

State of Colorado
Oil and Gas Conservation Commission



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FOR OGCC USE ONLY

REM 9915
Document 2527242

OGCC Employee:

Spill Complaint
 Inspection NOAV

Tracking No:

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>10456</u>	Contact Name and Telephone: <u>Jake Janicek</u>
Name of Operator: <u>Caerus Piceance LLC</u>	No: <u>970-285-9606</u>
Address: <u>120 North Railroad Ave, Suite D</u>	Fax: <u>970-285-9619</u>
City: <u>Parachute</u> State: <u>CO</u> Zip: <u>81635</u>	

API Number: <u>NA</u>	County: <u>Garfield</u>
Facility Name: <u>Starkey 5 Partially Buried Vault Removal</u>	Facility Number: <u>Location ID 335393</u>
Well Name: <u>NA</u>	Well Number: <u>NA</u>
Location: (QtrQtr, Sec, Twp, Rng, Meridian): <u>NWNE, 31, 6S, 96W, 6</u> Latitude: <u>39.48372</u> Longitude: <u>-108.14589</u>	

TECHNICAL CONDITIONS

Type of Waste Causing Impact (crude oil, condensate, produced water, etc): There is no waste causing impact

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.): non-cropland

Soil type, if not previously identified on Form 2A or Federal Surface Use Plan: Rock outcrop-Torriorthents complex, very steep

Potential receptors (water wells within 1/4 mi, surface waters, etc.): Starkey Gulch

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>There is no impact.</u>	<u>There is no impact.</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):

This section does not apply to our project. We removed a partially buried vault, and there was no soil impact present beneath or around the vault.

Describe how source is to be removed:

There is no source. We removed a partially buried vault, and there was no soil impact present beneath or around the vault.

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.:

There are no existing impacts. We removed a partially buried vault, and there was no soil impact present beneath or around the vault.



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.):

Groundwater was not encountered during this project.

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.

The remaining excavation will be backfilled to original grade.

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:

Soil beneath and around the partially buried vault was field-screened for hydrocarbons using a photoionization detector. Impacted soil was not observed.

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

There is no E&P waste to manage.

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: 11/3/2016 Date Site Investigation Completed: 11/3/2016 Date Remediation Plan Submitted: 11/7/2016
Remediation Start Date: 11/3/2016 Anticipated Completion Date: 11/3/2016 Actual Completion Date: 11/3/2016

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

Print Name: Jake Janicek Signed: _____

Title: EHS Professional Date: 11/7/2016

OGCC Approved: _____ Title: _____ Date: _____

COAs: If no impact was detected during confirmation sampling, please backfill the excavation, submit a Notice of Completion via e-form 04 including the lab report. I will then close the Remediation Project.