

FORM
27
Rev 6/99

State of Colorado
Oil and Gas Conservation Commission



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

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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.

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):

OGCC Operator Number: <u>69805</u>	Contact Name and Telephone: <u>Mike Clark</u>
Name of Operator: <u>Petrox Resources Inc</u>	No: <u>970-878-5594</u>
Address: <u>P.O. Box 2600</u>	Fax: <u>970-878-4489</u>
City: <u>Meeker</u> State: <u>CO</u> Zip: <u>81641</u>	
API Number: <u>05-007-06235</u> County: <u>Archuleta</u>	
Facility Name: _____ Facility Number: _____	
Well Name: <u>Fosset Gulch</u> Well Number: <u>9U#4</u>	
Location: (QtrQtr, Sec, Twp, Rng, Meridian): <u>SWSE, SEC 9, T34N,R5W, NMPM</u> Latitude: <u>37.201910</u> Longitude: <u>-107.393810</u>	

TECHNICAL CONDITIONS

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

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.): _____

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

Potential receptors (water wells within 1/4 mi, surface waters, etc.): _____

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>not impacted</u>	<u>See attached Soil Analysis</u>
<input type="checkbox"/> Vegetation	_____	_____
<input type="checkbox"/> Groundwater	_____	_____
<input type="checkbox"/> Surface Water	_____	_____

REMEDIATION WORKPLAN

Describe initial action taken (if previously provided, refer to that form or document):
REF Doc # 400712955, Petrox sampled soil at spill location, see attached results per Jim Hughes' request. Mr Hughes advised the results looked good, and Petrox removed the soil at the wellhead removed offsite.

Describe how source is to be removed:
Soil was removed and was disposed of and buried offsite.

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.:
Removed offside. No further impacts.

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.):

Not affected

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.

Soil was removed from the wellhead and disposed of offsite. Soil around the wellhead was recontoured.

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.):

Soil was taken to Tierra Piedra Ranch which is privately owned by Petrox.

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: 10/17/2014 Date Site Investigation Completed: 12/11/2014 Date Remediation Plan Submitted: 12/12/14
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: Barbara J Vaughn Signed: *Barbara J Vaughn*
Title: Administrative Assistant Date: 12/12/14/

OGCC Approved: *[Signature]* Title: Environmental Protection Specialist Date: 1/5/15