

ExxonMobil Production Company
P.O. Box 4358
Houston, Texas 77210-4358



VIA OVERNIGHT MAIL: 1Z V7F 007 01 9238 2113

May 28, 2010

RE: PCU 297-13 Sundry 4 & Form 27
Wellsite Pit Closure Plan

Colorado Oil and Gas Commission
Attn: Chris Canfield
707 Wapiti Court, Suite 204
Rifle, CO 81650

Dear Mr. Canfield:

Please review the enclosed Sundry Notice, Form 27, and application regarding wellsite pit closure. We request approval of the proposed pit closure plan and background concentration levels. We plan to begin onsite pit closure activities as early as June 2010.

Please contact Adrienne Rosecrans at (281) 654-2742 with any requests for additional information, questions or concerns.

Sincerely,

A handwritten signature in black ink that reads "Ashley G. Volante for Jennifer Baird". The signature is written in a cursive, flowing style.

Jennifer W. Baird
Compliance Group Supervisor

JWB/ANR

Enclosure

A Division of **Exxon Mobil Corporation**

State of Colorado
Oil and Gas Conservation Commission

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



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| DE | ET | OE | ES |
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SUNDRY NOTICE

Submit original plus one copy. This form is to be used for general, technical and environmental sundry information. For proposed or completed operations, describe in full on Technical Information Page (Page 2 of this form.) Identify well or other facility by API Number or by OGCC Facility ID. Operator shall send an informational copy of all sundry notices for wells located in High Density Areas to the Local Government Designee (Rule 603b.)

| | |
|---|--|
| 1. OGCC Operator Number: 28700 | 4. Contact Name Adrienne N. Rosecrans |
| 2. Name of Operator: Exxon Mobil Corporation | Phone: 281-654-2742 |
| 3. Address: P. O. Box 4358, CORP-MI-3011 | Fax: 281-654-1147 |
| City: Houston State: Tx. Zip 77210-4358 | |
| 5. API Number 05-103-10879 | OGCC Facility ID Number 336011 |
| 6. Well/Facility Name: Piceance Creek Unit | 7. Well/Facility Number 297-13A |
| 8. Location (QtrQtr, Sec, Twp, Rng, Meridian): SWNE, Sec. 13, T2S, R97W, 6th P.M. | |
| 9. County: Rio Blanco | 10. Field Name: Piceance Creek |
| 11. Federal, Indian or State Lease Number: COD-052141 | |

Complete the Attachment
Checklist

OP OGCC

| | | |
|-----------------------|--|--|
| Survey Plat | | |
| Directional Survey | | |
| Surface Eqpmt Diagram | | |
| Technical Info Page | | |
| Other | | |

General Notice

| | | | | | | | | | | | | | | | | | |
|---|---|--|----------|--|----------|--|--|--|--|--|--|--|--|--|--|--|--|
| <input type="checkbox"/> CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/qtr is substantive and requires a new permit) | | | | | | | | | | | | | | | | | |
| Change of Surface Footage from Exterior Section Lines: | <table border="1"><tr><td></td><td>FNU/FSL</td><td></td><td>FELU/FWL</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table> | | FNU/FSL | | FELU/FWL | | | | | | | | | | | | |
| | FNU/FSL | | FELU/FWL | | | | | | | | | | | | | | |
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| Change of Surface Footage to Exterior Section Lines: | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | |
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| Change of Bottomhole Footage from Exterior Section Lines: | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Change of Bottomhole Footage to Exterior Section Lines: | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> attach directional survey | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Bottomhole location Qtr/Qtr, Sec, Twp, Rng, Mer _____ | | | | | | | | | | | | | | | | | |
| Latitude _____ | Distance to nearest property line _____ Distance to nearest bldg, public rd, utility or RR _____ | | | | | | | | | | | | | | | | |
| Longitude _____ | Distance to nearest lease line _____ Is location in a High Density Area (rule 603b)? Yes/No <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| Ground Elevation _____ | Distance to nearest well same formation _____ Surface owner consultation date: _____ | | | | | | | | | | | | | | | | |
| GPS DATA: Date of Measurement _____ PDOP Reading _____ Instrument Operator's Name _____ | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> CHANGE SPACING UNIT Formation _____ Formation Code _____ Spacing order number _____ Unit Acreage _____ Unit configuration _____ | <input type="checkbox"/> Remove from surface bond Signed surface use agreement attached <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling): Effective Date: _____ Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual | <input type="checkbox"/> CHANGE WELL NAME NUMBER From: _____ To: _____ Effective Date: _____ | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> ABANDONED LOCATION: Was location ever built? <input type="checkbox"/> Yes <input type="checkbox"/> No Is site ready for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Ready for Inspection: _____ | <input type="checkbox"/> NOTICE OF CONTINUED SHUT IN STATUS Date well shut in or temporarily abandoned: _____ Has Production Equipment been removed from site? <input type="checkbox"/> Yes <input type="checkbox"/> No MIT required if shut in longer than two years. Date of last MIT _____ | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> SPUD DATE: _____ | <input type="checkbox"/> REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set) | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK *submit cbl and cement job summaries Method used _____ Cementing tool setting/perf depth _____ Cement volume _____ Cement top _____ Cement bottom _____ Date _____ | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004. Final reclamation will commence on approximately _____ <input type="checkbox"/> Final reclamation is completed and site is ready for inspection. | | | | | | | | | | | | | | | | | |

