

State of Colorado  
Oil and Gas Conservation Commission

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**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): workover pit & inadvertent spray from ruptured blooie line

OGCC Employee:  
☐ Spill ☐ Complaint  
☐ Inspection ☐ NOAV  
Tracking No:

OGCC Operator Number: <u>96735</u>	Contact Name and Telephone: <u>GLENN STEVENS</u>
Name of Operator: <u>WILLIFORD RESOURCES, LLC</u>	No: <u>970-749-0192</u>
Address: <u>6506 S LEWIS AVE STE 102</u>	Fax: <u>970-588-3701</u>
City: <u>TULSA</u> State: <u>OK</u> Zip: <u>74136</u>	

API Number: <u>05-06705446 00</u>	County: <u>LAPLATA</u>
Facility Name: _____	Facility Number: _____
Well Name: <u>DYE HARD</u>	Well Number: <u>1</u>
Location: (QtrQtr, Sec, Twp, Rng, Meridian): <u>NWNW 13-33N-12W</u> Latitude: <u>37.109254</u> Longitude: <u>-108.109854</u>	

**TECHNICAL CONDITIONS**

Type of Waste Causing Impact (crude oil, condensate, produced water, etc): crude oil

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.): dry grazing

Soil type, if not previously identified on Form 2A or Federal Surface Use Plan: Witt Loam

Potential receptors (water wells within 1/4 mi, surface waters, etc): abandoned water well approximately 200' north

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>overspray from ruptured blooie line</u>	<u>visual inspection</u>
<input checked="" type="checkbox"/> Vegetation	<u>overspray from ruptured blooie line</u>	<u>visual inspection</u>
<input type="checkbox"/> Groundwater	_____	_____
<input type="checkbox"/> Surface Water	_____	_____

**REMEDIALTION WORKPLAN**

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

All fluids removed from pit and placed in production tanks. Refer to Form 15.

Describe how source is to be removed:

Approximately 8 cubic yards of impacted soil has been placed in the pit awaiting removal. 5-8 yards of affected vegetation is piled on location.

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.:

Impacted soil will be trucked to a permitted landfill. Affected vegetation will be burned on location.

Submit Page 2 with Page 1



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

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**REMEDIATION WORKPLAN (Cont.)**

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.

Affected soil removed will be replaced with new soil. Pit will be filled with new soil. Affected area off location will be reseeded with Crested Wheat.

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.):

Affected soil will be trucked to permitted landfill:

JFJ Landfarm/Industrial Ecosystems Inc

49 CR 3150

Aztec NM 87410

**IMPLEMENTATION SCHEDULE**

Date Site Investigation Began: _____	Date Site Investigation Completed: _____	Date Remediation Plan Submitted: _____
Remediation Start Date: _____	Anticipated Completion Date: _____	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: Glenn Stevens

Signed: \_\_\_\_\_

Title: Foreman

Date: 08/26/2014

OGCC Approved: \_\_\_\_\_

Title: Environmental Protection Specialist Date: 12/18/14