

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
 Received 12/23/2015
 Rem #9425

Robert Young

OGCC Employee:

☐ Spill ☐ Complaint
☐ Inspection ☐ NOAV

Tracking No: 2086995

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): See attached supplement

OGCC Operator Number: 10322

Name of Operator: East Cheyenne Gas Storage, LLC

Address: 10370 Richmond Ave, Suite 510

City: Houston, Texas State: TX Zip: 77042

Contact Name and Telephone:

Ron Richards

No: (713) 403-6479

Fax:

API Number: County: Logan

Facility Name: Peetz West Field

Facility Number:

Well Name: Langness Water Well (Ron Nelson)

Well Number:

Location: (QtrQtr, Sec, Twp, Rng, Meridian): NENE Sec 6 T11N R52W Latitude: 40.962236 Longitude: -103.212523

TECHNICAL CONDITIONS

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

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 & Non-Crop

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.): Shallow groundwater at approximately 550 to 1150 feet

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

Impacted Media (check):

Extent of Impact:

How Determined:

☐

Soils

☐

Vegetation

☒

Groundwater

Not yet determined - Still evaluating

Water & Isotope analysis

☐

Surface Water

REMEDIATION WORKPLAN

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

See attached supplement to this Form 27.

Describe how source is to be removed:

Under investigation / analysis. Required plan to be developed.

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.:

Under investigation / analysis. Required plan to be developed.



REMEDIAL WORKPLAN (Cont.) Rem #9425

Tracking Number: 2086995
Name of Operator: East Cheyenne Gas Storage, LLC
OGCC Operator No: 10322
Received Date: 12/23/2015
Well Name & No:
Facility Name & No: Langness Water Well (Ron Nelson)

OGCC Employee: Robert Young

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

Under investigation / analysis. Required plan to be developed.

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.

Under investigation / analysis. Required plan to be developed.

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 attached supplement to this Form 27.

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

Under investigation / analysis. Required action plan to be developed.

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: 10/08/15 Date Site Investigation Completed: Date Remediation Plan Submitted:
Remediation Start Date: TBD 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: Ron Richards

Signed:

Title: Sr. Vice President - Engineering and Operations

Date: December 23, 2015

OGCC Approved:

Title: NE EPS

Date: 12/23/2015