

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): Production Pit Closure

OGCC Operator Number: <u>96850</u>	Contact Name and Telephone: <u>Michael J. Gardner</u>
Name of Operator: <u>Williams Production RMT Company</u>	No: <u>970.263.2760</u>
Address: <u>1058 County Road 215</u>	Fax: <u>970.263.5313</u>
City: <u>Parachute</u> State: <u>CO</u> Zip: <u>81635</u>	

API Number: _____	County: <u>Garfield</u>
Facility Name: <u>TR 41-32-597</u>	Facility Number: <u>277132</u>
Well Name: _____	Well Number: _____
Location: (QtrQtr, Sec, Twp, Rng, Meridian): <u>NENE Sec 32, T5S, R97W, 6th PM</u> Latitude: <u>39.574650</u> Longitude: <u>-108.292933</u>	

TECHNICAL CONDITIONS

Type of Waste Causing Impact (crude oil, condensate, produced water, etc): None (produced water)

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.): Non-crop rangeland, non-irrigated

Soil type, if not previously identified on Form 2A or Federal Surface Use Plan: Parachute-Irigul, 5 to 30% slopes

Potential receptors (water wells within 1/4 mi, surface waters, etc.): There are no permitted water wells within 1/4 mi.; Doe Gulch lies approximately 1275 feet to the west

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

Impacted Media (check):	Extent of Impact:	How Determined:
<input checked="" type="checkbox"/> Soils	<u>To be Determined</u>	<u>Field screen, visual assessment and lab confirmation samples/results</u>
<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):
See attachment

Describe how source is to be removed:
See attachment

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.:
See attachment



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

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REMEDIATION WORKPLAN (Cont.)

OGCC Employee: _____

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

See attachment

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.

See attachment

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:

See attachment

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

See attachment

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: July 2010 Date Site Investigation Completed: August 2010 Date Remediation Plan Submitted: December 11, 2009
Remediation Start Date: ASAP, if necessary Anticipated Completion Date: TBD Actual Completion Date: TBD

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

Print Name: Michael J. Gardner Signed: *Michael J. Gardner*
Title: Principal Environmental Specialist Date: December 11, 2009

OGCC Approved: _____ Title: _____ Date: _____