

State of Colorado  
**Oil and Gas Conservation Commission**



FOR OGCC USE ONLY  
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REM 9247

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OGCC Employee:  
 Spill       Complaint  
 Inspection       NOAV  
Tracking No: **400891103**

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

**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: 4680	Contact Name and Telephone: Sam Wood
Name of Operator: DCP Midstream	No: 970-590-6444
Address: CR 75.5 & CR 18	Fax: _____
City: Roggen      State: CO    Zip: 80652	

API Number: N/A	County: Weld
Facility Name: N/A	Facility Number: N/A <b>443063</b>
Well Name: N/A	Well Number: N/A
Location: (QtrQtr, Sec, Twp, Rng, Meridian): SESW 8 2N 62W 6 PM	Latitude: 40.142274    Longitude: -104.348025

**TECHNICAL CONDITIONS**

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

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.): Agriculture

Soil type, if not previously identified on Form 2A or Federal Surface Use Plan: silty sands and sand clay mixtures

Potential receptors (water wells within 1/4 mi, surface waters, etc.): Long Draw 0.22 miles west

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	Unknown	Groundwater sample exceeds COGCC standards for BTEX
<input type="checkbox"/> Surface Water	_____	_____

**REMEDIATION WORKPLAN**

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

Impacted soils above groundwater were excavated and approximately 50 gallons of groundwater have been removed and taken to Buffalo Ridge Landfill.

Describe how source is to be removed:

Leaking pipeline has been patched and repaired.

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.:

Installation of injection and/or monitoring wells at site for application of in situ bioremediation and/or groundwater monitoring.



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

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**REMEDIATION WORKPLAN (Cont.)**

OGCC Employee: \_\_\_\_\_

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

Installation of three monitoring wells near the leak location and collect samples for benzene, toluene, ethylbenzene and total xylenes to determine best remediation strategy.

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.

Site will be reclaimed to previous grade and condition.

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:

Groundwater sample results exceeds COGCC standards for benzene, toluene, ethylbenzene and total xylenes. Monitoring wells will be installed to determine best remediation strategy. Supplemental information will be provided at a later date.

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

TBD

**IMPLEMENTATION SCHEDULE**

Date Site Investigation Began: 8/19/2015 Date Site Investigation Completed: Ongoing Date Remediation Plan Submitted: TBD  
Remediation Start Date: TBD Anticipated Completion Date: TBD Actual Completion Date: TBD

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Sam Wood Signed: [Signature]  
Title: Compliance Coordinator Date: 9/10/2015

OGCC Approved: \_\_\_\_\_ Title: EPS Date: 9/11/2015