

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

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



#8281

FOR OGCC USE ONLY

**RECEIVED**  
**3/20/2014**

## 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 ☐ Complain  
☐ Inspection ☐ NOAV

Tracking No: 2148163

### CAUSE OF CONDITION BEING INVESTIGATED AND REMEDIATED

☒ Spill or Release ☐ Plug & Abandon ☐ Central Facility Closure ☐ Site/Facility Closure ☐ Other (describe): \_\_\_\_\_

OGCC Operator Number: 52530Name of Operator: Magpie Operating, Inc.Address: 2707 South CR 11City: Loveland State: CO Zip: 80537

Contact Name and Telephone:

Ryan WarnerNo: 970 669-6308Fax: 970 669-6396API Number: 05-121-06251County: WashingtonFacility Name: Flowline

Facility Number: \_\_\_\_\_

Well Name: Little Beaver UnitWell Number: 30Location: (QtrQtr, Sec, Twp, Rng, Meridian): SWSE 32 1S 56W Latitude: 39.9184 Longitude: -103.6741

### TECHNICAL CONDITIONS

Type of Waste Causing Impact (crude oil, condensate, produced water, etc.): produced waterSite 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.): dryland 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.): n/a

Description of Impact (if previously provided, refer to that form or document):

Impacted Media (check):

☒ Soils☒ Vegetation☐ Groundwater☐ Surface Water

Extent of Impact:

TBDTBD

How Determined:

### REMEDIAL WORKPLAN

Describe initial action taken (if previously provided, refer to that form or document):  
 See Spill Report, in process.

Describe how source is to be removed:

All contaminated soil is to be excavated with dozer and/or backhoe. Will temporarily store onsite while lab work performed.

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.:  
 Removed soil planned to be disposed of at Waste Management Buffalo Ridge Facility.

FORM  
27  
Rev 6/99

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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.):  
Magpie will consult with LTE Environmental for appropriate monitoring plan if necessary. Excavation needed to determine whether there has been groundwater impact and will dictate monitoring plan moving forward.

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.  
Current use is planted winter wheat. Surface tenants described planting new crop rotation this season. Currently consulting with tenants to provide proper soil composition back-fill material.

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:

Samples and results to follow with diagram. Will test for BTEX, GRO, DRO, EC, PH.

Final disposition of E&P waste (land treated and disposed onsite, name of licensed disposal facility, recycling, reuse, etc.):  
Contaminated soil planned to be disposed of at Waste Management Buffalo Ridge Facility.

### IMPLEMENTATION SCHEDULE

Date Site Investigation Began: 2/18/14 Date Site Investigation Completed: \_\_\_\_\_ Date Remediation Plan Submitted: 3/20/14  
Remediation Start Date: w/ approv. Anticipated Completion Date: 7/31/14 Actual Completion Date: \_\_\_\_\_

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

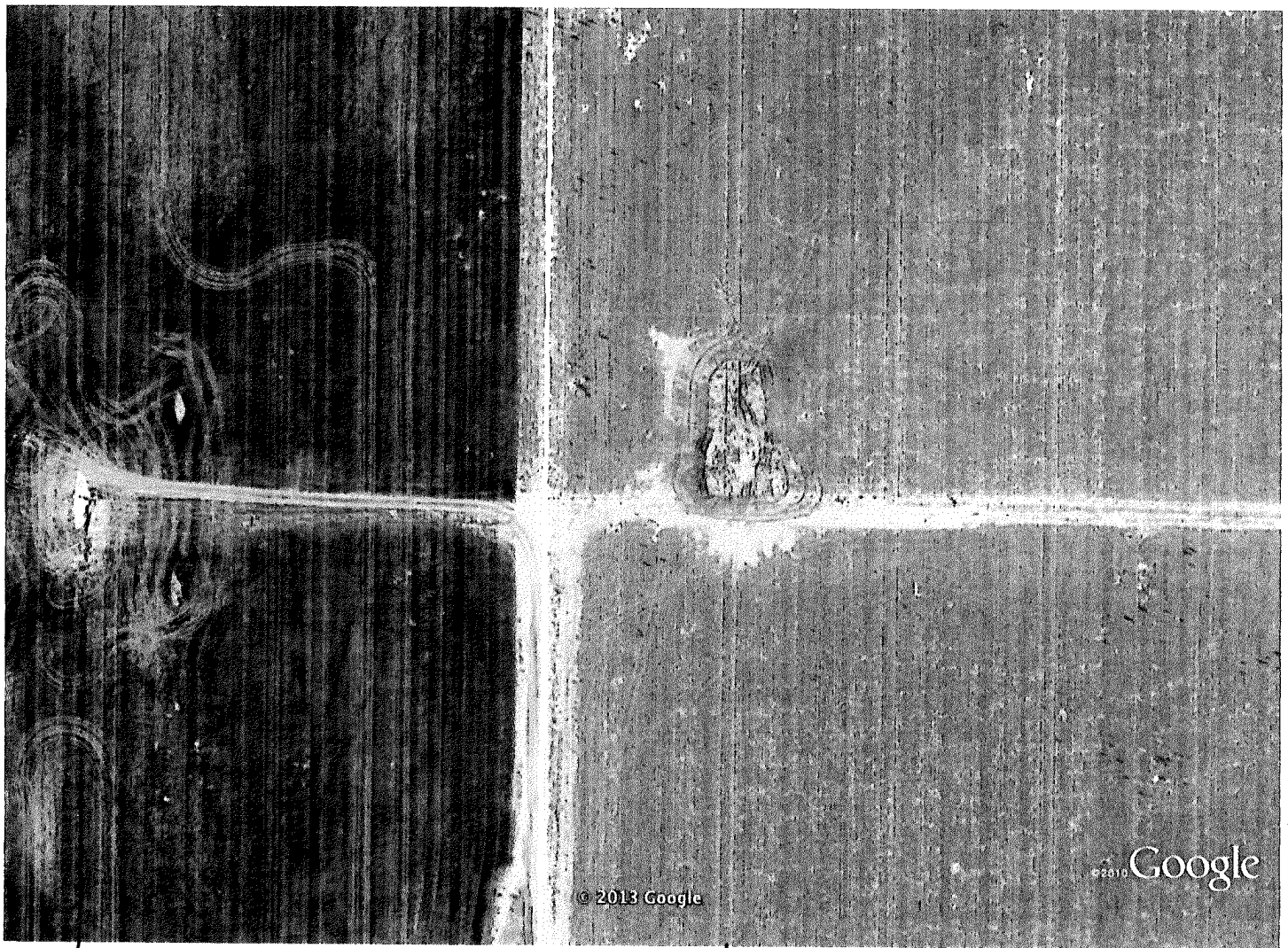
Print Name: Ryan Warner

Signed: \_\_\_\_\_

Title: Vice President

Date: 3/20/14

OGCC Approved: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_



Little Beaver Unit 30  
SWSE 32 15 56W

Spill location