

**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**

REM 9572  
Document 2525972  
Date 03/15/2016

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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>10428</u>	Contact Name and Telephone: <u>JASON HAACK</u>
Name of Operator: <u>DIVERSIFIED ENERGY LLC</u>	No: <u>303-995-0826</u>
Address: <u>P.O. BOX 1685</u>	Fax: _____
City: <u>PARKER</u> State: <u>CO</u> Zip: <u>80134</u>	
API Number: <u>05-081-05284</u> County: <u>MOFFAT</u>	
Facility Name: <u>A.P. URIE PIT</u> Facility Number: <u>116613</u>	
Well Name: _____ Well Number: _____	
Location: (QtrQtr, Sec, Twp, Rng, Meridian): <u>NWSW 13 N5 96W</u> Latitude: <u>40.382076</u> Longitude: <u>108.131276</u>	

**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.): NONE

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>NONE PRESENT</u>	<u>COGCC INSPECTOR REPORTS AND 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):  
**NO INTIAL ACTION TAKEN, PIT CLOSURE VOLUNTARY BY OPERATOR**

Describe how source is to be removed:  
15'X20' PIT LOCATION AS IDENTIFIED IN LEASE INSPECTION DOC# 657318 AND PIT INSPECTION DOC# 657317 SHALL BE SOIL SAMPLED IN TWO DISCREET AREAS. IF HYDROCARBON IS PRESENT EXCEEDING LEVELS FROM TABLE 910-1 IMPACTED MATERIAL SHALL BE REMOVED AND TAKEN TO LICENSED DUMP FACILITY. CONFIRMATION SAMPLES SHALL BE TAKEN. IF NO HYDROCARBON IS PRESENT OPERATOR SHALL REQUEST CLOSURE.

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.:  
FINAL RECLAMATION SHALL COMPLY WITH RULES 1004. OPERATOR WILL NOTIFY EPS STAFF KRIS NIEDEL VIA EMAIL UPON MOBILIZATION OF WORK. OPERATOR SHALL REMOVE IMPACTED SOILS AND BACK FILL WITH CLEAN NATIVE SOIL. OPERATOR SHALL APPLY TO IMPACTED AREA NATIVE SEED. STORM WATER CONTROLS WILL IMPLEMENTED.



Tracking Number: \_\_\_\_\_  
Name of Operator: DIVERSIFIED  
OGCC Operator No: 10428  
Received Date: 3/14/16  
Well Name & No: APURIE PIT  
Facility Name & No: 116613

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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.):  
**NO GROUND WATER WILL BE IMPACTED**

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.  
**FOLLOWING IMPACTED SOIL EXCAVATION PLAN, SOIL DISPOSAL AND CONFIRMATION SAMPLING EXCAVATED AREA WILL BE BACKFILLED WITH CLEAN IMPORTED NATIVE SOILS AND RE-SEEDED. AREA WILL GRADED TO MATCH NATURAL CONTOURS AND NATURAL DRAINAGE**

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.):  
**ALL IMPACTED SOILS SHALL BE TAKEN TO LICENSED DISPOSAL FACILITY.**

**IMPLEMENTATION SCHEDULE**

Date Site Investigation Began: 3/1/2016 Date Site Investigation Completed: \_\_\_\_\_ Date Remediation Plan Submitted: \_\_\_\_\_  
Remediation Start Date: \_\_\_\_\_ Anticipated Completion Date: \_\_\_\_\_ 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: JASON NOACK Signed: Jason Noack  
Title: MANAGER Date: 3/14/2016

OGCC Approved: Chris Neider Title: 3/24/2016 EPS Date: \_\_\_\_\_

*See Next Page for Conditions of Approval...*

**Conditions of Approval (COAs) for the Pit Facility Closure are as follows:**

It is suggested that the Operator retain the services of an Environmental Professional or Environmental Consulting firm to assist in the Pit Facility Closure.

COGCC records contain information that a 60' length 50' width and 6' depth pit was constructed at or near the Location (Document Number 657316) and that various inspections indicated a 20' by 15' pit (Document Numbers 00657317 and 00657318). However, the records do not indicate the exact location of the Pit Facility.

