

# State of Colorado Oil and Gas Conservation Commission

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



#7430

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): \_\_\_\_\_

OGCC Operator Number: 23320

Name of Operator: DeClar Oil &amp; Gas, Inc.

Address: 13500 Rd W

City: Weldona State: Colo Zip: 80653

Contact Name and Telephone:

Lewis Camp

No: 970-590-3332

Fax: 970-645-9834

API Number: 05-087-07838-00

County: Morgan

Facility Name: Arbor

Facility Number: 102695

Well Name: Peterson

Well Number: 13-7

Location: (QtrQtr, Sec, Twp, Rng, Meridian): SWNE, Sec 13, T2N, R56W, 6th P.M. Latitude: 40.141136 Longitude: -103.592014

### 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.

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: \_\_\_\_\_

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):

Have Samples from the Skim pit &amp; main pit attached.

Need to close in the pit and re-claim the surface for plug &amp; abandon.

Describe how source is to be removed:

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.:



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

**REMEDIATION WORKPLAN (Cont.)**

OGCC Employee: \_\_\_\_\_

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

**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.

**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.): \_\_\_\_\_

**IMPLEMENTATION SCHEDULE**

Date Site Investigation Began: \_\_\_\_\_ Date Site Investigation Completed: \_\_\_\_\_ Date Remediation Plan Submitted: \_\_\_\_\_  
Remediation Start Date: \_\_\_\_\_ Anticipated Completion Date: \_\_\_\_\_ Actual Completion Date: \_\_\_\_\_

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

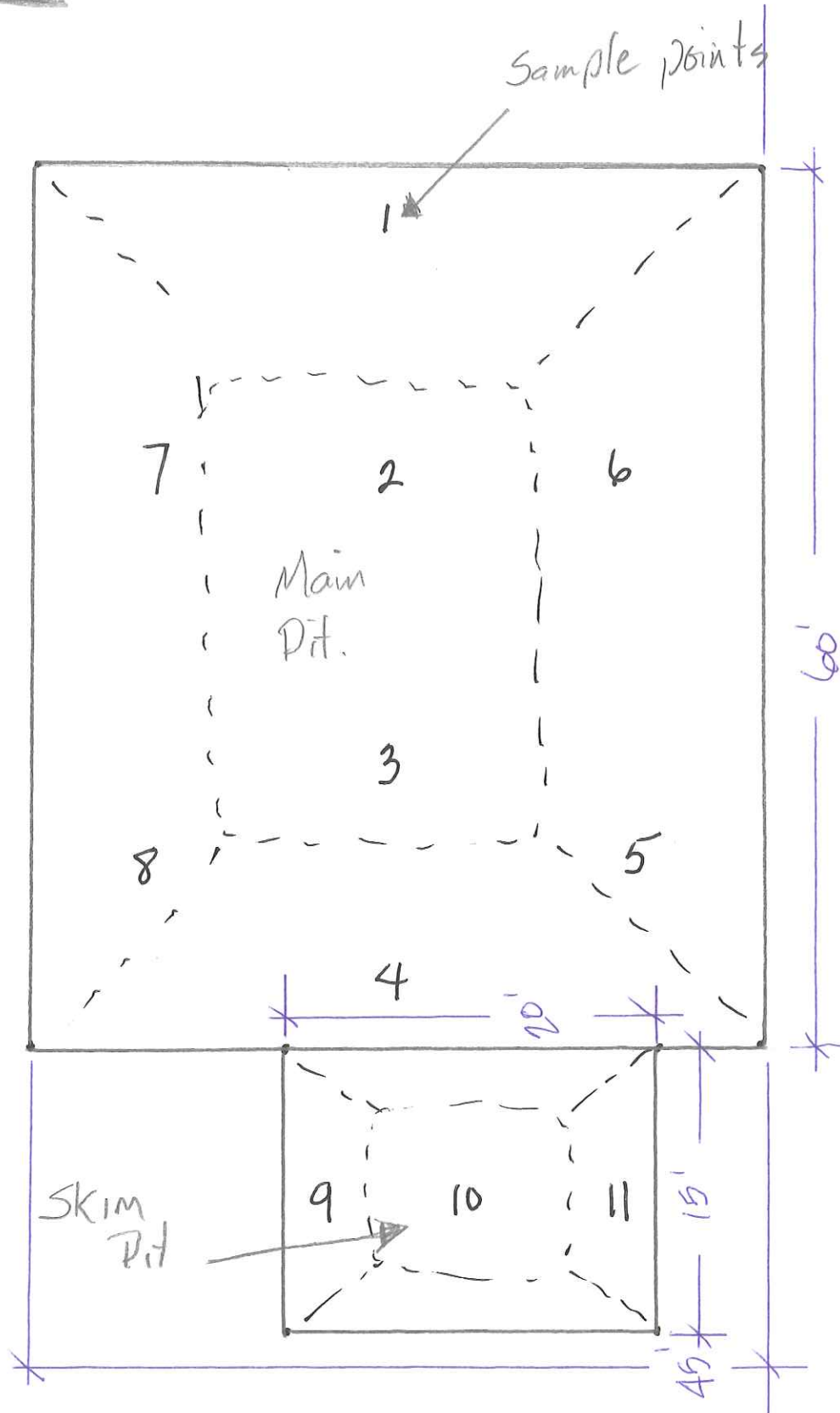
Print Name: Lewis Camp Signed: Lewis Camp  
Title: Geologist Date: 10-30-2012

