



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.

CAUSE OF CONDITION BEING INVESTIGATED AND REMEDIATED

☒ Spill or Release ☐ Plug & Abandon ☐ Central Facility Closure ☐ Site/Facility Closure ☐ Other (describe):

OGCC Employee:

☐ Spill ☐ Complaint
☐ Inspection ☐ NOAV

Tracking No:

OGCC Operator Number: 46685

Name of Operator: Kinder Morgan CO2 Co.

Address: 17801 Hwy. 491

City: Cortez

State: CO Zip: 81321

Contact Name and Telephone:

Bob Clayton

No: 970-799-1103

Fax: 970-882-5521

API Number: 05-083-06693

County: Montezuma

Facility Name: HA-4 well location

Facility Number: 428391

Well Name: HA

Well Number: 4

Location: (Qtr, Sec, Twp, Rng, Meridian): NWSE Sec, 29, T38N, R18W, NMPM Latitude: 37.519540 Longitude: -108.855420

TECHNICAL CONDITIONS

Type of Waste Causing Impact (crude oil, condensate, produced water, etc): Drill cuttings and possible drilling fluids

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 farming and range land

Soil type, if not previously identified on Form 2A or Federal Surface Use Plan: wetherill loam 1 to 3 percent slopes (also in 2A)

Potential receptors (water wells within 1/4 mi, surface waters, etc.): Surface water map attached. Closest intermittent is 660'.

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

Impacted Media (check):

- ☒ Soils
☐ Vegetation
☐ Groundwater
☐ Surface Water

Extent of Impact:

unknown until tested

How Determined:

staining on location

REMEDIAL WORKPLAN

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

Cuttings have since all been removed and transported to the county solid waste facility. All stains have been removed to a depth below any evident penetration plus.

Describe how source is to be removed:

All impacted soils have been removed and mixed with drill cuttings being transported to the solid waste facility.

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.:

Further soil testing will be conducted in impacted areas prior to location interim reclamation.



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

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.

Interim reclamation will consist of re-contouring land to match current surrounding land. Areas compacted will be ripped below plow depth. Land Use Agreement with landowner allows him to re-seed into his chosen crop while Kinder Morgan will pay for seeding. Kinder Morgan has a weed program that treats for all State and County listed noxious and invasive weeds with season long monitoring and treatments. Other than a different request from the landowner Kinder Morgan plans to reduce the pad area to a teardrop loop around the well head estimated to cover 1/8 acre.

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:

Analytical results will be submitted when testing is completed and results are available. Cutting analysis is provided as an attachment to the NOAV response.

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

Montezuma County Solid Waste Facility

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: Bob Clayton

Signed: _____

Title: Superintendent

Date: 2/28/2013

OGCC Approved: _____ Title: _____ Date: _____