- Conditionally approved, however, additional information or activities may be required during the course of remediation.
- Prior to field work and sampling the Operator shall complete historic review of documents to determine the former location of the Pit Facility. This shall include review of the COGCCs data base and it is suggested that other sources such as an environmental data base review (EDR), Topozone, Colorado Aerial Photos, etc.
- Notify the COGCC at least 72 hours, kris.kneidel@state.co.us 970-871-1963, prior to conducting sampling and remedial activities, if any.
- At least one-two discrete soil samples shall be collected through the backfilled materials of the pit and from native material beneath the bottom of the pit to adequately characterize whether an impact has occurred Composite samples will NOT be accepted. Samples in the area(s) most likely to have been impacted (per Rule 910.b(3)B) shall be analyzed for the complete constituents listed in Table 910-1.
- soil samples shall be collected through the backfilled materials of the pit and from native material beneath the bottom of the pit to adequately characterize whether an impact has occurred Samples shall be analyzed for total petroleum hydrocarbons (TPH) gasoline range organics (GRO), diesel range organics (DRO), oil range organics (ORO), benzene, toluene, xylenes, ethylbenzene, EC, SAR, and pH.
- Three (3) to five (5) discrete background samples shall be collected for EC, SAR, pH, and arsenic.
- Complete a sensitive area determination to demonstrate that no impacts to surface or groundwater occurred.
- Provide a summary of past use & current use of the Pit Facility.
- Reclamation shall be in accordance to the COGCCs 1000 Series Rules.

Dog#  
657318

RCC



00657318

LEASE INSPECTION FORM

Date 11 OCT 84

Operator TEXACO

Field DANFORTH NORTH

Lease Name & No. URIE ET AL.

County MOFFAT

Tank Battery No. 5A-96-L-13

Location \_\_\_\_\_

Legal Description

Type of Inspection PIT

Water Inflow \_\_\_\_\_ (Bbls. per Day)

RESULTS OF INSPECTION

(Est. Pit Dimensions, CVD, Lined, Oil on Surface, etc.)

Type of Tank

<sup>DI</sup>  
SKIM TANK 15X20, CLN WTR, UNLINED, NO COVER, FENCED IN.

PIT No. 1 \_\_\_\_\_

PIT NO. 2 \_\_\_\_\_

PIT NO. 3 \_\_\_\_\_

ADDITIONAL PITS \_\_\_\_\_

CONDITION OF LEASE (Describe - Oil CVD. or Sat. Gr., Any Leaking, Safety Conditions, Etc.)

RECOMMENDED ACTION (If Required) REPAINT TANK 1.0. #

INSPECTOR SSK

Doc# 657317

PIT INSPECTION FORM



DATE 7/9/86 OPERATOR Texaco FIELD Deafish HMs N.  
COUNTY Mof. LEASE AP Urie LOCATION SW 13, 5N, 96W

CLASS \_\_\_\_\_ LEASE SIGN:  YES  NO TANK ID:  YES  NO

TYPE OF OBSERVED WATER DISPOSAL:

EVAP. PITS  TANKS/TRUCKED  INJECTED\*  NOT DETERMINED  NA  
ESTIMATED WATER PRODUCTION \_\_\_\_\_ GPM \* (34.3) = \_\_\_\_\_ BPD

SKIM TANK: SIZE \_\_\_\_\_ GALS,  METAL  FIBERGLASS  PLASTIC  CEMENT  
COVERED  YES  NO, OVERFLOW  YES  NO

PITS:	<u>SKIM PIT(S)</u>	<u>EVAPORATIVE PIT(S)</u>
SIZE:	<u>15 * 20</u> = _____ SQFT	* = _____ SQFT
MATERIAL	_____	* = _____ SQFT
SCREEN:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	* = _____ SQFT
SCREEN COLLAPSED	<input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL = _____ SQFT
FLAGS	<input type="checkbox"/> YES <input type="checkbox"/> NO	LINER MATERIAL: COMM. BENT. _____
OIL COVERED	<u>0</u> %	SYNTHETIC _____
		NATIVE SOIL _____
		NONE _____
		OIL COVERED _____ %
		BREACHED <input type="checkbox"/> YES <input type="checkbox"/> NO

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PIT PERMIT  YES  NO, LINER REQUIRED  YES  NO, TDS \_\_\_\_\_ ppm  
REPORTED WATER PRODUCTION \_\_\_\_\_ BBL/DAY LEASE NUMBER \_\_\_\_\_  
\*INJECTION FACILITY: NAME \_\_\_\_\_ LOCATION \_\_\_\_\_

NOTICE SENT  YES  NO DATE SENT \_\_\_\_\_ INSPECTOR [Signature]