

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

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): _____

OGCC Operator Number: 46292
Name of Operator: K. P. Kauffman Co., Inc.
Address: 1675 Broadway, #2800
City: Denver State: CO Zip: 80202

Contact Name and Telephone:
Raymond Gorka
No: (303) 825-4822
Fax: (303) 825-4825

API Number: 05-123-09161; -16268; -10284; -10462 County: Weld
Facility Name: "Facility 8" Facility Number: _____
Well Name: John H. Sells A, B-1, Wagon 12-24, George R. Nordin P1, Kula, George C Well Number: _____
Location: (Qtr Qtr, Sec, Twp, Rng, Meridian): NW NW Sec. 24, T1N, R67W Latitude: 40° 02' 30.81"N Longitude: 104° 52' 28.56"W

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 & PID 1000+</u>
<input type="checkbox"/> Vegetation	_____	_____
<input type="checkbox"/> Groundwater	_____	_____
<input type="checkbox"/> Surface Water	_____	_____

REMEDIALTION 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: _____

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 consultation 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 ☒ 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

Digitally signed by Raymond Gorka
DN: cn=Raymond Gorka, o=K.P.
Kauffman Co., Inc., email=RGK,
c=US
Date: 2009.02.27 15:39:45 -0700

Title: EHS Coordinator, K. P. Kauffman Co., Inc.

Date: 2/27/09

OGCC Approved: _____

Title: EPS

Date: 4/6/09