



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 - TR 41-32-597

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 production pit closure (Remediation #4955, Spill Tracking Number 2521199) at the TR 41-32-597 (NENE, Sec 32, T5S, R97W; API 05-045-10654) 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

State of Colorado
Oil and Gas Conservation Commission
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 05-045-10654	OGCC Facility ID Number	Survey Plat
6. Well/Facility Name: Chevron # 41-32-597	7. Well/Facility Number 41-32-597	Directional Survey
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): NENE, 32, T5S, R97W, 6 PM		Surface Eqmnt Diagram
9. County: Garfield	10. Field Name: TRAIL RIDGE - #83825	Technical Info Page
11. Federal, Indian or State Lease Number: Remediation #4955, Spill/Release Tracking # 2521199		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: ☐ FNL/FSL ☐ FEL/FWL

Change of Surface Footage to Exterior Section Lines: ☐

Change of Bottomhole Footage from Exterior Section Lines: ☐

Change of Bottomhole Footage to Exterior Section Lines: ☐ 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 ☐

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
From: _____ NUMBER _____
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
Method used _____ Cementing tool setting/perf depth _____ Cement volume _____ Cement top _____ Cement bottom _____ Date _____
*submit cbl and cement job summaries

☐ 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 Camfield Title: for Chris Camfield 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: 05-045-10654
2. Name of Operator: Williams Production R.M.T. Company	OGCC Facility ID #
3. Well/Facility Name: Chevron # 41-32-597	Well/Facility Number: 41-32-597
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): NENE, 32, 5S, 97W, 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 TR 41-32-597 well pad relative to the production pit closure at the subject facility; in accordance with footnote 1 to the COGCC Table 910-1. Closure activities pertain to the remediation number 4955.

The request is based on the analytical results presented below.

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

Sample Name	Location	Latitude	Longitude	Depth Below Surface (ft)	Arsenic Concentrations (mg/kg)
N-P-TR4132	North Side Wall	39.574774	-108.293055	5	11.1
S-P-TR4132	South Side Wall	39.574691	-108.293072	5	16.1
W-P-TR4132	West Side Wall	39.574761	-108.293184	5	14.5
E-P-TR4132	East Side Wall	39.57471	-108.292963	5	13.3
B1W-P-TR4132	Bottom – West	39.574739	-108.293112	12	14.1
B2E-P-TR4132	Bottom – East	39.574728	-108.293033	11	12.0

The average concentration was 13.51 mg/kg.

