

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

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): Pit Closure

OGCC Operator Number: 28600	Contact Name and Telephone: Adrienne N. Rosecrans
Name of Operator: ExxonMobil Corporation	No: 281 654 2742
Address: P.O. Box 4358; CORP-MI-3011	Fax: 281 654 1147
City: Houston State: TX Zip: 77210-4358	
API Number: 05-103-11295 <u>11290</u>	County: Rio Blanco
Facility Name: Freedom Unit	Facility Number: 336042
Well Name: Freedom Unit	Well Number: 297-16A
Location: (QtrQtr, Sec, Twp, Rng, Meridian): SWNW, 16, 2S, 97W, 6TH	Latitude: 39.877284 Longitude: 108.293832

CONFIRMED BY EXXON MOBIL ADRIENNE ROSECRANS

TECHNICAL CONDITIONS

Type of Waste Causing Impact (crude oil, condensate, produced water, etc): Drill Cuttings and Fluids

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: Torriothents-Rock outcrop complex

Potential receptors (water wells within 1/4 mi, surface waters, etc.): _____

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	Arsenic	sediment/soil and laboratory analysis
<input type="checkbox"/> Vegetation	_____	_____
<input type="checkbox"/> Groundwater	_____	_____
<input type="checkbox"/> Surface Water	_____	_____

REMEDIATION WORKPLAN

Describe initial action taken (if previously provided, refer to that form or document):

Site is being prepared for pit closure. Samples were taken from the three open pits, along with the three additional cuttings trenches and were analyzed for TPH, EC, SAR, pH and Arsenic. Background samples were also taken to establish arsenic background concentration levels.

Describe how source is to be removed:

Pit synthetic liners will be removed and sent to an offsite permitted disposal/recycling facility. Final pit content disposition is dependent on laboratory results. See section I of the attached application for the full Pit Closure Plan.

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.:

This application is submitted to request approval of site-specific background arsenic levels to be used in lieu of table 910-1 limits as applicable. Because native soil is being used as surface fill for the top three feet of pits, SAR, electrical conductivity, and pH background level requests are not submitted.



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

REMEDATION WORKPLAN (Cont.)

OGCC Employee:

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

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.

As specified in the Surface Use Plan and BLM Conditions of Approval.

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? [X] Y [] N If yes, describe:

As applicable, a soil sample will be collected below each of the synthetic pit liners and sent for laboratory analysis of Table 910-1 constituents.

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

The synthetic liners will be removed from each pit and sent for offsite recycling/disposal. Pit contents will be processed onsite by a temporary thermal desorption unit to reduce TPH concentrations. Both thermal desorption and mix/blend methods will be utilized to reduced constituent concentrations below table 910-1 levels. Sediments below table 910-1 levels will be disposed onsite. Sediments containing higher constituent levels will be sent for offsite recycling/disposal.

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: 1/18/11 Date Site Investigation Completed: Date Remediation Plan Submitted: 2/11/11 Remediation Start Date: February 2011 Anticipated Completion Date: May 2011 Actual Completion Date:

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

Print Name: Adrienne N. Rosecrans Signed: Rosecrans, Adrienne N. (anberry) Title: Senior Environmental Engineer Date: 2/10/11

OGCC Approved: [Signature] Title: For Chris Camfield Date: 02/25/2011