

**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  
**1943022**

OGCC Employee:

Spill       Complaint  
 Inspection       NOAV

Tracking No:

**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>46292</u>	Contact Name and Telephone: <u>Raymond Gorka</u>
Name of Operator: <u>K. P. Kauffman Co., Inc.</u>	No: <u>(303) 825-4822</u>
Address: <u>1675 Broadway, #2800</u>	Fax: <u>(303) 825-4825</u>
City: <u>Denver</u> State: <u>CO</u> Zip: <u>80202</u>	
API Number: <u>05-123-09161; -16268; -10284; -10462</u>	County: <u>Weld</u>
Facility Name: <u>"Facility 8"</u>	Facility Number: _____
Well Name: <u>John H. Bell Jr. B-1, Wagon Wheel 22-24, George R. Nordin P1, Kula, George C</u>	Well Number: _____
Location: (Qtr Qtr, Sec, Twp, Rng, Meridian): <u>NW NW Sec. 24, T1N, R67W</u> Latitude: <u>40° 02' 30.81"N</u> Longitude: <u>104° 52' 28.56"W</u>	

**TECHNICAL CONDITIONS**

Type of Waste Causing Impact (crude oil, condensate, produced water, etc): Crude oil & 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.): cultivated/dry land farming

Soil type, if not previously identified on Form 2A or Federal Surface Use Plan: Nunn clay loam, 0-1% slopes

Potential receptors (water wells within 1/4 mi, surface waters, etc.): 12

**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>~10' X ~20'</u>	<u>Visually and smell &amp; PID 1000+</u>
<input type="checkbox"/> Vegetation	_____	_____
<input type="checkbox"/> Groundwater	_____	_____
<input type="checkbox"/> Surface Water	_____	_____

**REMEDATION WORKPLAN**

**Describe initial action taken** (if previously provided, refer to that form or document):  
See form 19 sent 2/27/09

**Describe how source is to be removed:**  
Impacted soils were removed. ~70 cubic yards of material taken away. Hole left open as Aurora Water is installing a slurry wall in the path and line not yet fully encased in steel.

**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.:**  
Soil trucked to licensed landfill in Bennett, CO.



Tracking Number: Name of Operator: OGCC Operator No: Received Date: Well Name & No: Facility Name & No:

Page 2 REMEDIATION WORKPLAN (Cont.)

OGCC Employee:

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

3 or 4 monitoring wells will be placed in the area to ensure full capture of the "plume" has been delineated and this will be done in the field after konsultation with the COGCC.

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.

Impacted soil removed. Soil samples of insitu soils taken to lab, results will be shared w/ COGCC when available.

Hole left open to facilitate steel casing of line and installation of slurry wall.

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 [x] N If yes, describe:

No.

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

At a licensed landfill.

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: 2/25/09 Date Site Investigation Completed: ----- Date Remediation Plan Submitted: 2/27/09 Remediation Start Date: 2/25/09 Anticipated Completion Date: 3/5/09 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: Raymond M. Gorka Signed: Raymond Gorka Title: EHS Coordinator, K. P. Kauffman Co., Inc. Date: 2/27/09

Digitally signed by Raymond Gorka DN: cn=Raymond Gorka, o=K.P. Kauffman Co., Inc., email=...

OGCC Approved: [Signature] Title: EPS Date: 4/6/09