



Environmental, Audit & Assessment, Inc.

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21 September 2010

Colorado Oil and Gas Conservation Commission
Chris Canfield
Environmental Protection Specialist
707 Wapiti Court, Suite 204
Rifle, CO 81650

RE: Form 4 – Arco Deep 1-27

Mr. Canfield:

Please find the attached Sundry Form 4, submitted on behalf of Williams Production RMT Company, requesting that background arsenic concentrations be taken into consideration for the completion of the partially buried tank closure (Remediation #5109, Spill Tracking Number 2521200) at the Arco Deep 1-27 (NWSE, Sec 27, T6S, R97W; API 05-045-06510) well pad. This request is in accordance with and pertaining to footnote 1 to the Table 910-1 of the COGCC 900-series Rule.

Thank you in advance for your time in reviewing the attached document and consideration of approval for the request. If you have any specific questions, would like additional information, or would otherwise like to discuss the matter further, please contact myself or Jason Rauen at 970-623-8993, at your convenience.

Sincerely,

Jana Sanders
Environmental Scientist
Environmental, Audit & Assessment, Inc



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

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: 96850	4. Contact Name Jason Rauhen	Complete the Attachment Checklist OP OGCC
2. Name of Operator: Williams Production R.M.T. Company	Phone: 970-285-9377	
3. Address: 1058 County Road 215 City: Parachute State: CO Zip: 81635	Fax: 970-263-5313	
5. API Number 05-045-06510	OGCC Facility ID Number	Survey Plat
6. Well/Facility Name: Arco Deep 1-27	7. Well/Facility Number	Directional Survey
8. Location (Qtr/Sec, Twp, Rng, Meridian): NWSE, 27, T6S, R97W, 6 PM		Surface Eqmpt Diagram
9. County: Garfield	10. Field Name: Grand Valley	Technical Info Page
11. Federal, Indian or State Lease Number: Remediation #5109		Other

General Notice

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:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Surface Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage from Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bottomhole location Qtr/Sec, Twp, Rng, Mer _____ attach directional survey

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 _____
 Ground Elevation _____ Distance to nearest well same formation _____ Surface owner consultation date: _____

GPS DATA:
 Date of Measurement _____ PDOP Reading _____ Instrument Operator's Name _____

CHANGE SPACING UNIT
 Formation _____ Formation Code _____ Spacing order number _____ Unit Acreage _____ Unit configuration _____
 Remove from surface bond
 Signed surface use agreement attached

CHANGE OF OPERATOR (prior to drilling):
 Effective Date: _____
 Plugging Bond: Blanket Individual

CHANGE WELL NAME NUMBER _____
 From: _____
 To: _____
 Effective Date: _____

ABANDONED LOCATION:
 Was location ever built? Yes No
 Is site ready for inspection? Yes No
 Date Ready for Inspection: _____

NOTICE OF CONTINUED SHUT IN STATUS
 Date well shut in or temporarily abandoned: _____
 Has Production Equipment been removed from site? Yes No
 MIT required if shut in longer than two years. Date of last MIT _____

SPUD DATE: _____
 REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)

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

RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004.
 Final reclamation will commence on approximately _____ Final reclamation is completed and site is ready for inspection.

Technical Engineering/Environmental Notice

Notice of Intent
 Approximate Start Date: _____
 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 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: Background	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: _____ Date: _____ Email: _____
 Print Name: _____ Title: _____

COGCC Approved: *Chris Canfield* Title: **for Chris Canfield** Date: **10/19/2010**

CONDITIONS OF APPROVAL, IF ANY
EPS NW Region

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1. OGCC Operator Number: 96850 API Number: 05-045-06510
 2. Name of Operator: Williams Production R.M.T. Compan OGCC Facility ID # _____
 3. Well/Facility Name: Arco Deep 1-27 Well/Facility Number: _____
 4. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWSE, 27, T6S, R97W, 6PM

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**

This COGCC Form 4 is being submitted as a request to meet the background concentration levels for arsenic at Arco Deep 1-27 well pad relative to the partially buried tank closure at the subject facility; in accordance with footnote 1 to the COGCC Table 910-1. Closure activities pertain to the remediation number 5109.

The request is based on the analytical results presented below.

Six (6) grab samples were collected from locations within the tank footprint to ascertain the arsenic concentrations of the facility.

Sample Name	Location	Latitude	Longitude	Depth Below Surface (ft)	Arsenic Concentrations (mg/kg)
N-T-AD127	North Side Wall	39.49241	-108.207633	4	5.3
S-T-AD127	South Side Wall	39.492381	-108.207576	4	4.8
W-T-AD127	West Side Wall	39.492369	-108.207634	4	4.6
E-T-AD127	East Side Wall	39.492415	-108.207583	4	4.6
B1W-T-AD127	Bottom – West	39.492372	-108.207633	6	4.3
B2E-T-AD127	Bottom – East	39.492402	-108.207592	6	5.2

The average concentration was 4.8 mg/kg.

Three (3) grab samples were collected from nearby non-impacted, native soil to establish background arsenic concentrations.

