

State of Colorado
Oil and Gas Conservation Commission



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#8427

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COGCC

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): close earthen skim pit

OGCC Operator Number: <u>24320</u>	Contact Name and Telephone: _____
Name of Operator: <u>Diamond Operating, Inc.</u>	<u>Dave Peterson</u>
Address: <u>6666 Gunpark Drive, Suite 200</u>	No: <u>303-517-3399</u>
City: <u>Boulder</u> State: <u>CO</u> Zip: <u>80301</u>	Fax: <u>303-494-3331</u>

API Number: <u>05-121-09622-00</u>	County: <u>Washington</u>
Facility Name: <u>Rincon Parks skim pit</u>	Facility Number: _____
Well Name: <u>Rincon Parks</u>	Well Number: <u>2</u>
Location: (QtrQtr, Sec, Twp, Rng, Meridian): <u>NW NW 28-T2S-R53W</u>	Latitude: <u>39.856314</u> Longitude: <u>103.327526</u>

TECHNICAL CONDITIONS

Type of Waste Causing Impact (crude oil, condensate, produced water, etc): Crude Oil

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: Weld silt loam (78)

Potential receptors (water wells within 1/4 mi, surface waters, etc.): 1580' stock water well

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>Oil-stained soil</u>	<u>Visual</u>
<input type="checkbox"/> Vegetation	_____	_____
<input type="checkbox"/> Groundwater	_____	_____
<input type="checkbox"/> Surface Water	_____	_____

REMEDIALTION WORKPLAN

Describe initial action taken (if previously provided, refer to that form or document):

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: _____

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REMEDIATION WORKPLAN (Cont.)

OGCC Employee: _____

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

Not Applicable

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.

After testing soil sample from base of the pit, if the analytical results comply with concentration levels set forth in Table 910-1, backfill pit using excess soil available on site. Pit area will be restored to original grade. Location of pit is within confines of tank battery site and therefore it will not be reseeded at this time.

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.):

Clean Harbors – Deer trail, Colorado disposal facility.

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: 10/1/2013 Date Site Investigation Completed: 3/31/2014 Date Remediation Plan Submitted: NA
Remediation Start Date: NA Anticipated Completion Date: 5/30/2014 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: David C. Peterson Signed: [Signature]
Title: President Date: 5/16/2013

OGCC Approved: [Signature] Title: GPS Date: 5/14/14

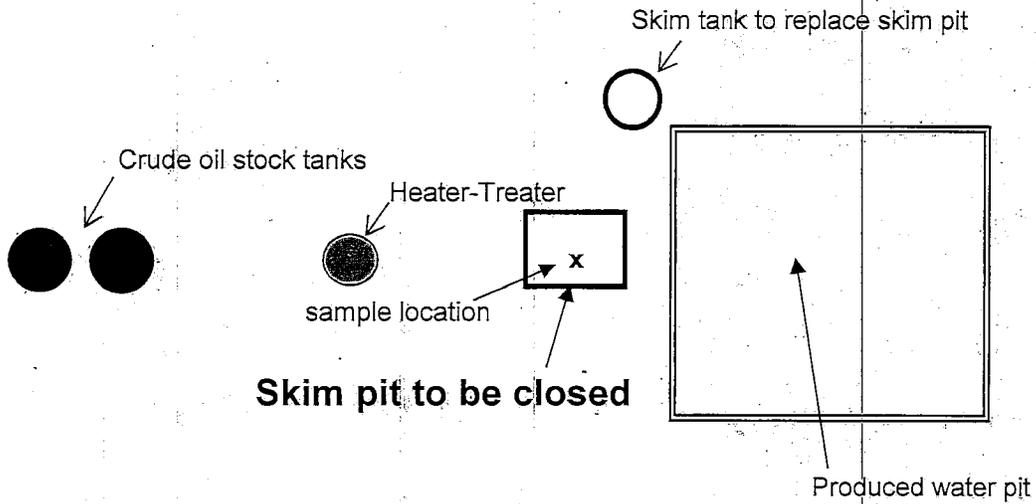
Attachment to Form 27 - Location of soil sample collection
Diamond Operating Inc.
Parks skim pit [API: 05-121-09622 00]



Earthen Skim Pit -- Schematic Diagram



Washington County Road 20



Not To Scale