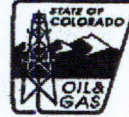


State of Colorado
Oil and Gas Conservation Commission

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



FOR OGCC USE ONLY

Handwritten: Fwd 3/24/2013 KES

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): *+ 7680*

OGCC Employee:
☐ Spill ☐ Complaint
☐ Inspection ☒ NOAV
Tracking No: *2369006*

OGCC Operator Number: 46685

Name of Operator: Kinder Morgan CO2 Company

Address: 17801 Highway 491

City: CO State: CO Zip: 81321

Contact Name and Telephone:

bob_clayton@kindermorgan.com

No: 970-799-1103

Fax: 970-882-5521

API Number: 05-033-6171

County: Delores

Facility Name: DC-11

Facility Number: 427297

Well Name: Doe Canyon

Well Number: 11

Location: (QtrQtr, Sec, Twp, Rng, Meridian): NESW Sec. 15, 40N, 18W Latitude: 37.73262 Longitude: -108.83426

TECHNICAL CONDITIONS

Type of Waste Causing Impact (crude oil, condensate, produced water, etc.): crude oil, condensate, produced 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 farming and range land

Soil type, if not previously identified on Form 2A or Federal Surface Use Plan: Weatherill loam 3-6 percent slopes

Potential receptors (water wells within 1/4 mi, surface waters, etc.): 680 feet

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

REMEDIALATION WORKPLAN

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

Cuttings and stained soils have all been removed to a depth below any evident penetration plus.

Describe how source is to be removed:

All impacted soils have been removed, mixed with drill cuttings, and transported to the Montezuma County 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: _____

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.):

NA

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 reducing the well pad to a tear drop shape around the well head, which will be approximately 1/2 acre in size. In addition, Kinder Morgan will re-contour the disturbance area to match the surrounding natural topography. Areas with compacted soils will be ripped below plow depth. The Surface Use Agreement with the land owner allows him to re-seed with his chosen crop. Kinder Morgan will pay for seeding. Kinder Morgan's weed management plan controls for all State and County listed noxious and invasive weeds with season long monitoring and treatments.

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.):

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: *Bob Clayton*

Title: Superintendent

Date: 3/8/13

OGCC Approved: *Robert Gray*

Title: *TPS II*

Date: *3/26/2013*

X Submit waste disposal manifests with final reports.