

State of Colorado
Oil and Gas Conservation Commission

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

OGCC Employee:

<input type="checkbox"/> Spill	<input type="checkbox"/> Complaint
<input type="checkbox"/> Inspection	<input type="checkbox"/> NOAV

Tracking No:

CAUSE OF CONDITION BEING INVESTIGATED AND REMEDIATED

<input type="checkbox"/> Spill or Release	<input type="checkbox"/> Plug & Abandon	<input type="checkbox"/> Central Facility Closure	<input checked="" type="checkbox"/> Site/Facility Closure	<input type="checkbox"/> Other (describe): _____
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GENERAL INFORMATION

OGCC Operator Number: 100264		Contact Name and Telephone	
Name of Operator: <u>XTO Energy, Inc.</u>		Name: <u>Sam Montoya</u>	
Address: <u>21603 Highway 12</u>		No: <u>(719) 846-0272</u>	
City: <u>Trinidad</u> State: <u>CO</u> Zip: <u>81082</u>		Fax: <u>(719) 845-0108</u>	
API/Facility No: <u>05-067-07031</u>		County: <u>La Plata</u>	
Facility Name: _____		Facility Number: _____	
Well Name: <u>Huber Burkett</u>		Well Number: <u>1-25</u>	
Location (QtrQtr, Sec, Twp, Rng, Meridi: <u>SENW SEC 25F T35N R08W</u>		Latitude: <u>37° 16' 34.104"</u> Longitude: <u>107° 41' 57.012"</u>	

TECHNICAL CONDITIONS

Type of Waste Causing Impact (crude oil, condensate, produced water, etc.): <u>Produced water</u>		
Site Conditions: Is location within a sensitive area (according to Rule <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, attach evaluation.		
Adjacent land use (cultivated, irrigated, dry land farming, industrial, residential, etc.): <u>Woodlands</u>		
Soil type, if not previously identified on Form 2A or Federal Surface Use Pl: <u>Hesperus Loam</u>		
Potential receptors (water wells within 1/4 mi, surface waters, etc.): <u>Surface water is located 3000 feet west of the site, a water well is located 700' west (Well Permit #252020).</u>		
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>Within former tank pit</u>	<u>Composite Soil Sampling</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): <u>Closure of a partially buried produced water vessel in accordance with Rule 905b.</u>
Describe how source is to be removed: <u>XTO Energy construction crews removed one partially buried produced water tank. No additional soil was removed. Soil samples were collected from the earthen floor and walls of the area formerly occupied by the water tank. Soil sample analytical results indicated there were no impacts above the regulatory levels listed in COGCC Table 910-1, except for arsenic, which was reported at 11.4 mg/kg. The sidewalls and floor of the pit were scraped and the soil was mixed with fill material, then left in place.</u>
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.: <u>XTO scraped the sidewalls and floor of the pit, then mixed the soil with a load of clean fill. A new composite sample was collected after mixing, along with two additional background samples. Arsenic concentrations from soil collected within the pit were lower than the original sample results, but still exceeded regulatory levels. However, the additional background sampling showed that the arsenic concentrations are within background range of naturally occurring arsenic at the site.</u>

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REMEDIATION WORKPLAN (CONT.)

OGCC Employee: _____

Tracking Number: _____

Name of Operator: XTO Energy, Inc.OGCC Operator No: 100264

Received Date: _____

Well Name & No: Huber-Burkett #1-25

Facility Name & No.: _____

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

Groundwater was not encountered in the pit. The potential for impact to groundwater appears low.

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.

The pit will be backfilled to the existing grade. An active XTO production facility remains at the site.

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:

After mixing, LTE sampled soil that remained in the pit to ensure arsenic levels were within background range. Sampling results indicate that no further remediation is necessary at the site.

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

Not applicable.

IMPLEMENTATION SCHEDULE

Date Site Investigation Began:	<u>8/16/10</u>	Date Site Investigation Completed:	<u>11/4/10</u>	Remediation Plan Submitte	<u>11/20/10</u>
Remediation Start Date:	<u>9/20/10</u>	Anticipated Completion Date:	<u>11/19/10</u>	Actual Completion Date:	<u>11/20/2010</u>

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

Print Name Sam Montoya

Signed: _____ Title: EH&S Coordinator Date: 11/20/10

OGCC Approved: _____ Title: _____ Date: _____