

**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

REM 8333

Document 2526002

## 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: 36200

Name of Operator: Grynberg Petroleum Company

Address: 3600 South Yosemite Street, Suite 900

City: Denver State: CO Zip: 80237

Contact Name and Telephone:

Joe Mazotti

No: 303-850-7490

Fax:

API Number: 05-081-05709

County: Moffat

Facility Name: Chivington

Facility Number: 1

Well Name: Chivington

Well Number: 1

Location: (QtrQtr, Sec, Twp, Rng, Meridian): NWSW, Sec. 26, T6N - R67W, 6th p.m. Latitude: 40.4575 Longitude: -104.8473

### TECHNICAL CONDITIONS

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

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

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

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

Impacted Media (check):

- ☒ Soils  
☐ Vegetation  
☐ Groundwater  
☐ Surface Water

Extent of Impact:

Local soil contamination confirmed to pit

How Determined:

COGCC Inspection (Doc #669300751)

### REMEDIAL 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:	_____

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: \_\_\_\_\_