

State of Colorado
Oil and Gas Conservation Commission



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FOR OGCC USE ONLY
Received 12/27/2016
Perm # 10015
Robert Young
OGCC Employee:
 Spill Complaint
 Inspection NOAV
Tracking No: *200440952*

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): Inspection

OGCC Operator Number: <u>10536</u>	Contact Name and Telephone: <u>Chris Smith</u>
Name of Operator: <u>Smith Energy LLC</u>	No: <u>303-709-6157</u>
Address: <u>1540 Main St. Suite 218 #334</u>	Fax: <u>smithenergy@live.com</u>
City: <u>Windsor</u> State: <u>Co</u> Zip: <u>80550</u>	
API Number: <u>05-121-10869</u> County: <u>Washington</u>	
Facility Name: <u>Longknife #21-32</u> Facility Number: <u>21-32</u>	
Well Name: <u>Longknife #21-32</u> Well Number: <u>21-32</u>	
Location: (QtrQtr, Sec, Twp, Rng, Meridian): <u>NENW 32 2S 50W</u> Latitude: _____ Longitude: _____	

TECHNICAL CONDITIONS

Type of Waste Causing Impact (crude oil, condensate, produced water, etc): Rain 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.): dry land prairie

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 type="checkbox"/> Soils	<u>Testing soil</u>	<u>sent soil sample to lab</u>
<input type="checkbox"/> Vegetation	_____	_____
<input type="checkbox"/> Groundwater	_____	_____
<input type="checkbox"/> Surface Water	_____	_____

REMEDIALTION WORKPLAN

Describe initial action taken (if previously provided, refer to that form or document):
Spoke with Rob Young about issue, and I am currently getting a soil sample tested by laboratory for the following: PH, EC, and SAR. Depending upon how the results come back from the test I will take the appropriate actions. I will have the test results back before February 17, 2017. Then I will submit another form 27 outlining what actions need to be taken before February 17, 2017.

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.:



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Page 2
REMEDATION WORKPLAN (Cont.) Rem #10015

OGCC Employee: Robert Young

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

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.

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.):

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: 12/15/16 Date Site Investigation Completed: _____ Date Remediation Plan Submitted: 2/17/17
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: Chris Smith Signed: [Signature]
Title: Manager Date: 12/26/16

OGCC Approved: [Signature] Title: NE EPS Date: 1/13/2017

* See conditions of approval correspondence.