

State of Colorado
Oil and Gas Conservation Commission

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#8221

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2/19/2014

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.

OGCC Employee:

Spill Complaint
Inspection NOAV

Tracking No: 671100778

CAUSE OF CONDITION BEING INVESTIGATED AND REMEDIATED

Spill or Release Plug & Abandon Central Facility Closure Site/Facility Closure Other (describe): _____

OGCC Operator Number: _____		Contact Name and Telephone: _____	
Name of Operator: _____		_____	
Address: _____		No: _____	
City: _____ State: _____ Zip: _____		Fax: _____	
API Number: _____		County: _____	
Facility Name: _____		Facility Number: _____	
Well Name: _____		Well Number: _____	
Location: (QtrQtr, Sec, Twp, Rng, Meridian): _____		Latitude: _____ Longitude: _____	

TECHNICAL CONDITIONS

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

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.): _____

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.): _____

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

Impacted Media (check):	Extent of Impact:	How Determined:
Soils	_____	_____
Vegetation	_____	_____
Groundwater	_____	_____
Surface Water	_____	_____

REMEDIATION 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.):

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.

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 contaminated soil will be hauled and disposed of at a certified facility

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: _____ 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: Susana Lara-Mesa

Signed: [Signature]

Title: Engineering Project mgr

Date: 02-14-2014

OGCC Approved: _____ Title: _____ Date: _____

Conditions of Approval:

1. Test soils suspected to have been impacted by produced water for SAR, EC, & pH as per Rule 910.b.(3).
2. Provide GPS coordinates for the four corners of the pit and all sampling locations.