

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

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



REM# 9631  
LOC# 325227  
API# 067-05752  
DOC# 200439410  
DATE: 4/28/16

**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 Employee:  
☐ Spill ☐ Complaint  
☐ Inspection ☐ NOAV  
Tracking No: \_\_\_\_\_

OGCC Operator Number: <u>96705</u>	Contact Name and Telephone: <u>Deborah Watson</u>
Name of Operator: <u>WPX Energy Production LLC</u>	No: <u>505-333-1880/505-386-9693</u>
Address: <u>PO Box 640/ 721 S Main Street</u>	Fax: <u>505-333-1805</u>
City: <u>Aztec</u> State: <u>NM</u> Zip: <u>87410</u>	

API Number: <u>05-067-05752</u>	County: <u>La Plata</u>
Facility Name: _____	Facility Number: _____
Well Name: <u>Bondad 33-9</u>	Well Number: <u>26</u>
Location: (QtrQtr, Sec, Twp, Rng, Meridian): <u>SENW, 14, 33N, 9W N</u> Latitude: <u>37.10635</u> Longitude: <u>-107.79903</u>	

**TECHNICAL CONDITIONS**

Type of Waste Causing Impact (crude oil, condensate, produced water, etc): If there is a release, produced water and minimal hydrocarbons

**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: Falfa Clay loam, 3 to 8 percent slope

Potential receptors (water wells within 1/4 mi, surface waters, etc.): nearest surface water is located 610 feet to the northeast, according to COGCC map there is a well within 0.1 miles of the location at the McCaraville A #1, residence 0.3 miles from location

**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>TBD-below pit tanks</u>	<u>PID, confirmation sample</u>
<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):

No impact to the environment anticipated since the current pit tanks (20 bbl) contain a banded 40 mil plastic liner. (Note: there are two small pit tanks on location)

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

Existing buried pits to be removed by excavation of surrounding soils, removal of tank and liner, offsite disposal of tank and liner at permitted landfill, and collection of one sample from below each pit tank. Samples will be submitted to the lab for analysis per Table 910-1.

**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 a release has occurred below a pit tank, impacted soils will be excavated until contamination is below regulatory limits. Impacted soils will be transported offsite to a permitted landfarm or landfill. If extentt of contamination indicates impacts beyond site boundaries and/or water resources, a revised Remediation Workplan will be submitted for approval.



Tracking Number: \_\_\_\_\_  
Name of Operator: \_\_\_\_\_  
OGCC Operator No: \_\_\_\_\_  
Received Date: \_\_\_\_\_  
Well Name & No: \_\_\_\_\_  
Facility Name & No: \_\_\_\_\_

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**REMEDIAL WORKPLAN (Cont.)**

OGCC Employee: \_\_\_\_\_

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

To be determined.

**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.

**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.):

**IMPLEMENTATION SCHEDULE**

Date Site Investigation Began: <u>TBD</u>	Date Site Investigation Completed: <u>TBD</u>	Date Remediation Plan Submitted: <u>TBD</u>
Remediation Start Date: <u>TBD</u>	Anticipated Completion Date: <u>TBD</u>	Actual Completion Date: <u>TBD</u>

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

Print Name: Deborah Watson

Signed: Deborah Watson

Title: Environmental Specialist

Date: April 26, 2016

OGCC Approved: \_\_\_\_\_

Title: Environmental Protection Specialist

Date: 4/28/16