

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)894-2100 Fax:(303)894-2109



FOR OGCC USE ONLY

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): Unknown cause

OGCC Operator Number: <u>10163</u> Name of Operator: <u>Nonsuch Natural Gas, Inc.</u> Address: <u>P.O. Box 110066</u> City: <u>Naples</u> State: <u>FL</u> Zip: <u>34108</u>	Contact Name and Telephone: <u>David Lee</u> No: <u>239-289-9046</u> Fax: <u>239-594-1422</u>
API Number: <u>05-045-07948</u> County: <u>Garfield</u> Facility Name: _____ Facility Number: <u>261391</u> Well Name: <u>CSOC 697-14-1</u> Well Number: <u>1</u> Location: (QtrQtr, Sec, Twp, Rng, Meridian): <u>SWSW14 T6S R97W 6</u> Latitude: _____ Longitude: _____	

TECHNICAL CONDITIONS

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

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.): undeveloped

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.): DWR-233234

Description of Impact (if previously provided, refer to that form or document):

Impacted Media (check):	Extent of Impact:	How Determined:
<input type="checkbox"/> Soils	_____	_____
<input type="checkbox"/> Vegetation	_____	_____
<input checked="" type="checkbox"/> Groundwater	<u>Dissolved volatile organic compounds in spring discharge</u>	<u>laboratory analysis of water samples from spring</u>
<input type="checkbox"/> Surface Water	_____	_____

REMEDIATION WORKPLAN

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

Please refer to Joint Form 27, Chronology of Interim Response Activities, and Phase I Site Investigation Workplan submitted by URS on behalf of Nonsuch, Williams Production RMT, Marathon Oil Co., and Petroleum Development Corporation (referred to herein as "URS Joint Form 27").

Describe how source is to be removed:

Not yet determined.

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.:

Not yet determined.



REMEDIATION WORKPLAN (Cont.)

Tracking Number: _____
Name of Operator: _____
OGCC Operator No: _____
Received Date: _____
Well Name & No: _____
Facility Name & No: _____

OGCC Employee: _____

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

See URS Joint form 27.

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.

Not yet determined.

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:

See URS Joint Form 27.

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

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: _____ Signed: _____

Title: _____ Date: _____

OGCC Approved: _____ Title: _____ Date: _____