

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): Production Pit Closure

OGCC Employee:

☐ Spill ☐ Complaint  
☐ Inspection ☐ NOAV

Tracking No:

OGCC Operator Number: 96850

Name of Operator: Williams Production RMT Company

Address: 1058 County Road 215

City: Parachute State: CO Zip: 81635

Contact Name and Telephone:

Michael J. Gardner

No: 970.263.2760

Fax: 970.263.5313

API Number:

County: Garfield

Facility Name: TR 41-32-597

Facility Number: 277132

Well Name:

Well Number:

Location: (QtrQtr, Sec, Twp, Rng, Meridian): NENE Sec 32, T5S, R97W, 6th PM Latitude: 39.574650 Longitude: -108.292933

**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):



Soils



Vegetation



Groundwater



Surface Water

Extent of Impact:

To be Determined

How Determined:

Field screen, visual assessment and lab confirmation samples/results

**REMEDIAL 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



**REMEDIATION 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.):

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: \_\_\_\_\_

Title: Principal Environmental Specialist

Date: December 11, 2009

OGCC Approved: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_