

State of Colorado
Oil and Gas Conservation Commission

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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: _____	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	_____	_____

REMEDIALTION 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.:



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.):

There are no impacts to groundwater.

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 culvert area will be backfilled with clean soil and regraded.

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:

Five confirmation samples were collected from the base and four sidewalls of the skim culvert excavation. These samples will be analyzed for TVPH, BTEX, TEPH (diesel and motor oil range), SAR, pH, and conductivity to demonstrate compliance with the Table 910-1 standards.

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

Impacted soil was disposed of a commercial landfill.

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: November 10, 2013 Date Site Investigation Completed: November 13, 2013 Date Remediation Plan Submitted: April 6, 2014
Remediation Start Date: April 5, 2014 Anticipated Completion Date: May 1, 2014 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: David K Nicholson, P.G.Signed: *DK Nicholson*Title: Agent for Ritchie Exploration, Inc.Date: April 6, 2014

OGCC Approved: _____ Title: _____ Date: _____