

State of Colorado
Oil and Gas Conservation Commission



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

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): Drilling Reserve Pit Closure

FOR OGCC, USE ONLY
Date received
8/4/14
REM #8588
Doc #1733870
OGCC Employee:
☐ Spill ☐ Complaint
☐ Inspection ☐ NOAV
Tracking No:

OGCC Operator Number: <u>100178</u>		Contact Name and Telephone: <u>Chris S. Lopez</u>	
Name of Operator: <u>D. J. Simmons, Inc.</u>		No: <u>(505) 326-3753</u>	
Address: <u>1009 Ridgeway Place</u>		Fax: <u>(505) 327-4659</u>	
City: <u>Farmington</u>	State: <u>NM</u>	Zip: <u>87401</u>	
API Number: <u>05-033-06174</u>		County: <u>Dolores</u>	
Facility Name: _____		Facility Number: _____	
Well Name: <u>Pinto</u>		Well Number: <u>1-7</u>	
Location: (QtrQtr, Sec, Twp, Rng, Meridian): <u>Lot 11, Sec. 7, T39N, R19W, NMPM</u> Latitude: _____ Longitude: _____			

TECHNICAL CONDITIONS

Type of Waste Causing Impact (crude oil, condensate, produced water, etc): Drill Cutting Reserve Pit

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.): CRP, Cultivated Cropland

Soil type, if not previously identified on Form 2A or Federal Surface Use Plan: 42.Gladel-Pulpit complex, 3 to 9 percent slopes

Potential receptors (water wells within 1/4 mi, surface waters, etc.): None

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

Impacted Media (check):	Extent of Impact:	How Determined:
<input type="checkbox"/> Soils	_____	_____
<input type="checkbox"/> Vegetation	_____	_____
<input type="checkbox"/> Groundwater	_____	_____
<input type="checkbox"/> Surface Water	_____	_____

REMEDIALTION WORKPLAN

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

On July 11, 2014 R.T. Hicks Consultants (Hicks Consultants), under contract to D.J. Simmons, collected six (6) cores samples of the drilling pit material and one (1) soil composite of the stockpiled soil. The purpose of the sampling was to characterize the existing contents of the former drilling pit to determine a soil mixing ratio for pit closure.

Describe how source is to be removed:

As explained in the attached document, D. J. Simmons proposes to mix clean soil with drill cuttings in a 2:1 ratio, respectively; to meet COGCC's Table 910-1 standards and close the pit.

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.:

As explained in the attached document, D. J. Simmons proposes to mix clean soil with drill cuttings in a 2:1 ratio, respectively; to meet COGCC's Table 910-1 standards and close the pit.



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.):

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.

Please see attached documents.

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.):

Pit closure onsite.

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: 5/5/2014 Date Site Investigation Completed: 7/11/2014 Date Remediation Plan Submitted: 8/4/2014
Remediation Start Date: 8/6/2014 Anticipated Completion Date: 8/31/2014 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: Chris S. Lopez Signed: Chris S. Lopez

Title: Regulatory Specialist Date: 8/4/2014

OGCC Approved: [Signature] Title: Environmental Protection Specialist Date: 8/7/14

See attached COAs.