

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



FOR OGCC USE ONLY  
Received 09/10/14  
REM 8820  
Doc 2313415

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.

OGCC Employee:  
 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): 39-yr old drilling pit

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 SUITE 102</u>	Fax: <u>970-588-3701</u>
City: <u>TULSA</u> State: <u>OK</u> Zip: <u>74136</u>	
API Number: <u>05-067-06101</u> County: <u>LAPLATA</u>	
Facility Name: _____ Facility Number: <u>118933</u>	
Well Name: <u>LONG &amp; SCHLUTER</u> Well Number: <u>6</u>	
Location: (QtrQtr, Sec, Twp, Rng, Meridian): <u>NENW 7-33N-11W</u> Latitude: <u>37.124075</u> Longitude: <u>-108.085469</u>	

**TECHNICAL CONDITIONS**

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

**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 pasture

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

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	<u>n/a</u>	
<input type="checkbox"/> Vegetation		
<input type="checkbox"/> Groundwater		
<input type="checkbox"/> Surface Water		

**REMEDIAL WORKPLAN**

**Describe initial action taken** (if previously provided, refer to that form or document):  
none - old pit with vegetation growing in it

**Describe how source is to be removed:**  
cover with soil

**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.:**  
cover and reseed with dry land grass mix

Submit Page 2 with Page 1

FORM  
27  
Rev 6/99

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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.):

**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.

**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.):  
n/a

**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: *Glenn Stevens*  
Title: Foreman Date: 9.10.2014

OGCC Approved: *[Signature]* Title: Environmental Protection Specialist Date: 12/18/14