

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	
Received 09/10/14	
REM 8820	
Doc 2313415	
OGCC Employee:	
<input type="checkbox"/> Spill	<input type="checkbox"/> Complaint
<input type="checkbox"/> Inspection	<input type="checkbox"/> 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): 39-yr old drilling pit

OGCC Operator Number: 96735	Contact Name and Telephone:
Name of Operator: WILLIFORD RESOURCES, LLC	GLENN STEVENS
Address: 6506 S LEWIS AVE SUITE 102	No: 970-749-0192
City: TULSA State: OK Zip: 74136	Fax: 970-588-3701
API Number: 05-067-06101	County: LAPLATA
Facility Name:	Facility Number: 118933
Well Name: LONG & SCHLUTER	Well Number: 6
Location: (QtrQtr, Sec, Twp, Rng, Meridian): NENW 7-33N-11W Latitude: 37.124075 Longitude: -108.085469	

**TECHNICAL CONDITIONS**

Type of Waste Causing Impact (crude oil, condensate, produced water, etc): old drill cuttings		
<b>Site Conditions:</b> Is location within a sensitive area (according to Rule 901e)? <input type="checkbox"/> Y <input checked="" type="checkbox"/> 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 ml, surface waters, etc.): none		
<b>Description of Impact</b> (if previously provided, refer to that form or document):		
Impacted Media (check):	Extent of Impact:	How Determined:
<input type="checkbox"/> Soils	n/a	
<input type="checkbox"/> Vegetation		
<input type="checkbox"/> Groundwater		
<input type="checkbox"/> Surface Water		

**REMEDIALTION WORKPLAN**

<b>Describe initial action taken</b> (if previously provided, refer to that form or document):
none - old pit with vegetation growing in it
<b>Describe how source is to be removed:</b>
cover with soil
<b>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.:</b>
cover and reseed with dry land grass mix

Submit Page 2 with Page 1



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.):

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