

State of Colorado
Oil and Gas Conservation Commission



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

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): _____

FOR OGCC USE ONLY
Date received
8/5/14
REM #8589
Doc #1733877
OGCC Employee:
☐ Spill ☐ Complaint
☐ Inspection ☐ NOAV
Tracking No: 438627

OGCC Operator Number: 29200

Name of Operator: Vernon E. Faulconer, Inc.

Address: P.O. Box 7995

City: Tyler State: TX Zip: 75711

Contact Name and Telephone:

Jeff Pshigoda

No: 903.504.2344

Fax: 1800.285.7050

API Number: 05-067-05436

County: La Plata

Facility Name: Sunical #1

Facility Number: 325149

Well Name: Sunical

Well Number: 1

Location: (QtrQtr, Sec, Twp, Rng, Meridian): SENW, 17, 33N, 9W Latitude: 37.10663 Longitude: 107.85315

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.): _____

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):

- ☐ Soils
☐ Vegetation
☐ Groundwater
☐ Surface Water

Extent of Impact:

See Form 19 previously filed

How Determined:

None - See Form 19 previously filed

None - See Form 19 previously filed

REMEDIAL WORKPLAN

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

Please see Form 19 previously filed

Describe how source is to be removed:

Excavate 100 cubic yards around the tank and below.

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.:

Haul all contaminated material to Bondad Landfill. Haul back clean pit run to replace that material.



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

REMEDIAL WORKPLAN (Cont.)

OGCC Employee: _____

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

N/A

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.

N/A

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:

Will do another table 9-10 soil test.

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

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: 6-23-14 Date Site Investigation Completed: 6-30-14 Date Remediation Plan Submitted: 7-31-14
Remediation Start Date: 8-1-14 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: Robbie Anglin

Signed: Robbie Anglin

Title: Production Analyst

Date: 7-31-14

OGCC Approved: [Signature]

Title: Environmental Protection Specialist

Date: 8/7/14

See COAs