

State of Colorado
Oil and Gas Conservation Commission

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

OGCC Employee:

<input type="checkbox"/> Spill	<input type="checkbox"/> Complaint
<input type="checkbox"/> Inspection	<input type="checkbox"/> NOAV

Tracking No:

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: 100264		Contact Name and Telephone	
Name of Operator: <u>XTO Energy, Inc.</u>		Name: <u>Sam Montoya</u>	
Address: <u>21603 Highway 12</u>		No: <u>(719) 846-0272</u>	
City: <u>Trinidad</u> State: <u>CO</u> Zip: <u>81082</u>		Fax: <u>(719) 845-0108</u>	
API/Facility No: <u>05-067-08700</u>		County: <u>La Plata</u>	
Facility Name: _____		Facility Number: _____	
Well Name: <u>Lincoln Trust/Pruski</u>		Well Number: <u>3-22</u>	
Location (QtrQtr, Sec, Twp, Rng, Merid): <u>SESW SEC 22N T35N R08W</u>		Latitude: <u>37° 17' 03"</u> Longitude: <u>107° 43' 59.9"</u>	

TECHNICAL CONDITIONS

Type of Waste Causing Impact (crude oil, condensate, produced water, etc.): <u>Produced water</u>		
Site Conditions: Is location within a sensitive area (according to Rule <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, attach evaluation.		
Adjacent land use (cultivated, irrigated, dry land farming, industrial, residential, etc.): <u>Woodlands</u>		
Soil type, if not previously identified on Form 2A or Federal Surface Use Pl: <u>Archuleta-Sanchez Complex</u>		
Potential receptors (water wells within 1/4 mi, surface waters, etc.): <u>Surface water is located 2500 feet west of the site, a water well is located 1200' northwest (Well Permit #211884).</u>		
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	_____	_____

REMEDIALTION WORKPLAN

Describe initial action taken (if previously provided, refer to that form or document): <u>Closure of a partially buried produced water vessel in accordance with Rule 905b.</u>
Describe how source is to be removed: <u>XTO Energy construction crews removed one partially buried produced water tank. No additional soil was removed. Soil samples were collected from the earthen floor and walls of the area formerly occupied by the water tank. Soil sample analytical results indicate there are no impacts above the regulatory levels listed in COGCC Table 910-1, except for arsenic, which was reported at 2.41 mg/kg. Elevated arsenic levels are ubiquitous in Colorado and generally exceed the COGCC Table 910-1 levels by 1 to 3 orders of magnitude. The concentration of arsenic in the background sample was reported as 3.15 mg/kg, indicating soil from the pit are within range of background conditions.</u>
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.: <u>Since elevated arsenic levels documented in soils sampled from the pit area are within the background range for arsenic concentrations at this location, XTO is requesting a variance from the COGCC that allows the pit to be closed with the existing soil concentrations in place.</u>

State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado
(303) 894-2100 Fax 894-2109

Page 2

REMEDIATION WORKPLAN (CONT.)

OGCC Employee: _____

Tracking Number: _____

Name of Operator: XTO Energy, Inc.OGCC Operator No: 100264

Received Date: _____

Well Name & No: Lincoln Trust/Pruski # 3-22

Facility Name & No.: _____

If groundwater has been impacted, describe proposed monitoring plan (# of wells or sample points, sampling schedule, analytical methods, etc.):

Groundwater was not encountered in the pit, and the potential for impact to groundwater appears low.

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.

The pit will be backfilled to the existing grade. An active XTO production facility remains at the site.

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:

Reference Tables 1 and 2 from LT Environmental dated September 1, 2010. XTO is requesting a variance from the COGCC to allow existing concentrations of arsenic to remain in place at the site. XTO is requesting a determination of No Further Action for the closure of the partially buried produced water vessel.

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

Not applicable.

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: 8/16/10 Date Site Investigation Completed: 8/16/10 Remediation Plan Submitte 9/2/10

Remediation Start Date: 8/16/10 Anticipated Completion Date: 8/16/10 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 Sam Montoya

Signed: _____ Title: EH&S Coordinator Date: 9/16/10

OGCC Approved: _____ Title: _____ Date: _____