

State of Colorado  
Oil and Gas Conservation Commission

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Document Number:  
402669597  
Receive Date:  
04/23/2021  
Report taken by:  
RICK ALLISON

Site Investigation and Remediation Workplan (Initial Form)

This form shall be submitted to the Director for approval prior to the initiation of site investigation and remediation activities. However, this shall not preclude the Operator from taking immediate action to protect public health or safety, the environment, wildlife, or livestock.

This Form 27 describes site conditions as currently understood by the Operator; approval of this Form 27 by COGCC is based on the site conditions accurately described herein; any changes in site conditions identified during or subsequent to the performance of the approved workplan may necessitate additional investigation or remediation which shall be described on a supplemental Form 27.

This Form 27 is intended to provide basic information regarding the proposed site investigation and remediation actions, but the workplan may be more fully described in attached documentation.

Refer to Rules 340, 905, 906, 907, 908, 909, and 910

OPERATOR INFORMATION

Name of Operator: <u>MAGPIE OPERATING INC</u>	Operator No: <u>52530</u>	<b>Phone Numbers</b>
Address: <u>2707 SOUTH COUNTY RD 11</u>	Phone: <u>(970) 669.6308</u>	
City: <u>LOVELAND</u>	State: <u>CO</u>	Mobile: <u>( )</u>
Zip: <u>80537</u>		
Contact Person: <u>Ross Warner</u>	Email: <u>ross.magpieoil@gmail.com</u>	

PROJECT, PURPOSE & SITE INFORMATION

**PROJECT INFORMATION**  
Remediation Project #: 17868 Initial Form 27 Document #: 402669597

**PURPOSE INFORMATION**

<input type="checkbox"/> 901.e. Sensitive Area Determination	<input type="checkbox"/> 909.c.(5), Rule 910.b.(4): Remediation of impacted ground water
<input type="checkbox"/> 909.c.(1), Rule 905: Pit or PW vessel closure	<input type="checkbox"/> Rule 909.e.(2)A.: Notice completion of remediation in accordance with Rule 909.b.
<input type="checkbox"/> 909.c.(2), Rule 906: Spill/Release Remediation	<input type="checkbox"/> Rule 909.e.(2)B.: Closure of remediation project
<input type="checkbox"/> 909.c.(3), Rule 907.e.: Land treatment of oily waste	<input type="checkbox"/> Rule 906.c.: Director request
<input type="checkbox"/> 909.c.(4), Rule 908.g.: Centralized E&P Waste Management Facility closure	<input checked="" type="checkbox"/> Other <u>Tank Battery Closure</u>

**SITE INFORMATION** N Multiple Facilities ( in accordance with Rule 909.c. )

Facility Type: <u>LOCATION</u>	Facility ID: <u>451015</u>	API #: _____	County Name: <u>LARIMER</u>
Facility Name: <u>Hein &amp; Hart Tank Battery Location</u>	Latitude: <u>40.371894</u>	Longitude: <u>-105.057320</u>	
	** correct Lat/Long if needed: Latitude: <u>40.371456</u>	Longitude: <u>-105.057261</u>	
QtrQtr: <u>SWNW</u>	Sec: <u>30</u>	Twp: <u>5N</u>	Range: <u>68W</u> Meridian: <u>6</u> Sensitive Area? <u>Yes</u>

**SITE CONDITIONS**

General soil type - USCS Classifications CL Most Sensitive Adjacent Land Use crop land; residential

Is domestic water well within 1/4 mile? Yes Is surface water within 1/4 mile? Yes

Is groundwater less than 20 feet below ground surface? Yes

**Other Potential Receptors within 1/4 mile**

# SITE INVESTIGATION PLAN

## TYPE OF WASTE:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> E&P Waste       | <input type="checkbox"/> Other E&P Waste             | <input checked="" type="checkbox"/> Non-E&P Waste |
| <input type="checkbox"/> Produced Water  | <input type="checkbox"/> Workover Fluids             | no waste generated                                |
| <input type="checkbox"/> Oil             | <input type="checkbox"/> Tank Bottoms                | _____   |
| <input type="checkbox"/> Condensate      | <input type="checkbox"/> Pigging Waste               |   |
| <input type="checkbox"/> Drilling Fluids | <input type="checkbox"/> Rig Wash                    |   |
| <input type="checkbox"/> Drill Cuttings  | <input type="checkbox"/> Spent Filters               |   |
|  | <input type="checkbox"/> Pit Bottoms                 |   |
|  | <input type="checkbox"/> Other (as described by EPA) | _____   |

