

State of Colorado
Oil and Gas Conservation Commission



FOR OGCC USE ONLY

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)894-2100 Fax:(303)894-2109

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:

Spill Complaint
 Inspection NOAV

Tracking No: _____

CAUSE OF CONDITION BEING INVESTIGATED AND REMEDIATED

Spill or Release Plug & Abandon Central Facility Closure Site/Facility Closure Other (describe): _____

| | |
|---|---|
| OGCC Operator Number: <u>96850</u> | Contact Name and Telephone: <u>Karolina Blaney</u> |
| Name of Operator: <u>Williams Production RMT Company</u> | No: <u>970/285-9377</u> |
| Address: <u>1058 CR 215</u> | Fax: <u>970/285-9573</u> |
| City: <u>Parachute</u> State: <u>CO</u> Zip: <u>81635</u> | |
| API Number: <u>05-045-15441</u> County: <u>Garfield</u> | |
| Facility Name: _____ Facility Number: <u>PA 34-4</u> <u>Location ID #334654</u> | |
| Well Name: _____ Well Number: <u>PA 34-4</u> | |
| Location: (QtrQtr, Sec, Twp, Rng, Meridian): <u>SWSE- 4-7S-95W- 06M</u> Latitude: <u>39.45982</u> Longitude: <u>-108.000614</u> | |

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: 62 - Rock outcrop / torriorthents

Potential receptors (water wells within 1/4 mi, surface waters, etc.): 675' from surface water, 1519' from water well, 180' 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 | <u>none</u> | _____ |
| <input type="checkbox"/> Vegetation | <u>none</u> | _____ |
| <input type="checkbox"/> Groundwater | <u>none</u> | _____ |
| <input type="checkbox"/> Surface Water | <u>none</u> | _____ |

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.



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

Page 2 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: 11/01/10 Date Site Investigation Completed: 11/01/10 Date Remediation Plan Submitted: 2/9/2011 Remediation Start Date: NA Anticipated Completion Date: NA Actual Completion Date: 11/01/10

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

Report of Analysis

| | | |
|----------------------------------|--|--------------------------------|
| Client Sample ID: PA 34-4 | | |
| Lab Sample ID: T63164-13 | | Date Sampled: 11/01/10 |
| Matrix: SO - Soil | | Date Received: 11/08/10 |
| Method: SW846 8015 | | Percent Solids: 82.5 |
| Project: TPH | | |

| | File ID | DF | Analyzed | By | Prep Date | Prep Batch | Analytical Batch |
|--------|-------------|----|----------|----|-----------|------------|------------------|
| Run #1 | BB0003403.D | 1 | 11/10/10 | AT | n/a | n/a | GBB184 |
| Run #2 | | | | | | | |

| | Initial Weight | Final Volume | Methanol Aliquot |
|--------|----------------|--------------|------------------|
| Run #1 | 5.56 g | 5.0 ml | 100 ul |
| Run #2 | | | |

| CAS No. | Compound | Result | RL | MDL | Units | Q |
|---------|------------------|--------|-----|------|-------|---|
| | TPH-GRO (C6-C10) | ND | 6.5 | 0.39 | mg/kg | |

| CAS No. | Surrogate Recoveries | Run# 1 | Run# 2 | Limits |
|----------|----------------------|--------|--------|---------|
| 460-00-4 | 4-Bromofluorobenzene | 97% | | 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

