FORM
27
Rev 6/99

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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

OGCC Employee:

☐ Spill ☐ Complaint
☐ Inspection ☐ NOAV

Tracking No:

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: 96850
Name of Operator: Williams Production RMT Company
Address: 1058 CR 215
City: Parachute State: CO Zip: 81635

Contact Name and Telephone:
Karolina Blaney
No: 970/285-9377
Fax: 970/285-9573

API Number: 05-045-18035
County: Garfield
Facility Name: _____
Facility Number: RMV 48-35
Well Name: _____
Well Number: RMV 48-35
Location: (QtrQtr, Sec, Twp, Rng, Meridian): SWSW S35 T6S R94W 6th pm
Latitude: 39.474662 Longitude: -107.862584

TECHNICAL CONDITIONS

Type of Waste Causing Impact (crude oil, condensate, produced water, etc): flared gas

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.): Rangeland

Soil type, if not previously identified on Form 2A or Federal Surface Use Plan: 500-0Olney Loam

Potential receptors (water wells within 1/4 mi, surface waters, etc.): 311' from surface water, 821' from water well, 85' to groundwater

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

Impacted Media (check):	Extent of Impact:	How Determined:
☐ Soils	none	
☐ Vegetation	none	
☐ Groundwater	none	
☐ Surface Water	none	

REMEDIATION WORKPLAN

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

No action was taken because the pit was never used.

Describe how source is to be removed:

There is no contamination source due to the fact that the pit was never used.

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.:

No remediation is necessary. The analytical results indicate hydrocarbon content below COGCC Table 910-1 requirements.

Submit Page 2 with Page 1

Flare Pit RMV 48-35

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Page 2

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Tracking Number: _____
Name of Operator: _____
OGCC Operator No: _____
Received Date: _____
Well Name & No: _____
Facility Name & No: _____

REMEDIATION WORKPLAN (Cont.)

OGCC Employee:

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

Ground water has not been impacted.

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 reclaimed in accordance with the 1000 series rules.

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:

One grab sample was collected from the middle of the pit.
See attached plat for the grab sample and pit location.
See attached analytical report for the analytical results.

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

No E&P waste was generated.

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: 11/1/10	Date Site Investigation Completed: 11/12/10	Date Remediation Plan Submitted: 2/9/2011
Remediation Start Date: NA	Anticipated Completion Date: NA	Actual Completion Date: 11/12/2010

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

Print Name: Karolina Blaney Signed: Karolina Blaney

Title: Environmental Specialist Date: 2/9/2011

OGCC Approved: Title: FOR Chris Canfield Date: 03/02/2011

EPS NW Region

Accutest Laboratories

Report of Analysis

Client Sample ID:	RMV 48-35		
Lab Sample ID:	T63164-15	**Date Sampled:**	11/01/10
Matrix:	SO - Soil	**Date Received:**	11/08/10
Method:	SW846 8015	**Percent Solids:**	79.6
Project:	TPH		

	File ID	DF	Analyzed	By	Prep Date	Prep Batch	Analytical Batch
Run #1	BB0003405.D	1	11/10/10	AT	n/a	n/a	GBB184
Run #2							

	Initial Weight	Final Volume	Methanol Aliquot
Run #1	5.37 g	5.0 ml	100 ul
Run #2			

CAS No.	Compound	Result	RL	MDL	Units	Q
	TPH-GRO (C6-C10)	0.913	7.1	0.43	mg/kg	J

CAS No.	Surrogate Recoveries	Run# 1	Run# 2	Limits
460-00-4	4-Bromofluorobenzene	99%		46-127%
98-08-8	aaa-Trifluorotoluene	106%		44-120%

ND = Not detected MDL - Method Detection Limit
RL = Reporting Limit
E = Indicates value exceeds calibration range
J = Indicates an estimated value
B = Indicates analyte found in associated method blank
N = Indicates presumptive evidence of a compound

Accutest Laboratories

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Method:	SW846 8015 M SW846 3550B	**Percent Solids:**	79.6
Project:	TPH		

