

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): Flare Pit

OGCC Employee:

☐ Spill ☐ Complaint
☐ Inspection ☐ NOAV

Tracking No:

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: 05-045-16877 (facility # 335043)

County: Garfield

Facility Name:

Facility Number: SR 12-9

Well Name:

Well Number: SR 12-9

(WELL NAME)

Location: (QtrQtr, Sec, Twp, Rng, Meridian): SWNW- 9-7S-94W 06M

Latitude: 39.455472 Longitude: -107.899038

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: 45 - morval-tridell

Potential receptors (water wells within 1/4 mi, surface waters, etc.): 408' from surface water, 1826' from water well, 176' 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

REMEDIALATION 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.



REMEDIAL WORKPLAN (Cont.)

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

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: 3/9/2011	Date Site Investigation Completed: 3/22/2011	Date Remediation Plan Submitted: 3/24/2011
Remediation Start Date: NA	Anticipated Completion Date: NA	Actual Completion Date: 3/22/2011

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: 3/24/2011

OGCC Approved: Chris Canfield

Title: FOR Chris Canfield

Date: 03/24/2011

EPS NW Region

Report of Analysis

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Client Sample ID:	SR 12-9	Date Sampled:	03/09/11
Lab Sample ID:	T70832-1	Date Received:	03/10/11
Matrix:	SO - Soil	Percent Solids:	81.9
Method:	SW846 8015		
Project:	SR 12-9 FLARE PIT		

Run #	File ID	DF	Analyzed	By	Prep Date	Prep Batch	Analytical Batch
Run #1	BB0006133.D	1	03/11/11	AT	n/a	n/a	GBB302
Run #2							

Run #	Initial Weight	Final Volume	Methanol Aliquot
Run #1	5.40 g	5.0 ml	100 ul
Run #2			

CAS No.	Compound	Result	RL	MDL	Units	Q
	TPH-GRO (C6-C10)	ND	6.8	0.41	mg/kg	

CAS No.	Surrogate Recoveries	Run# 1	Run# 2	Limits
460-00-4	4-Bromofluorobenzene	96%		46-127%
98-08-8	aaa-Trifluorotoluene	105%		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

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Matrix:	SO - Soil	Percent Solids:	81.9
Method:	SW846 8015 M SW846 3550B		
Project:	SR 12-9 FLARE PIT		

	File ID	DF	Analyzed	By	Prep Date	Prep Batch	Analytical Batch
Run #1	IF205040.D	1	03/22/11	HD	03/21/11	OP17848	GIB1182
Run #2							

	Initial Weight	Final Volume
Run #1	30.3 g	1.0 ml
Run #2		

CAS No.	Compound	Result	RL	MDL	Units	Q
	TPH (C10-C28)	4.68	4.0	3.3	mg/kg	
CAS No.	Surrogate Recoveries	Run# 1	Run# 2	Limits		
84-15-1	o-Terphenyl	85%		33-115%		

ND = Not detected MDL - Method Detection Limit
RL = Reporting Limit
E = Indicates value exceeds calibration range

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