

State of Colorado
Oil and Gas Conservation Commission



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

3215

RECEIVED
FOR OGCC USE ONLY
JUN 25 04
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: <u>23320</u>	Contact Name and Telephone: <u>Lewis Camp</u>
Name of Operator: <u>DeCar Oil & Gas, Inc.</u>	No: <u>970-867-6697</u>
Address: <u>P.O. Box 1455</u>	Fax: <u>same</u>
City: <u>Ft. Morgan</u> State: <u>Colo</u> Zip: <u>80701</u>	

API Number: <u>05 087 05905 00</u>	County: <u>Morgan</u>
Facility Name: _____	Facility Number: <u>225492</u>
Well Name: <u>Reggie</u>	Well Number: <u>1</u>
Location: (QtrQtr, Sec, Twp, Rng, Meridian): <u>NW NE Sec 6, 2N 57W</u>	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):	Extent of Impact:	How Determined:
<input checked="" type="checkbox"/> Soils	<u>Little or no vegetation on site</u>	<u>Picture</u>
<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):
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

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