

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)894-2100 Fax:(303)894-2109



#7820

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.

OGCC Employee:

☒ Spill ☐ Complaint
☐ Inspection ☐ NOAV

Tracking No: 2232966

CAUSE OF CONDITION BEING INVESTIGATED AND REMEDIATED

☒ Spill or Release ☐ Plug & Abandon ☐ Central Facility Closure ☐ Site/Facility Closure ☐ Other (describe): _____

OGCC Operator Number: <u>66571</u>	Contact Name and Telephone: _____
Name of Operator: <u>OXY USA WTP LP</u>	<u>Tyson Ertel</u>
Address: <u>760 Horizon Drive, Suite 101</u>	No: <u>970.263.3645</u>
City: <u>Grand Junction</u> State: <u>CO</u> Zip: <u>81506</u>	Fax: <u>970.263.3694</u>

API Number: _____	County: <u>Garfield</u>
Facility Name: <u>705-22-43 Well Pad</u>	Facility Number: <u>335186</u>
Well Name: <u>N/A</u>	Well Number: <u>N/A</u>
Location: (QtrQtr, Sec, Twp, Rng, Meridian): <u>SENW, Sec 5, T7S, R97W, 6th PM</u> Latitude: <u>39.477643</u> Longitude: <u>-108.243555</u>	

TECHNICAL CONDITIONS

Type of Waste Causing Impact (crude oil, condensate, produced water, etc): Produced Water and Condensate

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: Happle-Rock outcrop association, 25-65% slopes

Potential receptors (water wells within 1/4 mi, surface waters, etc.): nearest water well is ~970' southwest, nearest surface water is ~1238' to the west, depth to the shallowest groundwater is ~100'.

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>Visual, lab results</u>
<input type="checkbox"/> Vegetation	<u>N/A</u>	<u>Visual</u>
<input type="checkbox"/> Groundwater	<u>N/A</u>	<u>Lab results</u>
<input type="checkbox"/> Surface Water	<u>N/A</u>	<u>Lab results</u>

REMEDIALATION WORKPLAN

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

See attached report.

Describe how source is to be removed:

See attached report.

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 attached report.



REMEDIAL 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 attached report.

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 attached report.

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 attached report.

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

See attached report.

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: <u>January 11, 2013</u>	Date Site Investigation Completed: <u>Pending</u>	Date Remediation Plan Submitted: <u>Pending</u>
Remediation Start Date: <u>Pending</u>	Anticipated Completion Date: <u>Pending</u>	Actual Completion Date: <u>Pending</u>

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

Print Name: Tyson Ertel

Signed: _____

Title: HES Advisor

Date: 4-22-13

OGCC Approved: _____ Title: _____ Date: _____