

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

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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): Flare Pit

OGCC Operator Number: 96850	Contact Name and Telephone: Karolina Blaney
Name of Operator: Williams Production RMT Company	No: 970/285-9377
Address: 1058 CR 215	Fax: 970/285-9573
City: Parachute      State: CO    Zip: 81635	
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: (Qtr, 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:
<input type="checkbox"/> Soils	none	_____
<input type="checkbox"/> Vegetation	none	_____
<input type="checkbox"/> Groundwater	none	_____
<input type="checkbox"/> Surface Water	none	_____

**REMEDIALTION 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.



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: 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: [Signature] Title: FOR Chris Canfield Date: 03/24/2011  
EPS NW Region

## Report of Analysis

<b>Client Sample ID:</b> SR 12-9	<b>Date Sampled:</b> 03/09/11
<b>Lab Sample ID:</b> T70832-1	<b>Date Received:</b> 03/10/11
<b>Matrix:</b> SO - Soil	<b>Percent Solids:</b> 81.9
<b>Method:</b> SW846 8015	
<b>Project:</b> 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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<b>Method:</b> SW846 8015 M SW846 3550B		<b>Percent Solids:</b> 81.9
<b>Project:</b> SR 12-9 FLARE PIT		

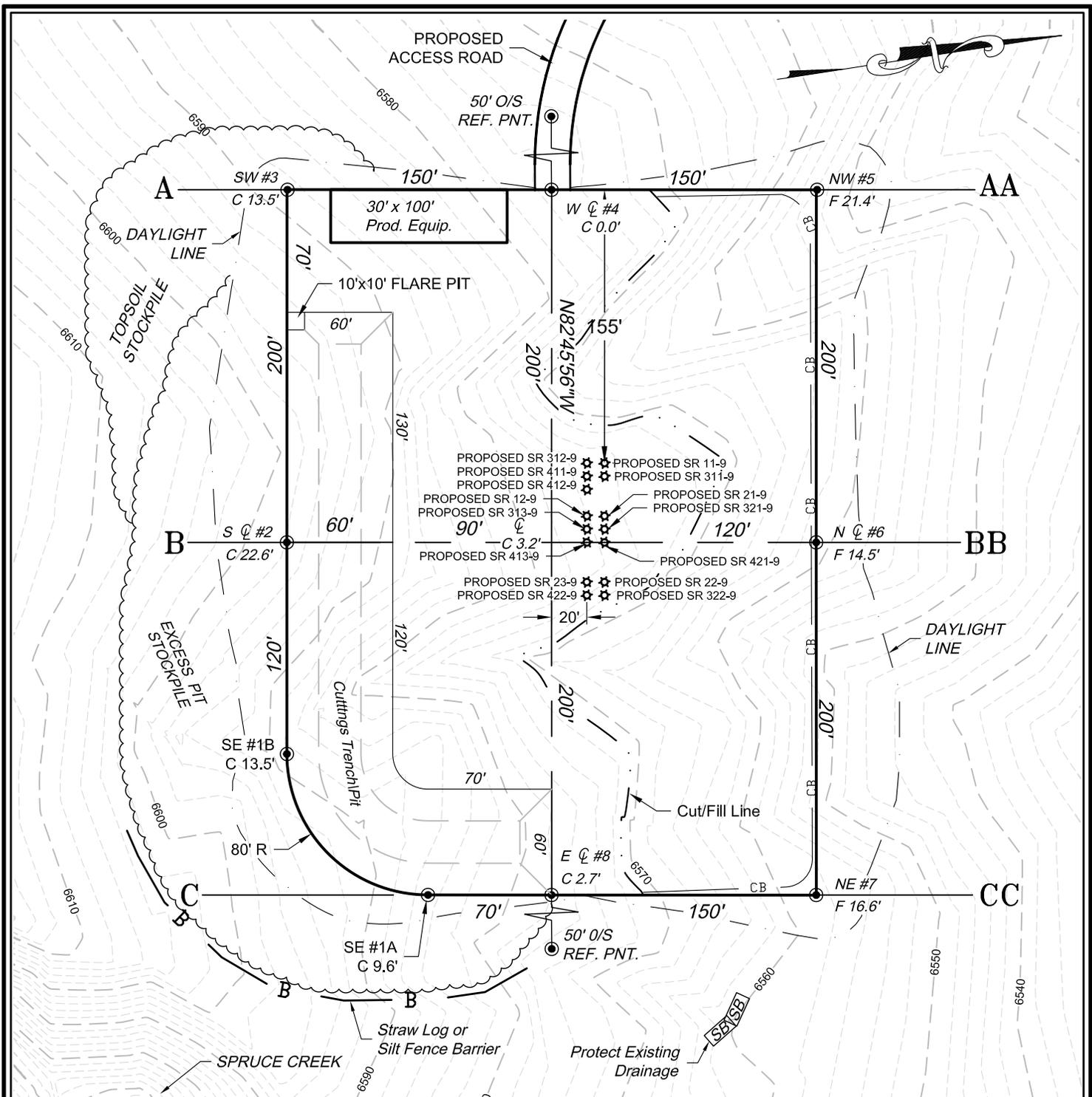
Run #	File ID	DF	Analyzed	By	Prep Date	Prep Batch	Analytical Batch
Run #1	IF205040.D	1	03/22/11	HD	03/21/11	OP17848	GIB1182
Run #2							

Run #	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  
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- \*NOTE:  
 1) USE EXCESS PIT MATERIAL TO COMPLETE PAD SURFACE.  
 2) TOPSOIL VOLUME BASED ON 12" SOIL DEPTH.

ESTIMATED DIRT QUANTITIES (cy)				
ITEM	CUT	FILL	TOPSOIL	EXCESS
PAD	26645	25563	5694	4612(F)
PIT	8400			8400
TOTALS	35045	25563	5694	3788

**STORM WATER LEGEND:**

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

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



SCALE: 1" = 80'  
 DATE: 5/9/08  
 SHEET: 2 of 9  
 PROJECT: WILLIAMS  
 DFT: CWS

Construction Plan Prepared for:  
**Williams** Williams Production, RMT

Federal SR 12-9 - Sheet 2  
 GRADING PLAN & PAD LAYOUT