

**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

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): _____

OGCC Operator Number: 16695

Name of Operator: Chevron Midcontinent LP

Address: 1400 Smith Street

City: Houston State: TX Zip: 77002

Contact Name and Telephone:

Eric Page

No: 713-372-1022

Fax: _____

API Number: 05-045-06107

County: Garfield County

Facility Name: Federal 27-11/South Canyon

Facility Number: Pit # 111762

Well Name: Federal

Well Number: 27-11

Location: (QtrQtr, Sec, Twp, Rng, Meridian): SE/4SW/4 SEC 27, T7S-R104W Latitude: 39.421424 Longitude: -108.977162

TECHNICAL CONDITIONS

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

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.): Non-Crop Land/Scrub Oak

Soil type, if not previously identified on Form 2A or Federal Surface Use Plan: Sandy Silt w/ Gravel Lenses

Potential receptors (water wells within 1/4 mi, surface waters, etc.): West Salt Creek

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

Impacted Media (check):



Soils



Vegetation



Groundwater



Surface Water

Extent of Impact:

TBD

TBD

How Determined:

Soil Borings

Monitor wells

REMEDIAL WORKPLAN

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

Initial actions taken as described in the following reports: Interim Reclamation and Remedial Excavation Documentation Report - Pit 111762 dated December 15, 2008, and Site Assessment Workplan dated March 31, 2010.

Additional proposed actions as detailed in the "Phase II Site Assessment Workplan" dated September 20, 2010.

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.:



REMEDIAL 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.):
See workplan for details

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.

Refer to attached workplan

"Phase II Site Assessment Workplan", prepared by Stantec Consulting Corporation on behalf of Chevron Environmental management Company.

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: _____ Date Site Investigation Completed: _____ Date Remediation Plan Submitted: September 20, 2010
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: ERIK PAGE Signed: [Signature]

Title: Project Manager - Chevron Environmental Management Company Date: 9/21/10

OGCC Approved: _____ Title: _____ Date: _____