

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

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**#8509**

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**RECEIVED**  
**7/1/2014**

**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.

**CAUSE OF CONDITION BEING INVESTIGATED AND REMEDIATED**

☐ Spill or Release ☐ Plug & Abandon ☐ Central Facility Closure ☐ Site/Facility Closure ☐ Other (describe): Remediation of Berms and Skim Pit

OGCC Operator Number: 31257

Name of Operator: Fritzler Resources, Inc

Address: 300 E. Burlington Ave

City: Fort Morgan State: CO Zip: 80701

Contact Name and Telephone:

Gene Fritzler

No: 970-768-0845

Fax: 9708-867-5413/866-437-4804

API Number: 05-121-05140

County: Washington

Facility Name: Decker

Facility Number: 233118

Well Name: Decker

Well Number: B#1

Location: (QtrQtr, Sec, Twp, Rng, Meridian): NWNW 18 4S 53W 6 PM Latitude: 39.708121 Longitude: -103.365863

**TECHNICAL CONDITIONS**

Type of Waste Causing Impact (crude oil, condensate, produced water, etc): Removal of 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.): Range land

Soil type, if not previously identified on Form 2A or Federal Surface Use Plan: Silty Clay Loam

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:

Skim Pit and Pit berms

How Determined:

Visual

**REMEDIATION WORKPLAN**

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

Removed oil on pit, stockpiled oily soil in lined pit. Set new fiberglass skim tank and removed skim pit from service. Skim pit is in process of being excavated and soils are being stockpiled in lined pit. Oily waste was removed from skim pit bottom by 6/25/2014. Extent of excavation contingent on intermediate samples

**Describe how source is to be removed:**

**Excavation**

**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.:**

Oily soils will be disposed of at Buffalo Ridge or another landfill. A subsequent form 27 will be submitted for insitu bioremediation efforts as may be appropriate.



**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.):**

N/A

**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.

The skim pit will be replaced by an additional fiberglass tank or tanks, to verify cleanup the composite samples from the sides and bottom of the pit shall be taken and analysed for the following constituents:

- BTEX
- TPH, including diesel and gasoline fractions
- EC
- SAR
- pH

**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: 3/2014 Date Site Investigation Completed: \_\_\_\_\_ Date Remediation Plan Submitted: 6/27/14  
Remediation Start Date: 4/2014 Anticipated Completion Date: 8/2015 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: Gene Fritzler Signed: \_\_\_\_\_  
Title: VP, Fritzler Resources, Inc, Date: 6/27/2014

OGCC Approved: John Noto Title: Environmental Protection Specialist Date: 7-1-2014