FORM
27
Rev 6/99

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):

OGCC Operator Number: 10430
Name of Operator: Monument Global Resources, Incorporated
Address: 12160 N. Abrams Road, Suite 610
City: Dallas State: TX Zip: 75243

Contact Name and Telephone:
Kerry W. Smith or Cindy Gray (SMA)
No: cell 575-937-8001 SMA cell 505-320-0912
Fax: 214-691-6822 SMA 505-326-0045

API Number: 05-083-05148 County: Montezuma
Facility Name: Flow Line Facility Number:
Well Name: Cache #9 Well Number:
Location: (QtrQtr, Sec, Twp, Rng, Meridian): NWNW, S2, T34N, R20W Latitude: 37 14.307' Longitude: 109 01.449'

TECHNICAL CONDITIONS

Type of Waste Causing Impact (crude oil, condensate, produced water, etc): Crude and 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.): Dryland cattle grazing

Soil type, if not previously identified on Form 2A or Federal Surface Use Plan: Sandy clay with cobbles and gravel

Potential receptors (water wells within 1/4 mi, surface waters, etc.): Abandoned water well greater than 2500 ft SW of end of release; release occurred in intermittent dry streambed

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

Impacted Media (check):	Extent of Impact:	How Determined:
☑ Soils	Approx. 1700 ft X <2 ft down dry streambed	GPS
☐ Vegetation		
☐ Groundwater		
☐ Surface Water	None yet due to no precipitation and run-off	

REMEDIATION WORKPLAN

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

Refer to Form 19 Tracking # 200372184. MGR personnel recovered some produced fluids with a vacuum truck. Contaminated soils intermixed with rock were aggressively treated with Bio Sorb, a commercially available organic oxidizer and sorbent. This combination of initial treatments appears to have limited the vertical penetration of hydrocarbon contamination to less than 12 inches.

Describe how source is to be removed:

Form 19 Tracking # 200372184 - the corroded pipeline which was the source of the release was replaced with new pipe and rerouted on risers to keep the pipline out of the streambed. No source remains.

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.:

Aggressively treat the hydrocarbon contaminated soils in place within the arroyo bottom with solutions of Simple Green soap and a high nitrogen fertilizer in water. Heavily spray the impacted areas after handshovel scarification, where feasible. The soils surround boulders and cobbles and are partially covered with rock float. The soils should be treated as described every thirty days for a total of ninety days.

Submit Page 2 with Page 1

FORM
27
Rev 6/99

Page 2

State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80203
(303)894-2100 Fax:(303)894-2109

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

REMEDIATION WORKPLAN (Cont.)

OGCC Employee:

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

No apparent impact to groundwater

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.

No excavation or significant disturbance is planned. Surface scarification of less than 12" will be accomplished by hand shovel to perform proposed remediation. As the release is in a dry intermittent streambed, no reseeding is appropriate. Sampling and testing of the soils in the impacted area will be performed at 120 days after beginning remedial activities. Three 5 point composite samples will be taken from three areas at 0" to -12" below surface within the dry streambed and analyzed for GRO/DRO by EPA SW846 Method 8015 and for BTEX by EPA SW846 Method 8021B. If laboratory results indicate that the remediated soils meet COGCC remediation standards, no further action will be taken. If standards are not met, the remediation approach will be reviewed and appropriate remedial actions proposed to COGCC.

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.):

No excavation has been nor is planned to be performed. Therefore, no solid wastes were generated. Liquids recovered during the initial response were returned to the production stream.

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: 9-7-12	Date Site Investigation Completed: 12-12-12	Date Remediation Plan Submitted: 5-16-13
Remediation Start Date: upon COGCC approval	Anticipated Completion Date: + 120 days	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: Cynthia Gray for Kerry W. Smith Signed: _____

Title: President Date: 5-16-13

OGCC Approved: _____ **Title:** _____ **Date:** _____