

State of Colorado
Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

REM 8432

Facility ID 313233

Document 2526945

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): pit sampling

OGCC Employee:

☐ Spill ☐ Complaint
☐ Inspection ☐ NOAV

Tracking No:

OGCC Operator Number: <u>10323</u>		Contact Name and Telephone: <u>Kristen Stocks</u>	
Name of Operator: <u>Entek GRB LLC</u>		No: <u>307-200-1930</u>	
Address: <u>165 South Union #366</u>		Fax: _____	
City: <u>Lakewood</u> State: <u>CO</u> Zip: <u>80228</u>			
API Number: <u>081-07232</u>		County: <u>Moffat</u> # <u>081</u>	
Facility Name: <u>Robidoux 13-7 Pit</u>		Facility Number: <u>277279</u>	
Well Name: <u>Robidoux</u>		Well Number: <u>13-7</u>	
Location: (QtrQtr, Sec, Twp, Rng, Meridian): <u>SWNE 13 12N89W 6PM</u> Latitude: <u>40.995334</u> Longitude: <u>-107.326237</u>			

TECHNICAL CONDITIONS

Type of Waste Causing Impact (crude oil, condensate, produced water, etc): drilling pit - previously closed

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.): farmed residential

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>no impact</u>	<u>remedial testing</u>
<input type="checkbox"/> Vegetation	_____	_____
<input type="checkbox"/> Groundwater	_____	_____
<input type="checkbox"/> Surface Water	_____	_____

REMEDIAL WORKPLAN

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

Per the form 27 filed by Entek Energy, the pit was tested and all records are attached.

Describe how source is to be removed:

no removal required per test results, 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.:

please see previous form 27



Tracking Number: _____
Name of Operator: ENTER GRB LLC
OGCC Operator No: 10323
Received Date: _____
Well Name & No: _____
Facility Name & No: _____

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REMEDIATION WORKPLAN (Cont.)

OGCC Employee: _____

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

NONE

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.

NO FURTHER ACTION PLANNED

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.):

NONE REQUIRED

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: _____ Date Site Investigation Completed: _____ Date Remediation Plan Submitted: _____
Remediation Start Date: _____ 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: Kristen Stocks Signed: [Signature]
Title: Engineer Date: 9/20/16

OGCC Approved: _____ Title: _____ Date: _____