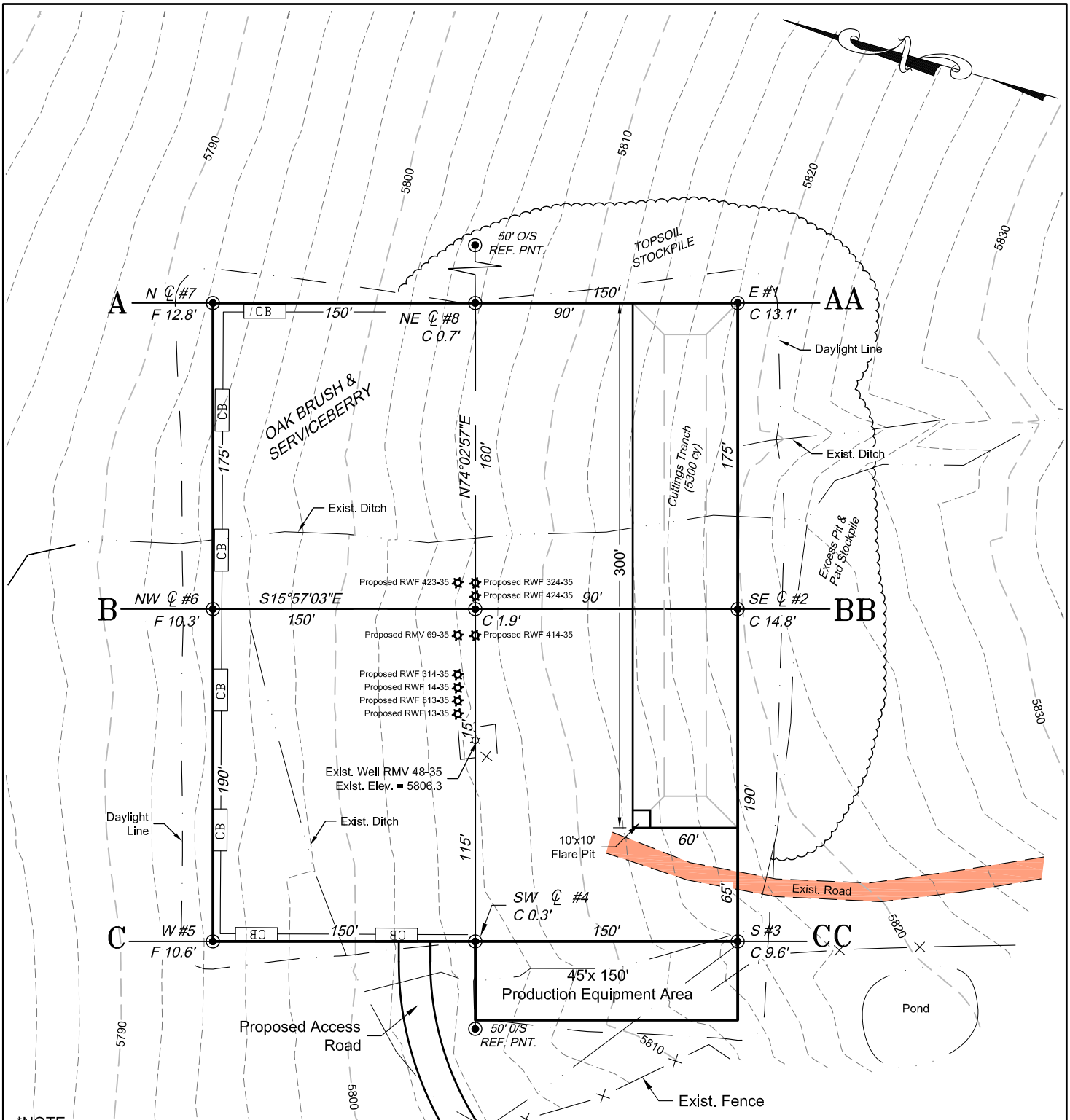
	File ID	DF	Analyzed	By	Prep Date	Prep Batch	Analytical Batch
Run #1	IF202555.D	1	11/11/10	EM	11/09/10	OP16625	GIB1125
Run #2							

	Initial Weight	Final Volume
Run #1	30.4 g	1.0 ml
Run #2		

CAS No.	Compound	Result	RL	MDL	Units	Q
	TPH (C10-C28)	54.2	4.1	3.4	mg/kg	

CAS No.	Surrogate Recoveries	Run# 1	Run# 2	Limits
84-15-1	o-Terphenyl	82%		33-115%

ND = Not detected MDL - Method Detection Limit
RL = Reporting Limit
E = Indicates value exceeds calibration range
J = Indicates an estimated value
B = Indicates analyte found in associated method blank
N = Indicates presumptive evidence of a compound



*NOTE:
1) TOPSOIL VOLUME BASED ON 12" SOIL DEPTH.

ESTIMATED DIRT QUANTITIES (cy)				
ITEM	CUT	FILL	TOPSOIL	EXCESS
PAD	18520	12088	5118	1314
PIT	5499			5499
TOTALS	27019	12088	5118	6883

STORM WATER LEGEND:

BP	BRUSH PILE/ BARRIER
SB	STRAW BALE BARRIER
CB	SOIL CONTAINMENT BERM
3.95 ac	TOTAL DISTURBED AREA

REVISED: 11/11/08

136 East Third Street
Rifle, Colorado 81650
Ph. (970) 625-1330
Fax (970) 625-2773
BOOKCLIFF Survey Services, Inc.

SCALE:	1" = 80'
DATE:	10/31/08
SHEET:	2 of 9
PROJECT:	Williams
DFT:	CWS

Construction Plan Prepared for:
Williams Production, RMT

Savage RMV 48-35 Drill Pad - Sheet 2
GRADING PLAN & PAD LAYOUT

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