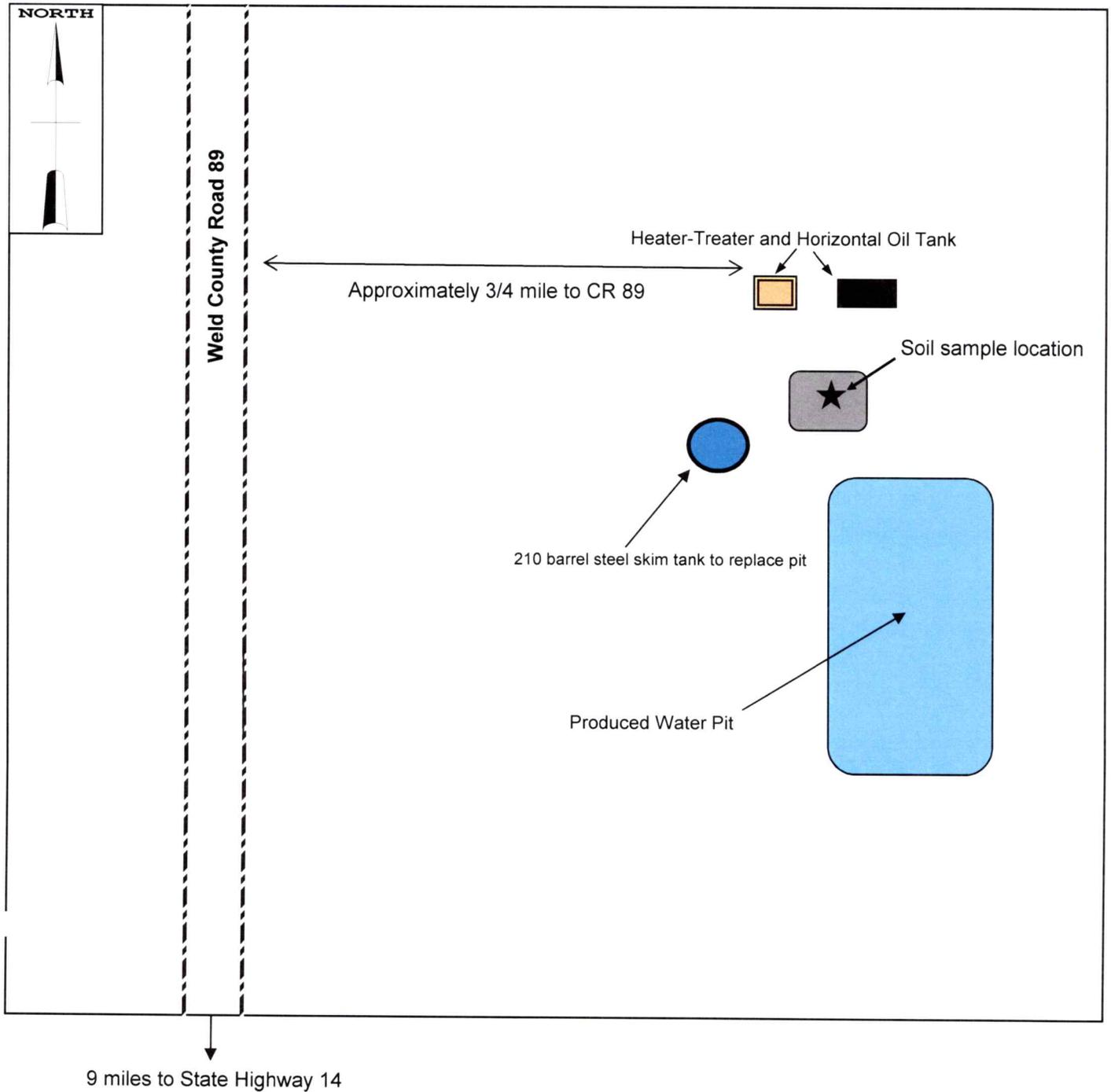
Title: President

Date: 2/7/2014

OGCC Approved: _____ Title: _____ Date: _____

Diamond Operating, Inc.
Arthur Scheetz #1 - Skim Pit Closure
API #:05-123-05702 00

Attachment to Form 27
Site plan with soil sampling location



Schematic diagram -- not to scale