

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)894-2100 Fax:(303)894-2109



#8394

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APR 30 2014
COGCC
OGCC Employee

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): P&A 2000

OGCC Operator Number: 79905

Name of Operator: SMITH OIL PROPERTIES INC

Address: P O BOX 219

City: BYERS State: CO Zip: 80103

Contact Name and Telephone:

JAMES B SMITH

No: 303-859-7293

Fax: 303-822-5881

API Number: 123-12388

County: WELD

Facility Name:

Facility Number:

Well Name: KIRBY

Well Number: #1

Location: (QtrQtr, Sec, Twp, Rng, Meridian): NWNE 17 6N 67W

Latitude: 40.494103 Longitude: 104.91459

TECHNICAL CONDITIONS

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

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

Soil type, if not previously identified on Form 2A or Federal Surface Use Plan: SILTY CLAY

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):



Soils



Vegetation



Groundwater



Surface Water

Extent of Impact:

NOT KNOWN

How Determined:

GEO-PROBE

REMEDIAL WORKPLAN

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

PARAGON BORING FOR WENTZEL ENERGY JOB #1013064

Describe how source is to be removed:

BACKHOE OR EXCAVATOR DIG UNTIL CONTAMINANTS ARE 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.:

CONTAMINANTS TO BE HAULED TO WASTE MANAGEMENT, KEENESBURG



Tracking Number: 200397513
Name of Operator: SMITH OIL PROPERTIES
OGCC Operator No: 79905
Received Date: 4/30/2014
Well Name & No: KIRBY #1
Facility Name & No: _____

Page 2
REMEDATION WORKPLAN (Cont.)

OGCC Employee: RICK ALLISON

If groundwater has been impacted, describe proposed monitoring plan (# of wells or sample points, sampling schedule, analytical methods, etc.):

GROUND WATER NOT 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.

WE WILL FIRST REMOVE EXISTING ROAD BASE/ROCKS-TO BE PUT BACK IN PLACE WHEN DIG IS COMPLETE. LT ENVIRONMENTAL WILL TAKE SAMPLES AS THE DIG IS BEING DONE. WHEN TESTED SOILS COME BACK CLEAN THE PROPERTY OWNER HAS REQUESTED SOIL ON HER LAND REPLACE WHAT HAS BEEN HAULED TO WASTE MANAGEMENT. THIS SOIL WILL ALSO BE TESTED BY LT ENVIRONMENTAL. HOLE WILL BE FILLED AND ROADBASE/ ROCK GRAVEL WILL BE PUT BACK.

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: _____
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: JAMES B SMITH Signed: James B Smith
Title: FIELD SUPERVISOR Date: 4/28/2014

OGCC Approved: Richard Allison Title: NORTHEAST EPS Date: 5/2/2014

See the attached Conditions of Approval - Document ID # 2614762