

State of Colorado
Oil and Gas Conservation Commission

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



FOR OGCC USE ONLY

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): _____

GENERAL INFORMATION

OGCC Operator Number: 10071		Contact Name and Telephone	
Name of Operator: Bill Barrett Corporation (BBC)		Name: Scott Ghan	
Address: 112 Red Feather Trail		No: 970-876-1959	
City: Silt State: CO Zip: 81652		Fax: 970-876-0981	
API/Facility No: 417356		County: Garfield	
Facility Name: BBC Pad Upper and Lower Pits		Facility Number:	
Well Name:		Well Number:	
Location (QtrQtr, Sec, Twp, Rng, Meridian): SENE, S 23, T 6 S, R 92 W, 6th PM		Latitude: 39.512845 Longitude: -107.626304	

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)? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, attach evaluation.	
Adjacent land use (cultivated, irrigated, dry land farming, industrial, residential, etc.): Non-cropland - rangeland	
Soil type, if not previously identified on Form 2A or Federal Surface Use Plan: Potts loam 6-12%, Torriorthents-Camborthids-Rock outcrop complex, steep	
Potential receptors (water wells within 1/4 mi, surface waters, etc.): Two domestic water wells are located approximately 430 feet (ft.) southwest and 580 ft. north northwest of the pit.	
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	Please see the attached site investigation report
<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): Please refer to the Form 27 submitted on 6/18/11 (Remediation #5093).
Describe how source is to be removed: Please see the attached site investigation report
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.: Please see the attached site investigation report

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Tracking Number:	_____
Name of Operator:	BBC
OGCC Operator No:	10071
Received Date:	_____
Well Name & No:	_____
Facility Name & No.:	BBC Pad Upper Pit 417356

REMEDIATION WORKPLAN (CONT.)

OGCC Employee: _____

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

Groundwater was not encountered during sampling activities. Based on topography and depth to water levels for wells located within 0.25 miles of the facility, the depth to groundwater is estimated to be approximately 100 ft. bgs (below ground surface).

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.

The pit location will be recontoured and reseeded in accordance with the interim reclamation specified in the Application for Permit to Drill for wells at this facility. BBC's field-wide weed management plan will continue to be implemented at this facility

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:

BBC conducted sampling of domestic water wells within 0.5 miles as required by the NOAV letter dated May 21, 2010. Results from the water wells do not indicate any impacts originating from the upper pit release.

Site assessment results indicate that soil and groundwater were not impacted as a result of the release from the Upper BBC Pit. As a result of the findings from multiple investigation activities performed following the NOAV, BBC is requesting a No Further Action determination.

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:	5/4/11	Date Site Investigation Completed:	5/5/11	Remediation Plan Submitted:	6/18/11
Remediation Start Date:	5/4/11	Anticipated Completion Date:	NA	Actual Completion Date:	5/5/11

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: **Scott Ghan**

Signed: _____

Title: **E H & S Coordinator**

Date: **10/3/11**

OGCC Approved: _____ Title: _____ Date: _____