

State of Colorado Oil and Gas Conservation Commission

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COGCC

OGCC Employee:

- Spill, Complaint, Inspection, NOAV

Tracking No:

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

GENERAL INFORMATION

OGCC Operator Number: 38560, Name of Operator: HAUG WANDA, Address: 5 CRESTWOOD DRIVE, City: KIMBALL, State: NE, Zip: 69145, Contact Name and Telephone: TIM GINTER, No: 1-307-640-9207, API Number: 05-123-10268-00, County: WELD, Facility Name: 242477, Facility Number: 242477, Well Name: KERN 43-33, Well Number: 43-33, Location: (QtrQtr, Sec, Twp, Rng, Meridian): NESE 33 12N 62W 6

TECHNICAL CONDITIONS

Type of Waste Causing Impact (crude oil, condensate, produced water, etc.): CRUDE OIL, Site Conditions: Is location within a sensitive area (according to Rule 901e)? Y, Adjacent land use (cultivated, irrigated, dry land farming, industrial, residential, etc.): PASTURE, 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):

Table with 3 columns: Impacted Media (check), Extent of Impact, How Determined. Includes entries for Soils (TRPH - 22,000 MG/KG) and LAB RESULTS.

REMEDIALTION WORKPLAN

Describe initial action taken (if previously provided, refer to that form or document): REMOVE IMPACTED SOIL TO LOCATION UPHILL & SOUTH OF SPILL - SPREAD OUT TO ALLOW SUN & WEATHER TO NATURALLY DECOMPOSE.

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.:

LAND TREATMENT (NATURAL REMEDIATION)



Tracking Number: \_\_\_\_\_ Name of Operator: \_\_\_\_\_ OGCC Operator No.: \_\_\_\_\_ Received Date: \_\_\_\_\_ Well Name & No.: \_\_\_\_\_ 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.):

NA

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.

REPLACE TOP SOIL & RESEED  
I WILL RETEST TRPH SOIL THIS SUMMER

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: \_\_\_\_\_

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

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: 2-19-03 Date Site Investigation Completed: 2-19-03 Date Remediation Plan Submitted: 2-28-06  
Remediation Start Date: 12-1-05 Anticipated Completion Date: 12-16-05 Actual Completion Date: 12-16-05

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

Print Name: TIM GINTER  
Signed: Tim Ginter Title: PUMPER Date: 2-28-06

OGCC Approved: Paul H. Jay Title: EPS Date: 3/20/06

\* Collect a soil sample from impacted area to confirm successful removal of impacted soils. Analyze for TRPH, Submit results to OGCC