

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

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): Production Pit Closure

OGCC Employee:

☐ Spill ☐ Complaint
☐ Inspection ☐ NOAV

Tracking No:

OGCC Operator Number: 96850Name of Operator: Williams Production RMT CompanyAddress: 1058 County Road 215City: Parachute State: CO Zip: 81635

Contact Name and Telephone:

Michael J. GardnerNo: 970.263.2760Fax: 970.263.5313

API Number: _____

County: GarfieldFacility Name: Arco Deep 1-27Facility Number: 111608

Well Name: _____

Well Number: _____

Location: (QtrQtr, Sec, Twp, Rng, Meridian): NESW, Sec 27, T6S, R97W, 6th PM Latitude: 39.482579 Longitude: -108.207057

TECHNICAL CONDITIONS

Type of Waste Causing Impact (crude oil, condensate, produced water, etc): None (produced water)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.): Non-crop rangeland, non-irrigatedSoil type, if not previously identified on Form 2A or Federal Surface Use Plan: Parachute-Rhone Loams, 5 to 30% slopes (Series 57)Potential receptors (water wells within 1/4 mi, surface waters, etc.): There are no permitted water wells within 1/4 mi.; an intermittent unnamed tributary of East Fork Conn Creek lies approx. 230 ft. (within 1/4 mi.) to the south-southwest; an unnamed spring lies 3400 ft. cross-gradient to the east

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

Impacted Media (check):



Soils



Vegetation



Groundwater



Surface Water

Extent of Impact:

To be Determined

How Determined:

Field screen, visual assessment and lab confirmation samples/results

REMEDIALATION WORKPLAN

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

See attachment

Describe how source is to be removed:

See attachment

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.:

See attachment



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.):

See attachment

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.

See attachment

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 attachment

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

See attachment

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: <u>July 2010</u>	Date Site Investigation Completed: <u>August 2010</u>	Date Remediation Plan Submitted: <u>July 2010</u>
Remediation Start Date: <u>ASAP, if necessary</u>	Anticipated Completion Date: <u>TBD</u>	Actual Completion Date: <u>TBD</u>

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Michael J. Gardner

Signed: _____

Title: Principal Environmental Specialist

Date: June 28, 2010

OGCC Approved: _____ Title: _____ Date: _____