

**State of Colorado
Oil and Gas Conservation Commission**

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#6948

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COGCC

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.

☐ 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): Produced Water Tank Removal

OGCC Operator Number: 75027Name of Operator: Rosewood Resources, IncAddress: 2101 Cedar Springs Road., Suite 1500City: Dallas State: TX Zip: 75201

Contact Name and Telephone:

Terrell RoddyNo: 970-848-8311Fax: 970-848-8313API Number: 05-125-08577County: YumaFacility Name: State 4-36

Facility Number: _____

Well Name: _____

Well Number: _____

Location: (QtrQtr, Sec, Twp, Rng, Meridian): SWNW Sec 36, T4N, R47W

Latitude: _____ Longitude: _____

TECHNICAL CONDITIONS

Type of Waste Causing Impact (crude oil, condensate, produced water, etc): Produced WaterSite 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.): AgriculturalSoil type, if not previously identified on Form 2A or Federal Surface Use Plan: Valent Sand

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):



Soils



Vegetation



Groundwater



Surface Water

Extent of Impact:

Slightly elevated PH/SAR

How Determined:

Analysis

REMEDIALATION WORKPLAN

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

Bottom soil sample shows slightly high PH/SAR from the analytical report. The soil was blended at the bottom of the excavation where the sample was taken at a ratio of 3-1 with verifiable fill at approximately 3 feet lower than the sample point. The top 3 ft was backfilled with verifiable fill which has not been blended from the Bloch pit. See attached analytical.

Describe how source is to be removed:

Backhoe and dump truck

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.:

Land treatment on site



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.):

N/A

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.

Reclamation will be conducted using COGCC rules and regulations.

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:

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

Soil was blended on site, no waste to remove, reuse of soil at site.

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: <u>8/27/2010</u>	Date Site Investigation Completed: <u>10/5/2011</u>	Date Remediation Plan Submitted: <u>2/13/2012</u>
Remediation Start Date: <u>9/27/10</u>	Anticipated Completion Date: <u>9/27/10</u>	Actual Completion Date: <u>9/27/10</u>

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

Print Name: Terrell Roddy

Signed: Terrell Roddy

Title: HSE Advisor

Date: 2/13/2012

OGCC Approved: ACE for Steve Lindblom Title: East Enviro Supervisor Date: 04/11/2012