

State of Colorado
Oil and Gas Conservation Commission

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



#6492

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RECEIVED
8/26/2011

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: 16700

Name of Operator: Chevron USA, Inc.

Address: 100 Chevron Road

City: Rangely State: CO Zip: 81648

Contact Name and Telephone:

E. Faithe Schwartzengraber

No: 970-675-3705

Fax: 970-675-3800

API Number: 05-103-0183700

County: Rio Blanco

Facility Name: Chevron Rangely FMT

Facility Number: 47443 Location ID # 314247

Well Name: Carney CT ET AL

Well Number: 15-35

Location: (QtrQtr, Sec, Twp, Rng, Meridian): NWNE/35/2N/102/6PM

Latitude: 40.10502

Longitude: -108.80812

TECHNICAL CONDITIONS

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

Soil type, if not previously identified on Form 2A or Federal Surface Use Plan: Silty Clay

Potential receptors (water wells within 1/4 mi, surface waters, etc.): Dead Dog Draw into White River

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

Impacted Media (check):

- ☐ Soils
☐ Vegetation
☐ Groundwater
☒ Surface Water

Extent of Impact:

Approximately 1 bbl of brine water impacted White River

How Determined:

Initial Visual Determination, Secondary Analytical for Chlorides and pH

REMEDIALTION WORKPLAN

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

A leak occurred on a three inch steel pipe approximately 30 feet south of well Carney CT ET AL 15-35. Approximately 2028.19 bbls of brine water were released.

Describe how source is to be removed:

Please see below for description of remediation efforts.

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, in situ bioremediation, burning of oily vegetation, etc.:

Vacuum trucks were dispatched to both Dead Dog Draw and Siphon 22. Vacuum trucks removed all of the free fluid, estimated recovery is 2020 bbls of brine water. The fluids that were picked up were taken to the unloading facility at the Main Water Plant for recycling. In addition, an earth berm was constructed approximately 15 feet to the east of the White River at Dead Dog Draw to prevent the release from entering the White River. The impacted soil along the spill path has been water washed with fresh clean water. Analytical sampling was completed along the spill path. We are currently awaiting analytical results from Olsson and Associates (8-16-11, 8-17-11, and 8-22-11) to ensure that it has been remediated properly.

Submit Page 2 with Page 1



REMEDATION WORKPLAN (Cont.)

Tracking Number: _____
Name of Operator: _____
OGCC Operator No: _____
Received Date: _____
Well Name & No: Carney CT 15-35
Facility Name & No: Location ID # 314247

OGCC Employee: _____

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

It has been determined that ground water has not been impacted.

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.

No reseeding of impacted area necessary.

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:

Olsson and Associates obtained analytical samples from the spill path on 8-16-11, 8-17-11 and 8-22-11.

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

No E&P waste to dispose of from this release.

NOTE: Form 19 Tracking # 2216555
Spill report

calc

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: _____

NOTE: No name/signature from Chevron

OGCC Approved: *Chris Canfield* Title: FOR Date: 11/03/2011
Chris Canfield
EPS NW Region