

State of Colorado
Oil and Gas Conservation Commission

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



#4202

REM# 4202
PIT# 116881
Doc# 1981828
Date: 04/11/2008

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):

GENERAL INFORMATION

OGCC Operator Number: <u>21250</u>		Contact Name and Telephone	
Name of Operator: <u>JACK CRUMLEY</u>		<u>JACK CRUMLEY</u>	
Address: <u>P.O. Box 444</u>		No: <u>970-345-6550</u>	
City: <u>ARAPAHO</u> State: <u>CO</u> Zip: <u>80120</u>		Fax: <u>970-345-2643</u>	
API Number: <u>05-087-05057 00</u>		County: <u>MORRIS</u>	
Facility Name: _____		Facility Number: _____	
Well Name: <u>State</u>		Well Number: <u>1</u>	
Location: (QtrQtr, Sec, Twp, Rng, Meridian): <u>NENE 36 1N 58W PM 6</u>		Latitude: <u>40.0125N</u> Longitude: <u>103.8138W</u>	

TECHNICAL CONDITIONS

Type of Waste Causing Impact (crude oil, condensate, produced water, etc.): _____

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

Soil type, if not previously identified on Form 2A or Federal Surface Use Plan: Weld Loam

Potential receptors (water wells within 1/4 mi, surface waters, etc.): none

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>Pit tanks & Beams around tanks</u>	
<input type="checkbox"/> Vegetation	<u>and well site</u>	
<input type="checkbox"/> Groundwater		
<input type="checkbox"/> Surface water		

REMEDIATION WORKPLAN

Describe initial action taken (if previously provided, refer to that form or document): Soil Samples from pit bottom taken to Evergreen Analytical, Inc for testing. Included in report

Describe how source is to be removed: _____

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.: Close pit. Level beams. Prepare land for planting crop



REMEDIATION WORKPLAN (Cont.)

OGCC Employee:

John Axelsson

Tracking Number: 01981828

Name of Operator: Jack Crumley

OGCC Operator No: 1750

Received Date: 4/11/09

Well Name & No: State #1

Facility Name & No: Water Pit

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.

Land around site is dry land farming will level and fill in land rip
Prepare land for it to be farmed

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.):

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: 10-17-07

Date Site Investigation Completed: 10-17-07

Date Remediation Plan Submitted: 4-9-08

Remediation Start Date: 4-1-08

Anticipated Completion Date: 7-1-08

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: JACK CRUMLEY

Signed: Jack Crumley

Title: OPERATOR

Date: 4-9-08

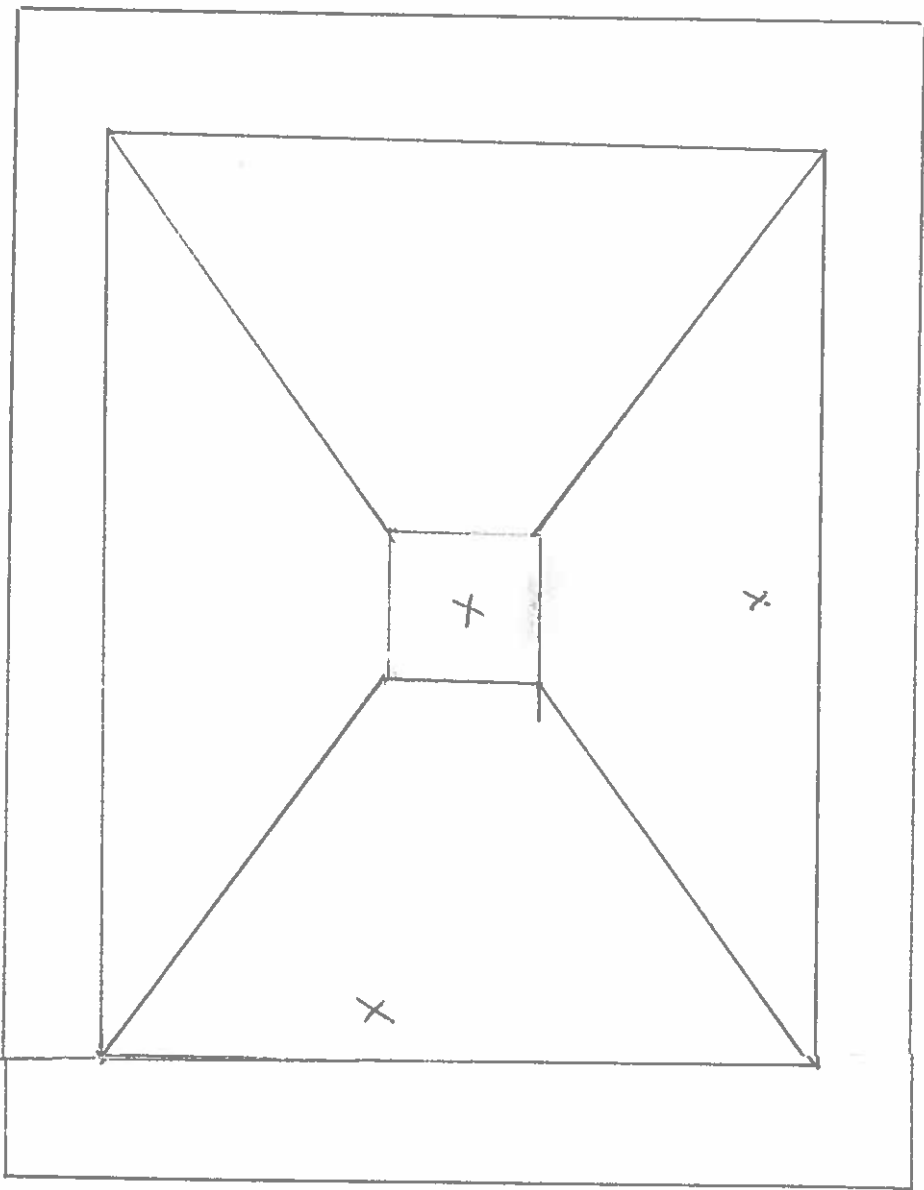
OGCC Approved: John Axelsson

Title: EPS

Date: 5/16/09

Closure approved based on second soil sample results
submitted to COGCC on 5/15/09

RECEIVED
APR 11 2008
COGCC



Jack Crumley operator #21950
State # 36-IN-SW

Not to Scale

X location of samples taken