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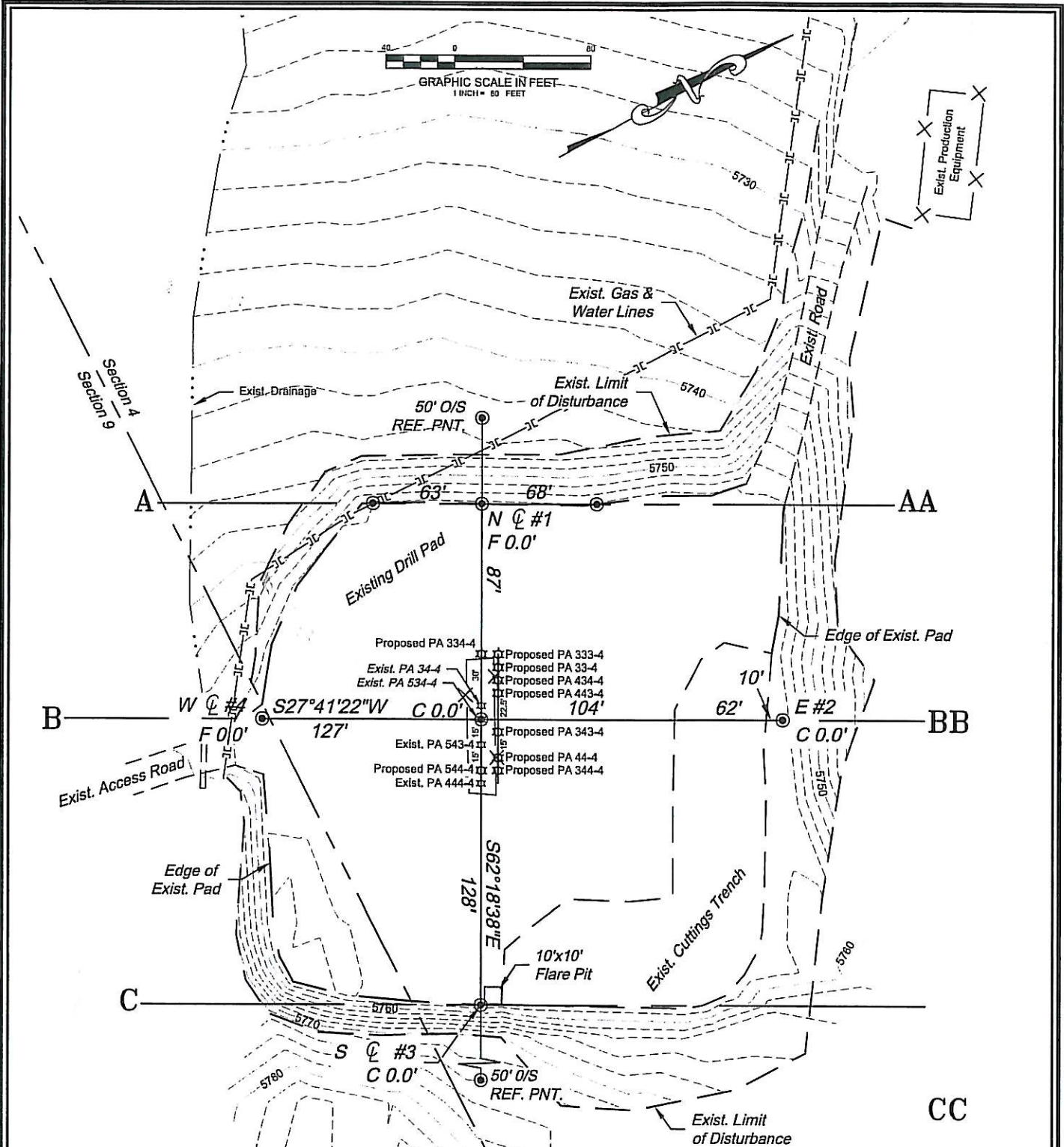
| | File ID | DF | Analyzed | By | Prep Date | Prep Batch | Analytical Batch |
|--------|------------|----|----------|----|-----------|------------|------------------|
| Run #1 | IF202553.D | 1 | 11/11/10 | EM | 11/09/10 | OP16625 | GIB1125 |
| Run #2 | | | | | | | |

| | 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) | 78.7 | 4.0 | 3.3 | mg/kg | |
| CAS No. | Surrogate Recoveries | Run# 1 | Run# 2 | Limits | | |
| 84-15-1 | o-Terphenyl | 84% | | 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



ESTIMATED DIRT QUANTITIES (cy)

| ITEM | CUT | FILL | TOPSOIL | EXCESS |
|---------------|----------|----------|----------|----------|
| PAD | 0 | 0 | 0 | 0 |
| PIT | 0 | | | 0 |
| TOTALS | 0 | 0 | 0 | 0 |

*NOTE:
1.) Existing Disturbed Area = ±2.8 ac.

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

BOOKCLIFF
Survey Services, Inc.

SCALE: 1" = 80'
DATE: 7/15/09
PLAT: 2 of 9
PROJECT: Williams
DFT: cws

Construction Plan Prepared for:
Williams. Williams Production, RMT

PA 34-4 Drill Pad - Plat 2
CONSTRUCTION LAYOUT