

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

#7677

OGCC Employee:

Spill Complaint
 Inspection NOAV

Tracking No:

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): _____

OGCC Operator Number: <u>52530</u>	Contact Name and Telephone: <u>Ryan Werner</u>
Name of Operator: <u>Magpie Operating Inc</u>	No: <u>970 669-6308</u>
Address: <u>2707 South County Road 11</u>	Fax: <u>970 669-6396</u>
City: <u>Loveland</u> State: <u>CO</u> Zip: <u>80537</u>	
API Number: <u>075-05621</u> County: <u>Logan</u> 79	
Facility Name: <u>Warnecke-Skim Pit</u> Facility Number: <u>218853</u> <u>PIT # 111980</u>	
Well Name: <u>Warnecke</u> Well Number: <u>1</u> 81	
Location: (QtrQtr, Sec, Twp, Rng, Meridian): <u>SESE 30 8N 53W</u> Latitude: _____ Longitude: _____	

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:
<input checked="" type="checkbox"/> Soils	<u>TBD</u>	<u>To perform analytics</u>
<input type="checkbox"/> Vegetation		
<input checked="" type="checkbox"/> Groundwater	<u>TBD</u>	<u>To perform analytics</u>
<input type="checkbox"/> Surface Water		

REMEDIALTION WORKPLAN

Describe initial action taken (if previously provided, refer to that form or document):
Skim pit is no longer in use. Installed tank.

Describe how source is to be removed:
Fluid removed with vactruck. Soil excavated with backhoe.
Any remaining fluid will be taken to licensed disposal facility.
Impacted soil will be disposed of at WM disposal.

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.:
Disposal at licensed facility.



Tracking Number: _____ Name of Operator: Maggie OGCC Operator No: _____ Received Date: _____ Well Name & No: Warnecke 1 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.):

TBD

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.

Skim pit is on production facility site and ground will be graded to match adjacent ground.

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:

Will submit results once excavation begins.

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

WM Buffalo Ridge Facility.

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: 9/1/12 Date Site Investigation Completed: _____ Date Remediation Plan Submitted: 3/4/13 Remediation Start Date: _____ Anticipated Completion Date: 6/4/13 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: Ryan Warner Signed: Ryan Warner Title: VP Date: 3/4/13

OGCC Approved: ACE for John Axelson Title: EPS NE Colo Date: 3/26/2013

★ SEE ATTACHED CONDITIONS OF APPROVAL

CONDITIONS OF APPROVAL

Form 27 Site investigation and Remediation Workplan

Magpie Operating Inc. Warnecke Lease

API #05-075-05621 SESE Sec 30, T8N, R53W

Following the removal of all oily soils and excavation of the skim pit, a *minimum* of five confirmation soil samples -one from the pit bottom and one from each sidewall- shall be collected. All soils shall be analyzed for Total Petroleum Hydrocarbons (Diesel Range Organics and Gasoline Range Organics), Benzene, Toluene, Ethylbenzene, Total Xylenes, Electrical Conductivity, pH, and Sodium Adsorption Ratio to verify compliance with Table 910-1 parameters. The soil sampling results must be submitted for *prior approval before backfilling the pit*. To that end, provide an analytical summary sheet/table comparing soil confirmation sample results to Table 910-1 Standards, accurate GPS coordinates for the pit, a sample location diagram indicating the dimensions of the pit and final excavation dimensions, as well as and the full laboratory analytical report, at minimum.