

**State of Colorado**  
**Oil and Gas Conservation Commission**



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

#8430

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**RECEIVED**  
5/9/2014

## 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:

### CAUSE OF CONDITION BEING INVESTIGATED AND REMEDIATED

☐ Spill or Release ☐ Plug & Abandon ☐ Central Facility Closure ☐ Site/Facility Closure ☒ Other (describe): PREVIOUSLY CLOSED PIT RECLAIM

OGCC Operator Number: 10110

Name of Operator: GREAT WESTERN OPERTING CO

Address: 1801 BROADWAY, STE 500

City: DENVER State: CO Zip: 80202

Contact Name and Telephone:

SCOT DONATO

No: 303-398-0302

Fax: 866-742-1784

API Number: 05-121-06411

County: WASHINGTON

Facility Name: FLESSNER 9

Facility Number: 236708

Well Name: FLESSNER

Well Number: 9

Location: (QtrQtr, Sec, Twp, Rng, Meridian): SWSE 19-1S-56W 6PM Latitude: 39.945193 Longitude: -103.692371

### TECHNICAL CONDITIONS

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

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.): DRY LAND FARMING

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.): NONE

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

Impacted Media (check):



Soils



Vegetation



Groundwater



Surface Water

Extent of Impact:

SUBSIDENCE

How Determined:

VISUAL

### REMEDIAL WORKPLAN

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

PLAN IS TO REWORK SOILS AROUND PREVIOUSLY CLOSED PIT AREA AND HAVE  
LANDOWNER REPLANT AREA.

Describe how source is to be removed:

NA

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.:

NA



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.):

NA

**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.

REWORK SUBSIDED SOILS AND ADDITIONAL BERM SOILS TO RECONTOUR TO APPROXIMATE ORIGINAL TOPOGRAPHY. LANDOWNER TO RESEED AND FARM AREA.

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.):

NA

**IMPLEMENTATION SCHEDULE**

Date Site Investigation Began: 011014 Date Site Investigation Completed: \_\_\_\_\_ Date Remediation Plan Submitted: 050914  
Remediation Start Date: 011014 Anticipated Completion Date: 053114 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: SCOT A. DONATO

Signed: \_\_\_\_\_

Title: MGR. REGULATORY

Date: 050914

OGCC Approved: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_