OGCC Approved: ACE for John Axelsson Title: NE EPS Date: 11/26/2012

COAS:

As inorganic (SAR) exceeds Table 910-1, impacted soils must be buried beneath at least three (3) feet of clean fill material. Ann Eckman 11/26/2012

Peterson 13-7  
Pit & Skim Pit Sample Plat



Sampling procedures can affect the value of analytical results - customers are advised to use appropriate sampling protocol to insure samples are truly representative of the bulk sample.

August 29, 2012

DeClar Oil  
13500 Rd W  
Weldona, CO 80653

Project: Peterson 13-7

Laboratory No.: E12227-2(page 2 of 2)

Method EPA 602/SW8020 A, EPA 624/SW8015 and SW8260

Sample ID	Date Sampled	Date Analyzed	Benzene	Toluene	Ethyl-benzene	o,p-Xylene	m-Xylene	Surrogate Recovery
			ug/kg	ug/kg	ug/kg	ug/kg	ug/kg	%
1	08/13/12	08/15/12	U	U	U	U	U	108
2	08/13/12	08/16/12	U	U	U	U	U	109
3	08/13/12	08/16/12	U	U	U	U	U	119
4	08/13/12	08/16/12	U	U	U	U	U	127
5	08/13/12	08/17/12	U	U	U	U	U	112
6	08/13/12	08/17/12	U	U	U	U	U	112
7	08/13/12	08/17/12	U	U	U	U	U	81.5
8	08/13/12	08/17/12	U	U	U	U	U	88.6
9	08/13/12	08/17/12	U	U	U	U	U	88.1
10	08/13/12	08/18/12	U	U	U	U	U	76.7
11	08/13/12	08/18/12	U	U	U	U	U	92.1

Reporting Limit:

4

4

4

4

4

QC Limits: 74-147

U=Compound analyzed for but not detected

J=Compound detected at a level below reporting limit.

  
Project Manager

  
Date

**WELD LABORATORIES, INC.**  
1527 First Avenue • Greeley, Colorado 80631  
Phone: (970) 353-8118 • Fax: (970) 353-1671  
www.weldlabs.com

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August 29, 2012

DeClar Oil  
13500 Rd W  
Weldona, CO 80653

Laboratory No. E12227-2 (page 1 of 2)  
Date Sampled: 8/13/2012  
Date Received: 8/14/2012  
Project: Peterson 13-7

Sample ID	TRPH (mg/kg)	Calcium (mg/kg)	Magnesium (mg/kg)	Sodium (mg/kg)	SAR	pH (SI)	Ec (mmhos/cm)
1	less than 5	68.9	20.7	708	19.2	8.08	3.99
2	21.6	66.6	20.2	632	17.4	6.41	4.81
3	less than 5	57.8	21.9	266	7.6	6.49	2.06
4	less than 5	72.0	18.7	1110	30.1	7.09	5.31
5	less than 5	69.0	18.7	518	14.3	7.21	4.89
6	less than 5	62.4	16.4	522	15.2	7.40	4.86
7	19.1	65.0	18.1	622	17.6	7.41	4.38
8	18.7	75.1	22.1	1396	36.4	7.68	5.49
9	35.1	69.8	20	568	15.4	7.21	4.20
10	less than 5	62.4	18.4	286	8.2	7.28	2.21
11	less than 5	60.0	19.3	330	9.5	8.19	2.06

  
Project Manager

  
Date