

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

**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: \_\_\_\_\_

Name of Operator: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name and Telephone: \_\_\_\_\_

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

Fax: \_\_\_\_\_

API Number: \_\_\_\_\_

County: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Number: \_\_\_\_\_

Well Name: \_\_\_\_\_

Well Number: \_\_\_\_\_

Location: (QtrQtr, Sec, Twp, Rng, Meridian): \_\_\_\_\_ Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

**TECHNICAL CONDITIONS**

Type of Waste Causing Impact (crude oil, condensate, produced water, etc): \_\_\_\_\_

**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):	Extent of Impact:	How Determined:
Soils	_____	_____
Vegetation	_____	_____
Groundwater	_____	_____
Surface Water	_____	_____

**REMEDIAL WORKPLAN**

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

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

**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.:**