

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



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FOR OGCC USE ONLY

REM 9223  
Received 9/11/2015  
Document 2315462

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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): Pit Tank Closure Final (REM 9223)

OGCC Operator Number: <u>100264</u>	Contact Name and Telephone: <u>Logan Hixon</u>
Name of Operator: <u>XTO Energy Inc.</u>	No: <u>(970) 247-7708</u>
Address: <u>72 Suttle Street, Suite J</u>	Fax: <u>(970) 247-7745</u>
City: <u>Durango</u> State: <u>CO</u> Zip: <u>81303</u>	
API Number: <u>05-067-05300</u>	County: <u>La Plata</u>
Facility Name: _____	Facility Number: _____
Well Name: <u>AH Jones</u>	Well Number: <u>1</u>
Location: (QtrQtr, Sec, Twp, Rng, Meridian): <u>SWNW 26 33N 7W, N PM</u> Latitude: <u>37.07798</u> Longitude: <u>-107.58325</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.): Flood Irrigated-Rangeland

Soil type, if not previously identified on Form 2A or Federal Surface Use Plan: Witt Loam 3-8% Slopes

Potential receptors (water wells within 1/4 mi, surface waters, etc.): Domestic Water Wells with in 1/2 mi- 8 Total,  
Closest Domestic Water Well-approx 1185.7 ft      Ground Water - Approx 65-100 ft deep      Surface Water-approx 118 ft

**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	<u>N/A</u>	_____
<input type="checkbox"/> Groundwater	<u>N/A</u>	_____
<input type="checkbox"/> Surface Water	<u>N/A</u>	_____

**REMEDATION WORKPLAN**

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

Sampling was completed on the the BGT cellar and background sampling as outlined in the attached documents. The below grade tank will remain in place until approval of closure is granted. (as attached initially)

**Describe how source is to be removed:**

N/A

**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.:**

All XTO equipment was removed from the site for production activities. The on-site BGT closure was approved by the state and the pit was backfilled with non-impacted soil from the site. The site will undergo reclamation activities by operator of record for the surface pending COGCC approvals.



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.):

N/A

**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 on-site pit tank was removed due to the plugging and abandoning of the AH Jones 1 well site. The tank was removed from the cellar and placed into spare inventory for future use. A discrete sample was collected from the southeast corner of the cellar and another discrete sample was collected from the northeast cellar corner, these two points are the lowest points in the cellar, and (2) two background samples were collected to the southwest and northwest off of location and sent for laboratory analysis. No material was removed from the location. All XTO equipment was removed from the site for production activities. The on-site BGT closure was approved by the state (8-21-2015) and the pit was backfilled with non-impacted soil from the site (8-28-2015). The site will undergo reclamation activities by operator of record for the surface pending COGCC approvals.

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:

No further action is requested based on sample results being beneath regulatory limits or background range set by Table 910.1.

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: July 28, 2015 Date Site Investigation Completed: 8-21-2015 Date Remediation Plan Submitted: N/A  
Remediation Start Date: N/A Anticipated Completion Date: Contingent on COGCC Approval Actual Completion Date: 8/28/2015

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

Print Name: Logan Hixon Signed:   
Title: EHS/OIMS Coordinator Date: 9-11-2015

OGCC Approved:  Title: Environmental Protection Specialist Date: 9/14/15