

FORM

27

Rev 6/99

State of Colorado

Oil and Gas Conservation Commission

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



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COGCC

OGCC Employee:

☐ Spill ☐ Complaint
☐ Inspection ☒ NOAV

Tracking No: 112 6718

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: 23320

Name of Operator: DeCar Oil & Gas, Inc.

Address: P.O. Box 1455

City: Ft. Morgan State: Colo Zip: 80701

Contact Name and Telephone:

Lewis Camp

No: 970-867-6697

Fax: same

API Number: 05 087 05905 00

County: Morgan

Facility Name: _____

Facility Number: 225492

Well Name: Reggie

Well Number: 1

Location: (QtrQtr, Sec, Twp, Rng, Meridian): NW NE Sec 6, 2N 57W

Latitude: _____ Longitude: _____

TECHNICAL CONDITIONS

Type of Waste Causing Impact (crude oil, condensate, produced water, etc): oil & 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.): _____

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:

Little or no vegetation on site

How Determined:

Picture

REMEDATION WORKPLAN

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

Knife in Gypsm and organic matter in the impacted area. Work or landfarm the oily soil on location or replace. Clean up the Berm.

Describe how source is to be removed:

Back hoe

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.:

Landfarm on site or tanken to another land farm

Submit Page 2 with Page 1



Pro: 3215

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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.):

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.

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:

Need to work the ground and sample in 1-year and proceed with remediation until cleaned up.

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

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: _____ Date Site Investigation Completed: _____ Date Remediation Plan Submitted: 6-20-04
Remediation Start Date: 6-25-04 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: Lewis C. Camp Signed: _____

Title: Geologist Date: 6-20-04

OGCC Approved: Randall N. Fugate Title: EPS Date: 8/31/04