Technical Engineering/Environmental Notice

| | | |
|---|---|--|
| <input checked="" type="checkbox"/> Notice of Intent Approximate Start Date: June - Aug. 2010 | <input type="checkbox"/> Report of Work Done Date Work Completed: _____ | |
| Details of work must be described in full on Technical Information Page (Page 2 must be submitted.) | | |
| <input type="checkbox"/> Intent to Recomplete (submit form 2) | <input type="checkbox"/> Request to Vent or Flare | <input checked="" type="checkbox"/> E&P Waste Disposal |
| <input type="checkbox"/> Change Drilling Plans | <input type="checkbox"/> Repair Well | <input type="checkbox"/> Beneficial Reuse of E&P Waste |
| <input type="checkbox"/> Gross Interval Changed? | <input type="checkbox"/> Rule 502 variance requested | <input type="checkbox"/> Status Update/Change of Remediation Plans |
| <input type="checkbox"/> Casing/Cementing Program Change | <input checked="" type="checkbox"/> Other: Pit Closure Plan | for Spills and Releases |

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

Signed: Adrienne N. Rosecrans
Print Name: Adrienne N. Rosecrans

Date: 5/28/10 Email: adrienne.n.rosecrans@exxonmobil.com
Title: Senior Environmental Engineer

COGCC Approved: _____ Title _____ Date: _____

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

| | | | |
|--|------------------------------------|-----------------------|--------------|
| 1. OGCC Operator Number: | 28700 | API Number: | 05-103-10879 |
| 2. Name of Operator: | Exxon Mobil Corporation | OGCC Facility ID # | 336011 |
| 3. Well/Facility Name: | Piceance Creek Unit | Well/Facility Number: | 297-13A |
| 4. Location (QtrQtr, Sec, Twp, Rng, Meridian): | SWNE, Sec. 13, T2S, R97W, 6th P.M. | | |

This form is to be completed whenever a Sundry Notice is submitted requiring detailed report of work to be performed or completed. This form shall be transmitted within 30 days of work completed as a "subsequent" report and must accompany Form 4, page 1.

5. DESCRIBE PROPOSED OR COMPLETED OPERATIONS

ExxonMobil Production Company submits this Sundry Notice and Form 27 to request pit closure plan approval. PCU 297-13A wellsite pits include a fresh water pit, reserve pit, and cuttings trench. The Interim Reclamation phase has not yet begun.

Section I of the attached application details the site specific pit closure plan.
Section II of the attached application details the associated pit and well site background sampling program results along with the applicable statistical analyses to support background concentration proposals.

ExxonMobil requests approval for the following maximum site-specific background concentration levels:
Arsenic: 0 - 12.3 mg/kg
pH: 12.06

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

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: 28700
Name of Operator: Exxon Mobil Corporation
Address: P.O. Box 4358; CORP-MI-3011
City: Houston State: TX Zip: 77210-4358

Contact Name and Telephone:
Adrienne Rosecrans
 No: (281) 654-2742
 Fax: (281) 654-1147

| | |
|---|---|
| API Number: <u>05-103-10879</u> | County: <u>Rio Blanco</u> |
| Facility Name: <u>PCU 297-13A</u> | Facility Number: <u>336011</u> |
| Well Name: <u>Piceance Creek Unit</u> | Well Number: <u>297-13A</u> |
| Location: (QtrQtr, Sec, Twp, Rng, Meridian): <u>SW/NE Section 13 T2S R97W</u> | Latitude: <u>39.880361</u> Longitude: <u>108.228033</u> |

TECHNICAL CONDITIONS

Type of Waste Causing Impact (crude oil, condensate, produced water, etc): Drilling fluids and cuttings

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.): Rangeland

Soil type, if not previously identified on Form 2A or Federal Surface Use Plan: Rentsac channery loam

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 checked="" type="checkbox"/> Soils | <u>Arsenic, pH</u> | <u>soil/sediment sampling and laboratory analysis</u> |
| <input type="checkbox"/> Vegetation | <u></u> | <u></u> |
| <input type="checkbox"/> Groundwater | <u></u> | <u></u> |
| <input type="checkbox"/> Surface Water | <u></u> | <u></u> |

REMEDIATION WORKPLAN

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

Site is being prepped for pit closure. The freshwater, reserve and cuttings pits have each been sampled. Each sample was analyzed for the full suite of table 910-1 constituents. Six background samples were collected to establish background concentration levels.

Describe how source is to be removed:

Pit synthetic liners will be removed and sent to an offsite permitted disposal/recycling facility. Final pit content disposition is dependent on laboratory results. See Section I of the attached application for the full Pit Closure Plan.

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.:

This application is submitted to request approval of site-specific background arsenic and pH levels to be used in lieu of table 910-1 limits as applicable. See the attached application for details.

Submit Page 2 with Page 1



| | |
|---------------------|-------|
| 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.):

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.

As specified in the Surface Use Plan and BLM Conditions of Approval.

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 applicable, a soil sample will be collected below each of the synthetic pit liners and sent for laboratory analysis of Table 910-1 constituents.

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

Pit synthetic liners will be removed from each pit and sent for offsite disposal/recycling. Pit content management is tentatively planned as follows:

- Freshwater Pit: remove all pit contents and send for offsite treatment/disposal
- Reserve Pit: mix & dilute pit sediments. Bury sediments in place.
- Cuttings Pit: remove all pit contents and send for offsite treatment/disposal

IMPLEMENTATION SCHEDULE

| | | |
|---|--|---|
| Date Site Investigation Began: 12/23/09 | Date Site Investigation Completed: _____ | Date Remediation Plan Submitted: 05/28/10 |
| Remediation Start Date: June 2010 | Anticipated Completion Date: August 2010 | 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: Adrienne N. Rosecrans Signed: Adrienne Rosecrans
Title: Senior Environmental Engineer Date: 5/28/10

OGCC Approved: _____ Title: _____ Date: _____