

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



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FOR OGCC USE ONLY  
**REM 9971**  
**Document 2527504**  
**Date 10/24/2016**

**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): \_\_\_\_\_

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: \_\_\_\_\_

Page 2 REMEDIATION 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: 10/18/2016 Date Site Investigation Completed: TBD Date Remediation Plan Submitted: 10/24/2016 Remediation Start Date: TBD Anticipated Completion Date: 11/30/2016 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: Susana Lara-Mesa Signed: [Signature] Title: VP Engineering Date: 10/24/2016

OGCC Approved: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_