

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

Date 07/29/15
REM 9193
Document 2495247

OGCC Employee:

Spill Complaint
 Inspection 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): _____

OGCC Operator Number: 10119	Contact Name and Telephone:
Name of Operator: <u>Maralex Disposal, LLC</u>	<u>Naomi Azulai</u>
Address: <u>PO Box 338</u>	No: <u>970-563-4000</u>
City: <u>Ignacio</u> State: <u>CO</u> Zip: <u>81137</u>	Fax: <u>970-563-4116</u>

API Number: <u>05-067-09194</u>	County: <u>La Plata</u>
Facility Name: <u>Dara Ferguson Injection</u>	Facility Number: <u>306963</u>
Well Name: <u>Dara Ferguson Injection</u>	Well Number: <u>1</u>
Location: (QtrQtr, Sec, Twp, Rng, Meridian): <u>SWNW 32 33N 9W</u>	Latitude: <u>37.061582</u> Longitude: <u>-107.856425</u>

TECHNICAL CONDITIONS

Type of Waste Causing Impact (crude oil, condensate, produced water, etc): produced 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.): non-cropland

Soil type, if not previously identified on Form 2A or Federal Surface Use Plan: Dulce-Travessilla-Rock Outcrop Complex, 6 to 50 percent slopes

Potential receptors (water wells within 1/4 mi, surface waters, etc.): 630' to Little Crow Canyon

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>limited to inside berm and adjacent berm</u>	<u>visual</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):

As described in Forms 19 (Document #s 400874665 and 400870940), the produced water that was released has been sucked up by a water truck and transported to a water disposal facility. The soil and gravel that was impacted by the spill is being gathered and placed on an impermeable liner surrounded by an earthen berm on site.

Describe how source is to be removed:

The spill was caused by pumper error and the the source of the spill does not pose a further threat that requires removal.

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.:

The contaminated soils that are removed from the release area will be landfarmed on site, by placing it on plastic sheeting surrounded by an earthen berm. The bermed area required will be determined by the volume of soil excavated from the area. The soil will be cultivated monthly with a small tracked backhoe or by manually operated equipment and the facility will be regularly inspected during routine site visits. A confirmation sample of the soil remaining in the spill area will be analysed to determine that contaminant levels do not exceed Table 910-1 parameters.



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.):

It is not believed groundwater is impacted; however, if it is determined through the process of remediating/reclaiming the pit that groundwater has been impacted, a ground water monitoring plan will be developed.

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.

The impacted area within the berm and adjacent to the berm will be returned to their original condition once analytical results indicate all Table 910-1 constituents are within regulatory parameters in the area of the spill and for the landfarmed material that was excavated from the area. This area does not require seeding or reclamation.

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:

As noted in this form, a confirmation sample of the soil in the spill area will be analysed for Table 910-1 contaminants to show that the area was sufficiently excavated. The land-farmed soils that were excavated from the spill area will be tested to verify that able 910-1 contaminants are below limits before that soil is used to return the area to its orginal condition.

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

If E&P waste is encountered, it will be disposed of in accordance with applicaple local, State and Federal requirements. The preferred treatment method for any impacted soils removed from the pit will be to landtreat and use the soil onsite for grading once parameters test under the Table 910-1 limits.

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: 7/18/2015 Date Site Investigation Completed: _____ Date Remediation Plan Submitted: 7/29/2015 Remediation Start Date: 7/29/2015 Anticipated Completion Date: 2015 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: Naomi Azulai Signed: _____ Title: Production Technician Date: 7/29/2015

OGCC Approved: _____ Title: Environmental Protection Specialist Date: 7/29/15

Dara Ferguson Site

