

State of Colorado
Oil and Gas Conservation Commission

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FOR OGCC USE ONLY
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REM 9024

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:

<input type="checkbox"/> Spill	<input type="checkbox"/> Complaint
<input type="checkbox"/> Inspection	<input type="checkbox"/> NOAV

Tracking No:

CAUSE OF CONDITION BEING INVESTIGATED AND REMEDIATED

☐ Spill or Release ☐ Plug & Abandon ☐ Central Facility Closure ☐ Site/Facility Closure ☒ Other (describe): Drilling pit assessment

OGCC Operator Number: 10396	Contact Name and Telephone: SEAN BURKE
Name of Operator: SWN PRODUCTION COMPANY LLC	No: (281) 618-2953
Address: 10000 ENERGY DRIVE	Fax: NA
City: SPRING State: TX Zip: 77389-4954	
API Number: 05-081-07439	County: MOFFAT
Facility Name: GAMMA STATE 14-15	Facility Number: 313399
Well Name: GAMMA STATE	Well Number: 14-15D
Location: (QtrQtr, Sec, Twp, Rng, Meridian): SWSWW, SEC. 15, T7N, R93W, 6th PM Latitude: 40.552652 Longitude: -107.826573	

TECHNICAL CONDITIONS

Type of Waste Causing Impact (crude oil, condensate, produced water, etc): Potential drill cuttings from lined pit

Site Conditions: Is location within a sensitive area (according to Rule 901a)? ☐ Y ☒ N If yes, attach evaluation.

Adjacent land use (cultivated, irrigated, dry land farming, industrial, residential, etc.): Rangeland

Soil type, if not previously identified on Form 2A or Federal Surface Use Plan: Cushool Fine Sandy Loam, 3 to 12% slopes

Potential receptors (water wells within 1/4 mi, surface waters, etc.): No potential receptors within 0.25 miles

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		

REMEDIAL WORKPLAN

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

It was brought to the attention of SWN Production Company (SWN) via a COGCC inspection (Document No. 669300189) dated 04/02/2015 that this Form 27 needs to be submitted for pit closure and reclamation procedure approval.

Describe how source is to be removed:

SWN proposes that the pit contents, which are lined, be sampled for COGCC Table 910-1 compliance via two 20-point composite soil samples to provide documentation that no adverse impacts from oil and gas activity is present for initiation of pit closure and surface reclamation. If laboratory soil analytical results confirm that the above referenced analyses are below the COGCC Table 910-1 concentrations, then SWN proposes to remove the pit liner and dry and buy the contents in the drilling pit followed by surface reclamation compliant with COGCC 1000 series.

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.:

If laboratory soil analytical results indicate that the pit contents exceed COGCC Table 910-1 concentrations, then the pit contents will be removed and disposed of at a properly licensed disposal facility or treated on site via in-situ bioremediation to be determined after receiving laboratory analytical results.



REMEDIATION WORKPLAN (Cont.)

Tracking Number: _____
Name of Operator: _____
OGCC Operator No: _____
Received Date: _____
Well Name & No: GAMMA STATE 14-15D
Facility Name & No: GAMMA STATE 14-15 313399

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If groundwater has been impacted, describe proposed monitoring plan (# of wells or sample points, sampling schedule, analytical methods, etc.):

The presence or absence of groundwater will be determined upon site assessment.

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.

Reclamation activities will be conducted in compliance with applicable COGCC Rule 1000 regulations.

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:

Potential soil and/or groundwater impact will be determined during site assessment activities.

Final disposition of E&P waste (landtreated and disposed onsite, name of licensed disposal facility, recycling, reuse, etc.):

Not applicable at this time. If it is discovered that the pit contents exceed COGCC Table 910-1 concentrations, then the contents will be disposed of at a properly licensed disposal facility to be determined at a later date or remediated on site via in-situ bioremediation after receiving laboratory analytical results.

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: 4/14/2015 Date Site Investigation Completed: NA Date Remediation Plan Submitted: 4/17/2015
Remediation Start Date: NA Anticipated Completion Date: NA Actual Completion Date: NA

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: SEAN BURKE

Signed:

Title: PRODUCTION ENGINEER

Date: 4/17/2015

OGCC Approved: Title: EPS II Date: 4/24/15

SEE DATA ENTERED Project File for COA's