

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



FOR OGCC USE ONLY

Received 12/10/14  
REM 8800  
Doc 2313348

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OGCC Employee:

Spill       Complaint  
 Inspection       NOAV

Tracking No: \_\_\_\_\_

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): \_\_\_\_\_

OGCC Operator Number: <u>10112</u>	Contact Name and Telephone: <u>Rachel Eisterhold</u>
Name of Operator: <u>Foundation Energy Management, LLC</u>	No: <u>918-526-5592</u>
Address: <u>16000 Dallas Parkway, Suite 875</u>	Fax: <u>918-585-1660</u>
City: <u>Dallas</u> State: <u>TX</u> Zip: <u>75248</u>	
API Number: <u>05-123-07467</u> County: <u>Weld</u>	
Facility Name: <u>Camenisch</u> Facility Number: <u>NA</u>	
Well Name: <u>Camenisch</u> Well Number: <u>1</u>	
Location: (QtrQtr, Sec, Twp, Rng, Meridian): <u>SWSW, 2, 1N, 67W</u> Latitude: <u>40.07475</u> Longitude: <u>-104.86528</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.): dry land farming-pasture land- grazing

Soil type, if not previously identified on Form 2A or Federal Surface Use Plan: Shingle Loam, 3-9 % slopes

Potential receptors (water wells within 1/4 mi, surface waters, etc.): Several water wells within 1/2 mile from location

**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>Full extent to be determined</u>	<u>Saturated soil under intersection of flowlines</u>
<input type="checkbox"/> Vegetation	<u>NA</u>	<u>Release on well pad</u>
<input type="checkbox"/> Groundwater	<u>No groundwater encountered at 12' deep</u>	
<input type="checkbox"/> Surface Water	<u>NA</u>	<u>Clean sample taken at soil adjacent to surface water (40' from location)</u>

**REMEDIATION WORKPLAN**

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

Upon discovery of flowline coupler leak, well was shut-in and material was excavated down to the leak and stockpiled on plastic; leaking coupler was replaced

**Describe how source is to be removed:**

Approximately 100 cubic yards of contaminated dirt has been excavated from the spill area and stockpiled on location. This soil will be taken to an approved landfill and manifest tickets will be submitted with final Form 27A upon completion.

**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.:**

Initial sampling was completed on 2/18/14. A sample was collected at about 6.5 feet below ground on the base of the excavation and about 3 feet east of where the two lines cross. The TPH of the sample exceeded the standard of 500 mg/kg. We will delineate the area and remove the contaminated soil until all samples are within the Table 910-1 standards for remediation. All contaminated soil will be hauled to an approved landfill and manifest tickets will be obtained for submittal upon completion.



Tracking Number: \_\_\_\_\_  
Name of Operator: Foundation Energy  
OGCC Operator No: 10112  
Received Date: \_\_\_\_\_  
Well Name & No: Camenisch 1  
Facility Name & No: \_\_\_\_\_

REMEDIATION WORKPLAN (Cont.)

OGCC Employee: \_\_\_\_\_

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

If groundwater is encountered during the remediation, samples will be taken and analyzed for Table 910-1 standards before backfilling the excavated area.

**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.

This release is on a current battery location, so it will just be backfilled and contoured to grade when the excavation is complete. Final reclamation will take place if the location is plugged and abandoned in the future.

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:

Further analytical data is needed to delineate and develop a scope and a more accurate extent of the excavation. Final sampling will be conducted after the excavation is complete to show that the excavation is within state standards prior to backfilling and closing out the remediation project.

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

The contaminated soil will be hauled to the closest appropriate landfill (to be determined) and manifest tickets will be obtained for submittal upon completion of the remediation.

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: 2/18/2014 Date Site Investigation Completed: \_\_\_\_\_ Date Remediation Plan Submitted: 11/6/2014  
Remediation Start Date: 2/18/2014 Anticipated Completion Date: 12/31/2014 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: Rachel A. Grant Signed: [Signature]  
Title: Sr. HSE/Regulatory Tech Date: 11/6/2014

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