

State of Colorado
Oil and Gas Conservation Commission



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FOR OGCC USE ONLY

REM 7786
Received 9/12/2015
Document 2315522

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): REM close out 7786

OGCC Operator Number: <u>10430</u>	Contact Name and Telephone: <u>Kerry W Smith</u>
Name of Operator: <u>Monument Global Resources Inc</u>	No: <u>575 937 8001</u>
Address: <u>12610 N Abrams Rd, Suite 610.</u>	Fax: <u>214 691 6822</u>
City: <u>Dallas</u> State: <u>TX</u> Zip: <u>75243</u>	
API Number: <u>05-083-05148-00</u> County: <u>Montezuma</u>	
Facility Name: _____ Facility Number: <u>223748</u>	
Well Name: <u>Cache Unit</u> Well Number: <u>#9</u>	
Location: (QtrQtr, Sec, Twp, Rng, Meridian): <u>NWNW, 2, 34N, 20W, N</u> Latitude: <u>37.239459</u> Longitude: <u>-109.024115</u>	

TECHNICAL CONDITIONS

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

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.): Dry Land

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

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 type="checkbox"/> Soils	_____	_____
<input type="checkbox"/> Vegetation	_____	_____
<input type="checkbox"/> Groundwater	_____	_____
<input type="checkbox"/> Surface Water	_____	_____

REMEDIALTION WORKPLAN

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

initail action undertaken document number 200380206

Describe how source is to be removed:

Source removed and residuals treated with mixture of simple green and IFA Quick Green fertilizer.

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.:

land treated insitu.



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.):

Historic release #7786, no evidence of ground water impacts.

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.

No further works

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 required based on site soils analysis attached and capping of subsurface pipework. see attached report.

Operator is requesting close of of this spill and remediation action.

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: may 2013 Date Site Investigation Completed: TBA 8/21/15 Date Remediation Plan Submitted: 5/16/2013
Remediation Start Date: May 2013 Anticipated Completion Date: 8/28/15 Actual Completion Date: 9/9/2015

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

Print Name: David Bower for Kerry Smith Signed: _____
Title: Principle, BE@ST LLC Date: 9/14/2015

OGCC Approved: _____ Title: Environmental Protection Specialist Date: 9/18/15

See COAs.