

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



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FOR OGCC USE ONLY  
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**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): Culvert Pit Closure

OGCC Operator Number: <u>100185</u>	Contact Name and Telephone: <u>Chantae Pennell</u>
Name of Operator: <u>EnCana Oil and Gas (USA), Inc.</u>	No: <u>970-675-4609</u>
Address: <u>1125 Escalante Dr</u>	Fax: <u>970-675-4433</u>
City: <u>Rangely</u> State: <u>CO</u> Zip: <u>81648</u>	

API Number: <u>314845</u>	County: <u>Rio Blanco</u>
Facility Name: <u>LOWER HORSE DRAW A 2214</u>	Facility Number: <u>62S103W 34NESW</u>
Well Name: <u>PIT FACILITY ID#104422</u>	Well Number: _____
Location: (QtrQtr, Sec, Twp, Rng, Meridian): <u>NESW 34 2S 103W, 6th</u>	Latitude: <u>39.828159</u> Longitude: <u>-108.946555</u>

**TECHNICAL CONDITIONS**

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

Soil type, if not previously identified on Form 2A or Federal Surface Use Plan: Piceance fine sandy loam, 5 to 15 % Slopes

Potential receptors (water wells within 1/4 mi, surface waters, etc.): Unnamed dry tributary 1,500 feet to the north

Description of Impact (if previously provided, refer to that form or document):

Impacted Media (check):	Extent of Impact:	How Determined:
<input type="checkbox"/> Soils	<u>Unknown-Culvert pits are intact.</u>	<u>Identified impacts will be detailed in a Form 4 as an addendum to this Form 27.</u>
<input type="checkbox"/> Vegetation	_____	_____
<input type="checkbox"/> Groundwater	_____	_____
<input type="checkbox"/> Surface Water	_____	_____

**REMEDIATION WORKPLAN**

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

Describe how source is to be removed:  
see attached

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.:  
see attached



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

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**REMIEDIATION WORKPLAN (Cont.)**

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

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

see attached

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.

see attached

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:

see attached

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

see attached

**IMPLEMENTATION SCHEDULE**

Date Site Investigation Began: TBD Date Site Investigation Completed: TBD Date Remediation Plan Submitted: \_\_\_\_\_  
Remediation Start Date: TBD Anticipated Completion Date: TBD Actual Completion Date: TBD

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

Print Name: Chantae Pennell Signed: [Signature]

Title: Environmental Field Coordinator Date: 6-5-13

OGCC Approved: Ann C Edema Title: EPS Date: 5/12/16  
for Kris Meidel