

FORM

27

Rev 6/99



02086944



State of Colorado Oil and Gas Conservation Commission

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: <u>76840</u>	Contact Name and Telephone: <u>Kevin Bothwell</u>
Name of Operator: <u>Schneider Energy Services, Inc</u>	No: <u>970-867-9437</u>
Address: <u>14400 Highway 34 - PO Box 297</u>	Fax: _____
City: <u>Fort Morgan</u> State: <u>CO</u> Zip: <u>80701</u>	
API Number: <u>05-087-06509</u>	County: <u>Morgan</u>
Facility Name: <u>Patterson #1</u>	Facility Number: <u>116851 PW Pit</u>
Well Name: <u>Patterson</u>	Well Number: <u>#1</u>
Location: (QtrQtr, Sec, Twp, Rng, Meridian): <u>SENE 4 5N 58W 6 PM</u> Latitude: <u>40.431206</u> Longitude: <u>-103.862911</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.): Pasture

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

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

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 type="checkbox"/> Groundwater	_____	_____
<input type="checkbox"/> Surface Water	_____	_____

REMEDIALATION WORKPLAN

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

Close produced water pit after plugging well. Take samples from sides and bottom of pit and have them checked for THRP, Calc, Mag, Sodium, PH, EC and BTEX

Describe how source is to be removed:

Use backhoe to remove any contaminated soil, sample soil and remove soil until samples are under allowable limits

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.:

Dig out any contaminated soil, load on trucks as needed and dispose of at Buffalo Ridge Disposal



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REMEDIAL WORKPLAN (Cont.)

Tracking Number: 2086944
Name of Operator: Schneider Energy Svcs Inc.
OGCC Operator No: 76840
Received Date: 7/20/2015
Well Name & No: Patterson 1
Facility Name & No: PW Pit Fac ID 116851

OGCC Employee: Robert Young

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.

Remove any contaminated soil from produced water pit, sample walls and pit bottom and check for THPH, Calc, Mag, Sodium, SAR, PH, EC and BTEX

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.):

Buffalo Ridge Landfill

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: <u>7/1/15</u>	Date Site Investigation Completed: _____	Date Remediation Plan Submitted: _____
Remediation Start Date: <u>8/15/15</u>	Anticipated Completion Date: <u>8/31/15</u>	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: KEVIN BOTHWELL Signed: [Signature]

Title: MANAGER Date: 7/15/15

OGCC Approved: Robert Young Title: NEEPS II Date: 7/30/2015

* See conditions of approval correspondence.