## DESCRIPTION OF IMPACT

Impacted?	Impacted Media	Extent of Impact	How Determined
UNDETERMINED	GROUNDWATER	NA	Lab analysis if encountered
UNDETERMINED	SOILS	NA	Lab analysis

## INITIAL ACTION SUMMARY

Description of initial action or emergency response measures take to abate, investigate, and/or remediate impacts associated with E&P Waste.

A site investigation will be conducted pursuant to COGCC Rule 911 at the Hein & Hart #1 Tank Battery location.

## PROPOSED SAMPLING PLAN

### Proposed Soil Sampling

Will soil samples be collected as part of this investigation? ( Number, type (grab/composite), analyses, and locations of samples ):

Grab confirmation soil samples will be collected from beneath the above ground oil tank, and at the separator. Soil samples will be analyzed by a certified laboratory for TPH (total volatile [C6-C10] and extractable [C10-C36] hydrocarbons), organic compounds in soil per COGCC Table 915-1, and EC, SAR, pH, and boron. All samples collected will be analyzed by a certified laboratory using approved COGCC laboratory analysis methods.

The produced water vault was removed in August 2018. See Document No. 401743825 & 401743864.

### Proposed Groundwater Sampling

Will groundwater samples be collected as part of this investigation? ( Number, analyses, and locations of samples ):

If groundwater is encountered during the site investigation, a grab groundwater sample will be collected and analyzed for all organic compounds per COGCC Table 915-1.

### Proposed Surface Water Sampling

Will surface water samples be collected as part of this investigation? ( Number, analyses, and locations of samples ):

## Additional Investigative Actions

Additional alternative investigative actions described in attached Site Investigation Plan ( summary ):

Visual inspection of the tank battery will occur during abandonment activities. Field personnel will field screen all disturbed areas using visual and olfactory senses to determine if laboratory confirmation sampling is required. The COGCC Tank Battery Closure Checklist will be utilized and filled out during the abandonment process. A photolog will be submitted on the subsequent form 27.

# SITE INVESTIGATION REPORT

## SAMPLE SUMMARY

### Soil

Number of soil samples collected     0      
Number of soil samples exceeding 910-1             
Was the areal and vertical extent of soil contamination delineated?             
Approximate areal extent (square feet)           

### NA / ND

           Highest concentration of TPH (mg/kg)             
           Highest concentration of SAR             
           BTEX > 910-1             
           Vertical Extent > 910-1 (in feet)           

### Groundwater

Number of groundwater samples collected     0      
Was extent of groundwater contaminated delineated?   No    
Depth to groundwater (below ground surface, in feet)             
Number of groundwater monitoring wells installed             
Number of groundwater samples exceeding 910-1           

           Highest concentration of Benzene (µg/l)             
           Highest concentration of Toluene (µg/l)             
           Highest concentration of Ethylbenzene (µg/l)             
           Highest concentration of Xylene (µg/l)             
           Highest concentration of Methane (mg/l)           

### Surface Water

    0     Number of surface water samples collected  
           Number of surface water samples exceeding 910-1  
If surface water is impacted, other agency notification may be required.

## OTHER INVESTIGATION INFORMATION

Were impacts to adjacent property or offsite impacts identified?

Were background samples collected as part of this site investigation?

Was investigation derived waste (IDW) generated as part of this investigation?

Volume of solid waste (cubic yards)                 Volume of liquid waste (barrels)           

Is further site investigation required?

# REMEDIAL ACTION PLAN

## SOURCE REMOVAL SUMMARY

Describe how source is to be removed.

no source was generated

## REMEDIATION SUMMARY

Describe how remediation of existing impacts to soil and groundwater is to be accomplished (i.e. summarize remedial action plan). Provide a brief narrative description including: technical justification, schedule for implementation, estimated time to attain NFA status, plus plans and specifications for the selected remedial action technology.

