

State of Colorado
Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

REM 9971

Document 2527504

Date 10/24/2016

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: _____	Contact Name and Telephone: _____
Name of Operator: _____	_____
Address: _____	No: _____
City: _____ State: _____ Zip: _____	Fax: _____
API Number: _____	County: _____
Facility Name: _____	Facility Number: _____
Well Name: _____	Well Number: _____
Location: (QtrQtr, Sec, Twp, Rng, Meridian): _____ Latitude: _____ Longitude: _____	

TECHNICAL CONDITIONS

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

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:
Soils	_____	_____
Vegetation	_____	_____
Groundwater	_____	_____
Surface Water	_____	_____

REMEDIALTION WORKPLAN

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

Describe how source is to be removed:

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.:



Tracking Number: _____
Name of Operator: KP Kauffman
OGCC Operator No: 46290
Received Date: _____
Well Name & No: Lauridsen
Facility Name & No: _____

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REMEDIAL WORKPLAN (Cont.)

OGCC Employee: _____

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

If groundwater is encountered, water samples will be collected from the open excavation and tested for BTEX.

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.

Once partially buried storage vessel is removed from location, excavation is complete, and soil confirmed clean, excavation area will be leveled to existing ground surface level.

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:

Further investigation and analysis is required. Once soil is excavated, soil samples will be taken and analyzed for BTEX, TPH, DRO, GRO, EC, SAR, and pH.

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

Certified disposal facility. Soil manifests will be submitted attached to the Notice of Completion.

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: <u>10/18/2016</u>	Date Site Investigation Completed: <u>TBD</u>	Date Remediation Plan Submitted: <u>10/24/2016</u>
Remediation Start Date: <u>TBD</u>	Anticipated Completion Date: <u>11/30/2016</u>	Actual Completion Date: <u>TBD</u>

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

Print Name: Susana Lara-Mesa

Signed: _____

Title: VP Engineering

Date: 10/24/2016

OGCC Approved: _____ Title: _____ Date: _____