

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



FOR OGCC USE ONLY  
**REM 8333**  
**Document 2526002**

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): Pit Closure; Fac ID 100601

OGCC Employee:  
 Spill  Complaint  
 Inspection  NOAV  
Tracking No:

OGCC Operator Number: <u>36200</u>	Contact Name and Telephone: <u>Joe Mazotti</u>
Name of Operator: <u>Grynberg Petroleum Company</u>	No: <u>303-850-7490</u>
Address: <u>3600 South Yosemite Street, Suite 900</u>	Fax: _____
City: <u>Denver</u> State: <u>CO</u> Zip: <u>80237</u>	

API Number: <u>05-081-05709</u>	County: <u>Moffat</u>
Facility Name: <u>Chivington</u>	Facility Number: <u>1</u>
Well Name: <u>Chivington</u>	Well Number: <u>1</u>
Location: (QtrQtr, Sec, Twp, Rng, Meridian): <u>NWSW, Sec. 26, T6N - R67W, 6th p.m.</u> Latitude: <u>40.4575</u> Longitude: <u>-104.8473</u>	

**TECHNICAL CONDITIONS**

Type of Waste Causing Impact (crude oil, condensate, produced water, etc): Drill cuttings, produced water & oil

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.): Oil & gas production

Soil type, if not previously identified on Form 2A or Federal Surface Use Plan: Ta amintes loam, 0 - 6% slopes

Potential receptors (water wells within 1/4 mi, surface waters, etc.): Potential seasonal stream located within 1/4 mile.

**NOT APPROVED received date: 3/22/2016**

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

Impacted Media (check):	Extent of Impact:	How Determined:
<input checked="" type="checkbox"/> Soils	<u>Local soil contamination confirmed to pit</u>	<u>COGCC Inspection (Doc #669300751)</u>
<input type="checkbox"/> Vegetation	_____	_____
<input type="checkbox"/> Groundwater	_____	_____
<input type="checkbox"/> Surface Water	_____	_____

**REMEDATION WORKPLAN**

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

Final Reclamation Completed. Request for closure of facility number 100601.

Describe how source is to be removed:

Final Reclamation Completed. Request for closure of facility number 100601.

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.:

Final Reclamation Completed. Request for closure of facility number 100601.



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.):

**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.

Final Reclamation Completed. Request for closure of facility number 100601.

Per phone meeting between Kris Niedel (COGCC) and Joe Mazotti (Grynberg) on 3/16/2016.

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?  Yes  No If yes, describe.

**NOT APPROVED**  
**received date: 3/22/2016**

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

**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: Joe Mazotti Signed: \_\_\_\_\_  
Title: Regulatory Manager Date: 3/22/2016

OGCC Approved: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_