NA

## Soil Remediation Summary

### In Situ

- Bioremediation ( or enhanced bioremediation )
- Chemical oxidation
- Air sparge / Soil vapor extraction
- Natural Attenuation
- Other \_\_\_\_\_

### Ex Situ

- Excavate and offsite disposal
- If Yes: Estimated Volume (Cubic Yards) \_\_\_\_\_
- Name of Licensed Disposal Facility or COGCC Facility ID # \_\_\_\_\_
- Excavate and onsite remediation
- Land Treatment
- Bioremediation (or enhanced bioremediation)
- Chemical oxidation
- Other \_\_\_\_\_

## Groundwater Remediation Summary

- Bioremediation ( or enhanced bioremediation )
- Chemical oxidation
- Air sparge / Soil vapor extraction
- Natural Attenuation
- Other \_\_\_\_\_

## GROUNDWATER MONITORING

If groundwater has been impacted, describe proposed monitoring plan, including # of wells or sample points, monitoring schedule, analytical methods, points of compliance. Attach a groundwater monitoring location diagram.

# REMEDIATION PROGRESS UPDATE

## PERIODIC REPORTING

Frequency:  Quarterly  Semi-Annually  Annually  Other One-time within 90 days of laboratory analytical \_\_\_\_\_

Report Type:  Groundwater Monitoring  Land Treatment Progress Report  O&M Report  
 Other \_\_\_\_\_

## WASTE DISPOSAL INFORMATION

Was E&P waste generated as part of this remediation? \_\_\_\_\_

Describe beneficial use, if any, of E&P Waste derived from this remediation project:

Volume of E&P Waste (solid) in cubic yards \_\_\_\_\_

E&P waste (solid) description \_\_\_\_\_

COGCC Disposal Facility ID #, if applicable: \_\_\_\_\_

Non-COGCC Disposal Facility: \_\_\_\_\_

Volume of E&P Waste (liquid) in barrels \_\_\_\_\_

E&P waste (liquid) description \_\_\_\_\_

COGCC Disposal Facility ID #, if applicable: \_\_\_\_\_

Non-COGCC Disposal Facility: \_\_\_\_\_

## RECLAMATION PLAN

### RECLAMATION PLANNING

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.

Reclamation will be in accordance with COGCC 1000 Series Rules

Is the described reclamation complete?  No \_\_\_\_\_

Does the reclamation described herein constitute interim or final reclamation of the Oil and Gas Location?

Interim?  Final?

Did the Surface Owner approve the seed mix? \_\_\_\_\_

If NO, does the seed mix comply with local soil conservation district recommendations? \_\_\_\_\_

# IMPLEMENTATION SCHEDULE

## PRIOR DATES

Date of Surface Owner notification/consultation, if required. \_\_\_\_\_

Actual Spill or Release date, if known. \_\_\_\_\_

## SITE INVESTIGATION DATES

Date of Initial Actions described in Site Investigation Plan (start date). 04/26/2021

Date of commencement of Site Investigation. \_\_\_\_\_

Date of completion of Site Investigation. \_\_\_\_\_

## REMEDIAL ACTION DATES

Date of commencement of Remediation. \_\_\_\_\_

Date of completion of Remediation. \_\_\_\_\_

## SITE RECLAMATION DATES

Date of commencement of Reclamation. \_\_\_\_\_

Date of completion of Reclamation. \_\_\_\_\_

## OPERATOR COMMENT

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

Signed: Ross Warner

Title: Compliance

Submit Date: 04/23/2021

Email: ross.magpieoil@gmail.com

Based on the information provided herein, this Application for Site Investigation and Remediation Workplan complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: RICK ALLISON

Date: 04/29/2021

Remediation Project Number: 17868

## Condition of Approval

### COA Type

### Description

<u>COA Type</u>	<u>Description</u>
0 COA	

## Attachment Check List

Upon approval, the approved Form 27 and all listed attachments will be indexed to the Remediation Project file. Only the approved Form 27 will also be indexed to the related Facilities.

### Att Doc Num

### Name

<u>Att Doc Num</u>	<u>Name</u>
402669597	FORM 27-INITIAL-SUBMITTED
402669607	SITE MAP

Total Attach: 2 Files

## General Comments

### User Group

### Comment

### Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Environmental	Corrected latitude typo from 30.371456 to 40.371456	04/29/2021

Total: 1 comment(s)