

FORM

27

Rev 6/99

## State of Colorado

## Oil and Gas Conservation Commission

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



#7788

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: P.L.# 101973

## CAUSE OF CONDITION BEING INVESTIGATED AND REMEDIATED

☐ Spill or Release ☐ Plug & Abandon ☐ Central Facility Closure ☐ Site/Facility Closure ☒ Other (describe): North pit from the treator

OGCC Operator Number: 76840

Name of Operator: Schneider Energy Services Inc

Address: P.O. Box 297

City: Fort Morgan State: colo Zip: 80701

Contact Name and Telephone:

Jeff Schneider

No: 970-381-9588

Fax:

API Number: 05-121-06390

County: Washnigton

Facility Name: Nugget Unit

Facility Number: 234283

Well Name: Nugget Unit-Wagers

Well Number: B-1

Location: (QtrQtr, Sec, Twp, Rng, Meridian): NWNE, sec29, T1S, R56W Latitude: Longitude:

## TECHNICAL CONDITIONS

Type of Waste Causing Impact (crude oil, condensate, produced water, etc): Close Skim Pit

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.):

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):

Take sample form the center of the pit and have it worked for THRP, Calc, Mag, Sodium, SAR, PH and Ec. Analytical report attached

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.:

Submit Page 2 with Page 1



REMEDIATION WORKPLAN (Cont.)

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

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: 2-13-2013 Date Site Investigation Completed: \_\_\_\_\_ Date Remediation Plan Submitted: \_\_\_\_\_  
Remediation Start Date: 3-11-2013 Anticipated Completion Date: 5-30-2013 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 C. Camp

Signed: Lewis C. Camp

Title: Geologist

Date: 4-24-2013

OGCC Approved: ACE for John Axelsson Title: NE Colo EPS Date: 5/15/2013

# WELD LABORATORIES, INC.

1527 First Avenue • Greeley, Colorado 80631

Phone: (970) 353-8118 • Fax: (970) 353-1671

www.weldlabs.com

March 28, 2013

Schneider Oil and Gas  
614 Grant St.  
Ft. Morgan, CO 80701

Laboratory No. E13070-2-2 (page 1 of 2)

Date Sampled: 3/11/2013

Date Received: 3/12/2013

Sample ID

Nugget Unit

TRPH  
(mg/kg)  
205

Calcium  
(mg/kg)  
12.0

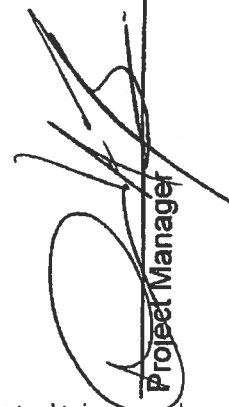
Magnesium  
(mg/kg)  
98

Sodium  
(mg/kg)  
207

SAR  
4.3

pH  
(SI)  
7.67

Ec  
(mmhos/cm)  
0.60

  
Project Manager

3/28/13  
Date

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Laboratory No.: E13070-2-2 (page 2 of 2)

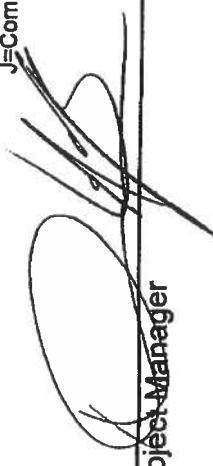
Method EPA 602/SW8020 A, EPA 624/SW8015 and SW8260

Sample ID	Date Sampled	Date Analyzed	Benzene ug/kg	Toluene ug/kg	Ethyl- benzene ug/kg	o,p-Xylene ug/kg	m-Xylene ug/kg	Surrogate Recovery %
Nugget Unit	03/11/13	03/15/13	U	U	U	U	U	101

Reporting Limit: 4 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

3/28/13  
Date