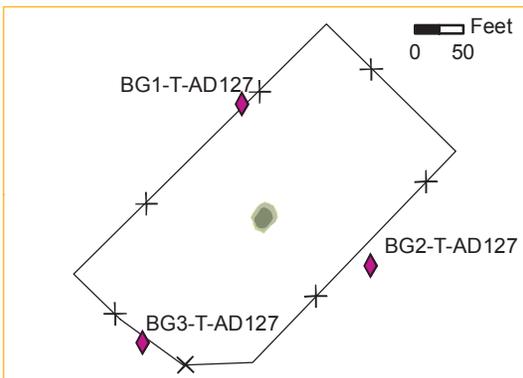
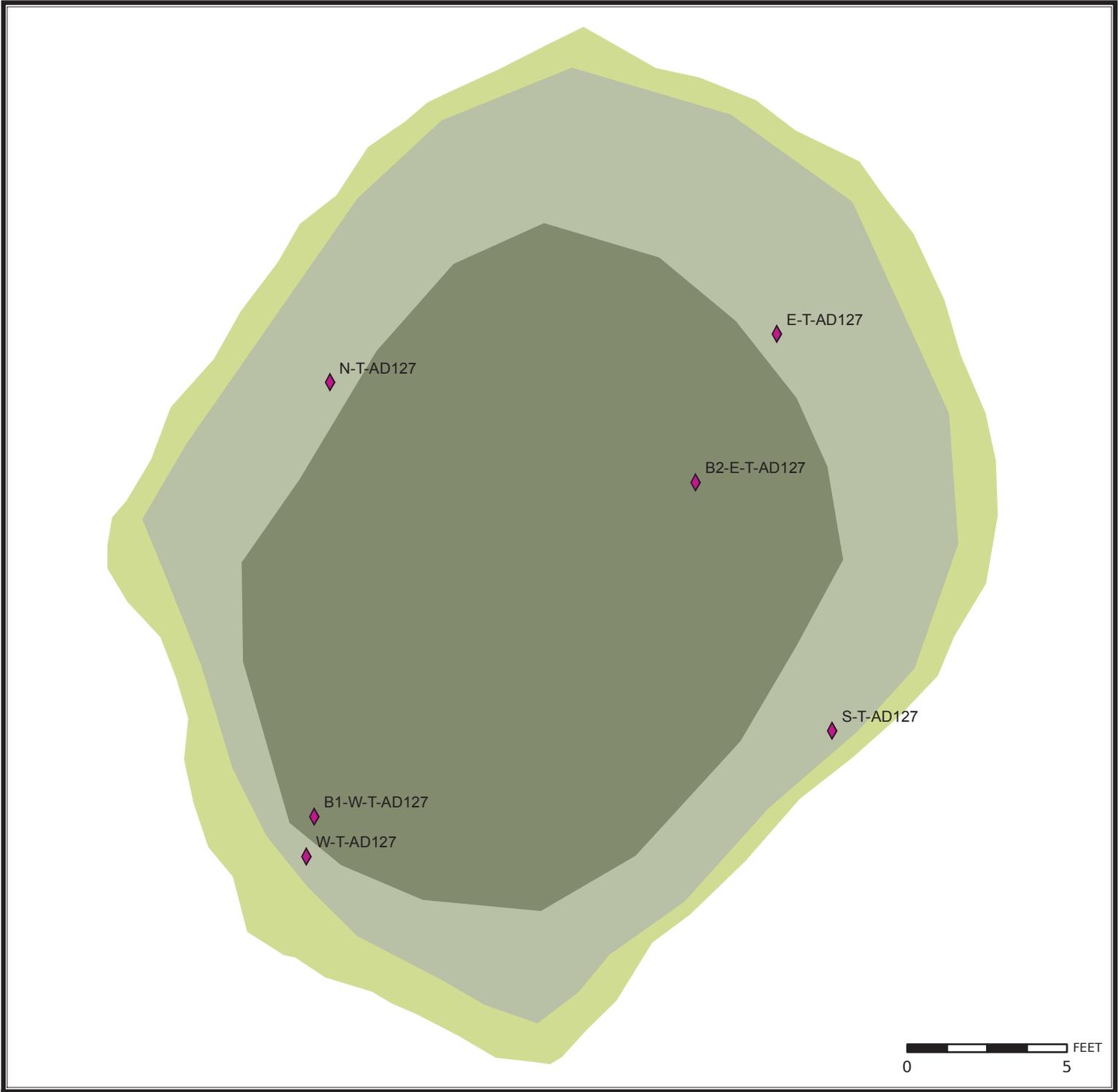
Sample Name	Location	Latitude	Longitude	Depth Below Surface (ft)	Arsenic Concentrations (mg/kg)
BG1-T-AD127	Background	39.492715	-108.207699	0.5	6.6
BG2-T-AD127	Background	39.492271	-108.207213	0.5	5.1
BG3-T-AD127	Background	39.492034	-108.208035	0.5	3.2

The average concentration was 4.9 mg/kg.

Williams is requesting this approval in order to proceed with closure and reclamation of the partially buried tanks located on the Arco Deep 1-27 well pad.

TOWNSHIP: 6 S LATITUDE: 39.492508
 SECTION: 27 LONGITUDE: -108.204329
 RANGE: 97 W NAD 1983 HARN - State Plane Colorado Central FIPS 0502

Arco Deep 1-27



Sampling Location Map
 Williams Production R.M.T.
 Trail Ridge Field
 West Grand Valley
Figure 4

- Sample Locations
- Bottom
- Sidewall
- Outer Edge
- Well Pad (approx)

Drawn By: EKM
 Date: July 2010
 Revised:
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