

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
Received
7/10/2012 Rifle
COGCC
OGCC Employee
 Spill Complaint
 Inspection NOAV
Tracking No: **200355205**

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>100185</u>	Contact Name and Telephone: <u>Charles Jensen</u>
Name of Operator: <u>Encana Oil & Gas (USA) Inc.</u>	No: <u>970-285-2735</u>
Address: <u>2717 County Road 215, Suite 100</u>	Fax: <u>970-285-2705</u>
City: <u>Parachute</u> State: <u>CO</u> Zip: <u>81635</u>	
API Number: <u>05</u> County: <u>Garfield</u>	
Facility Name: <u>F12E "poly" pipeline release</u> Facility Number: <u>429326</u>	
Well Name: <u>N/A</u> Well Number: <u>N/A</u>	
Location: (QtrQtr, Sec, Twp, Rng, Meridian): <u>SWSE 3 7S 92W 6th</u> Latitude: <u>39.46876</u> Longitude: <u>-107.65221</u>	

TECHNICAL CONDITIONS

Type of Waste Causing Impact (crude oil, condensate, produced water, etc): treated 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.): irrigated, residential

Soil type, if not previously identified on Form 2A or Federal Surface Use Plan: Olney loam, 6 to 12 percent slopes

Potential receptors (water wells within 1/4 mi, surface waters, etc.): Davis Ditch and Dry Hollow Creek, water wells (2) within 1/4 mile

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</u>	<u>initial soil analytical data</u>
<input type="checkbox"/> Vegetation	<u>None</u>	<u>visual</u>
<input checked="" type="checkbox"/> Groundwater	<u>undetermined</u>	<u>sampling to follow (see attached work plan)</u>
<input checked="" type="checkbox"/> Surface Water	<u>undetermined</u>	<u>visual initial, sampling to follow (work plan)</u>

REMEDIALTION WORKPLAN

Describe initial action taken (if previously provided, refer to that form or document):
SEE ATTACHED WORK PLAN.

Describe how source is to be removed:
SEE ATTACHED WORK PLAN.

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.:
SEE ATTACHED WORK PLAN.

FORM
27
Rev 6/99

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Tracking Number: _____
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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.):
SEE ATTACHED WORK PLAN.

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.
SEE ATTACHED WORK PLAN.

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:
WILL INCLUDE IN FOLLOW-UP REPORT. SEE ATTACHED WORK PLAN.

Final disposition of E&P waste (landtreated and disposed onsite, name of licensed disposal facility, recycling, reuse, etc.):
SEE ATTACHED WORK PLAN.

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: 6/16/2012 Date Site Investigation Completed: TBD Date Remediation Plan Submitted: 7/10/2012
Remediation Start Date: TBD Anticipated Completion Date: 9/10/2012 Actual Completion Date: TBD

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.
Print Name: Charles Jensen Signed: *Charles H. Jensen Jr.*
Title: Hydrogeologist Date: 7/10/2012

OGCC Approved: _____ Title: _____ Date: 7/11/2012