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

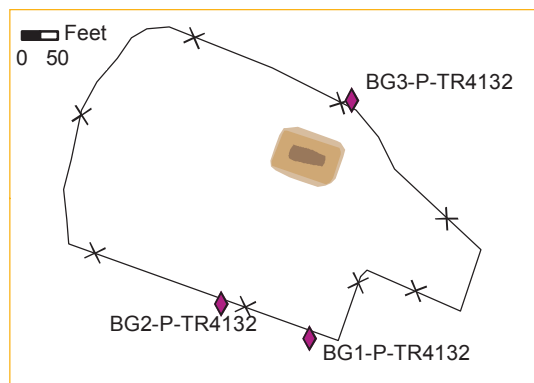
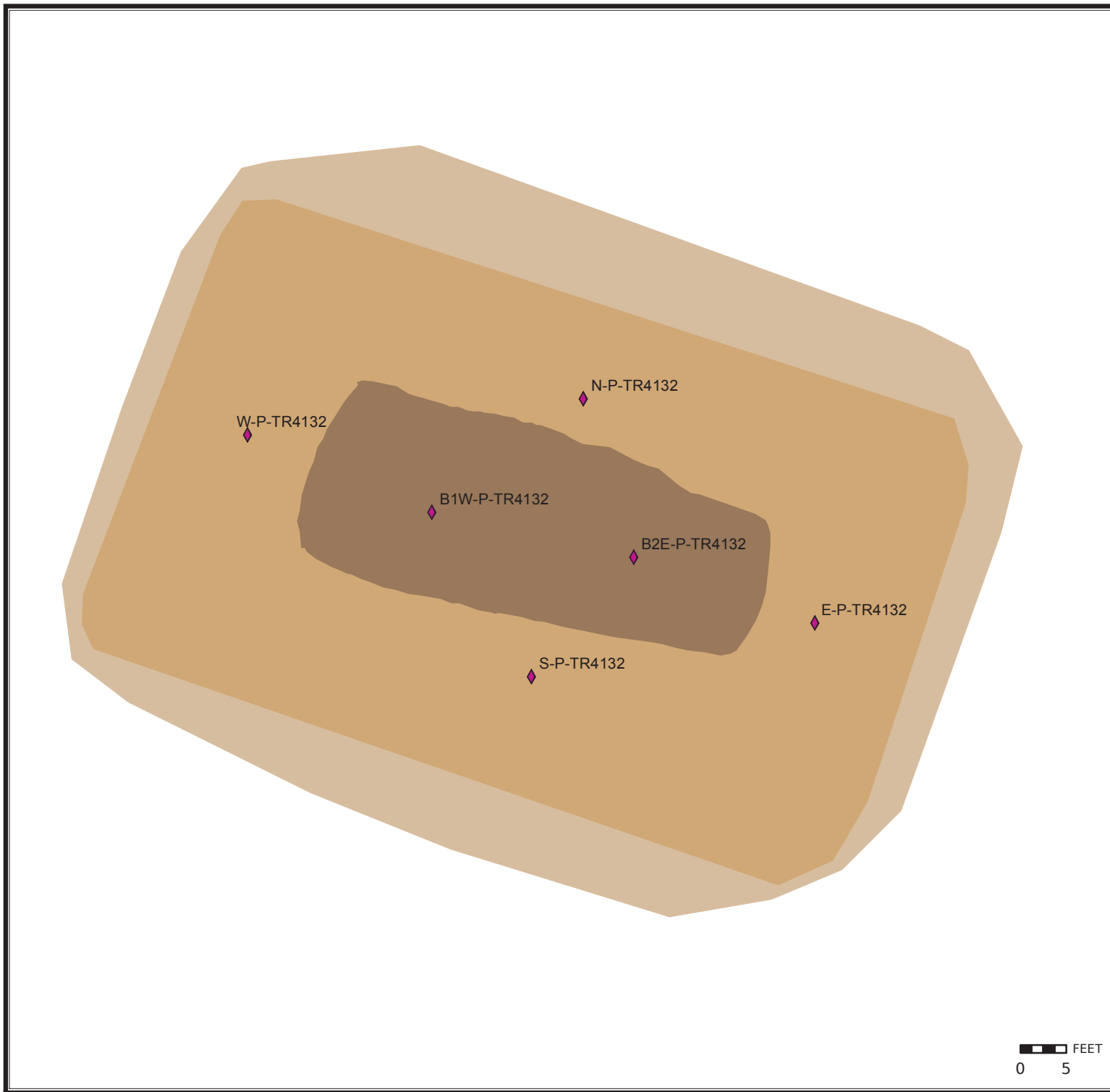
Sample Name	Location	Latitude	Longitude	Depth Below Surface (ft)	Arsenic Concentrations (mg/kg)
BG1-P-TR4132	Background	39.574037	-108.293029	0.5	7.8
BG2-P-TR4132	Background	39.574158	-108.293472	0.5	10.1
BG3-P-TR4132	Background	39.574955	-108.292854	0.5	18.5

The average concentration was 12.13 mg/kg.

Williams is requesting this approval in order to proceed with closure and reclamation of the produced water pit located on the TR 41-32-597 well pad.

TOWNSHIP: 5 S LATITUDE: 39.574603
 SECTION: 32 LONGITUDE: -108.293385
 RANGE: 97 W NAD 1983 HARN - State Plane Colorado Central FIPS 0502

TR 41-32-597



**Initial Sampling
Location Map
Williams Production R.M.T.
Trail Ridge Field**

Figure 4

Drawn By:
EKM
Date:
August 2010
Revised:

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- ◆ Sample Locations
- Bottom
- Sidewalls
- Outer Edge
- ✱ Well Pad (approx)

