

State of Colorado
Oil and Gas Conservation Commission



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FOR OGCC USE ONLY

Received 7/30/2012

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:

☐ Spill ☐ Complaint
☐ Inspection ☐ NOAV

Tracking No:

Rem. #5823

CAUSE OF CONDITION BEING INVESTIGATED AND REMEDIATED

☒ Spill or Release ☐ Plug & Abandon ☐ Central Facility Closure ☐ Site/Facility Closure ☐ Other (describe):

Spill #200307592

OGCC Operator Number: 10000

Name of Operator: BP America Production Company

Address: 380 A Airport Road

City: Durango State: CO Zip: 81303

Contact Name and Telephone:

Daniel P. Fauth

No: 970-749-4238

Fax: 970-247-6880

API Number: _____

County: _____

Facility Name: _____

Facility Number: _____

Well Name: Wolf Point Pipeline ROW

Well Number: _____

Location: (QtrQtr, Sec, Twp, Rng, Meridian): QrtSENE Sec15 T33N R09W NM Principal Meridian Latitude: 37.106537 Longitude: -107.805593

TECHNICAL CONDITIONS

Type of Waste Causing Impact (crude oil, condensate, produced water, etc.): Produced Water

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.): Shrub and Brush Rangeland

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

Potential receptors (water wells within 1/4 mi, surface waters, etc.): Water Well 633.50 ft, Surface Water (Drainage) 328.45 ft

Description of Impact (if previously provided, refer to that form or document):

Impacted Media (check):

Extent of Impact:

How Determined:

☐

Soils

☒

Vegetation

☐

Groundwater

☐

Surface Water

Potential for Salt Stress

Post Spill Visual Assessments

REMEDIALATION WORKPLAN

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

Pipeline break of 4/12/2011 was repaired and the disturbed area reseeded. Visual assessment of potentially affected areas conducted on 7/20/2011 and 7/16/2012. No loss of vegetation or stressed vegetation related to produced water spill was apparent.

Describe how source is to be removed:

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.:

Disturbed area groomed and reseeded. Visual observations and photo documentation to demonstrate adequate remediation.



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

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REMEDIATION WORKPLAN (Cont.)

OGCC Employee: _____

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

N/A

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.

Disturbed areas were groomed and reseeded. Potentially affected areas were observed during 2011 and 2012 growing seasons. No evidence of salt stress was observed.

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:

No evidence of salt stress observed.

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

Produced water was taken to Basin Disposal at time of spill discovery and repair.

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: _____ Date Site Investigation Completed: _____ Date Remediation Plan Submitted: _____
Remediation Start Date: _____ Anticipated Completion Date: _____ Actual Completion Date: _____

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

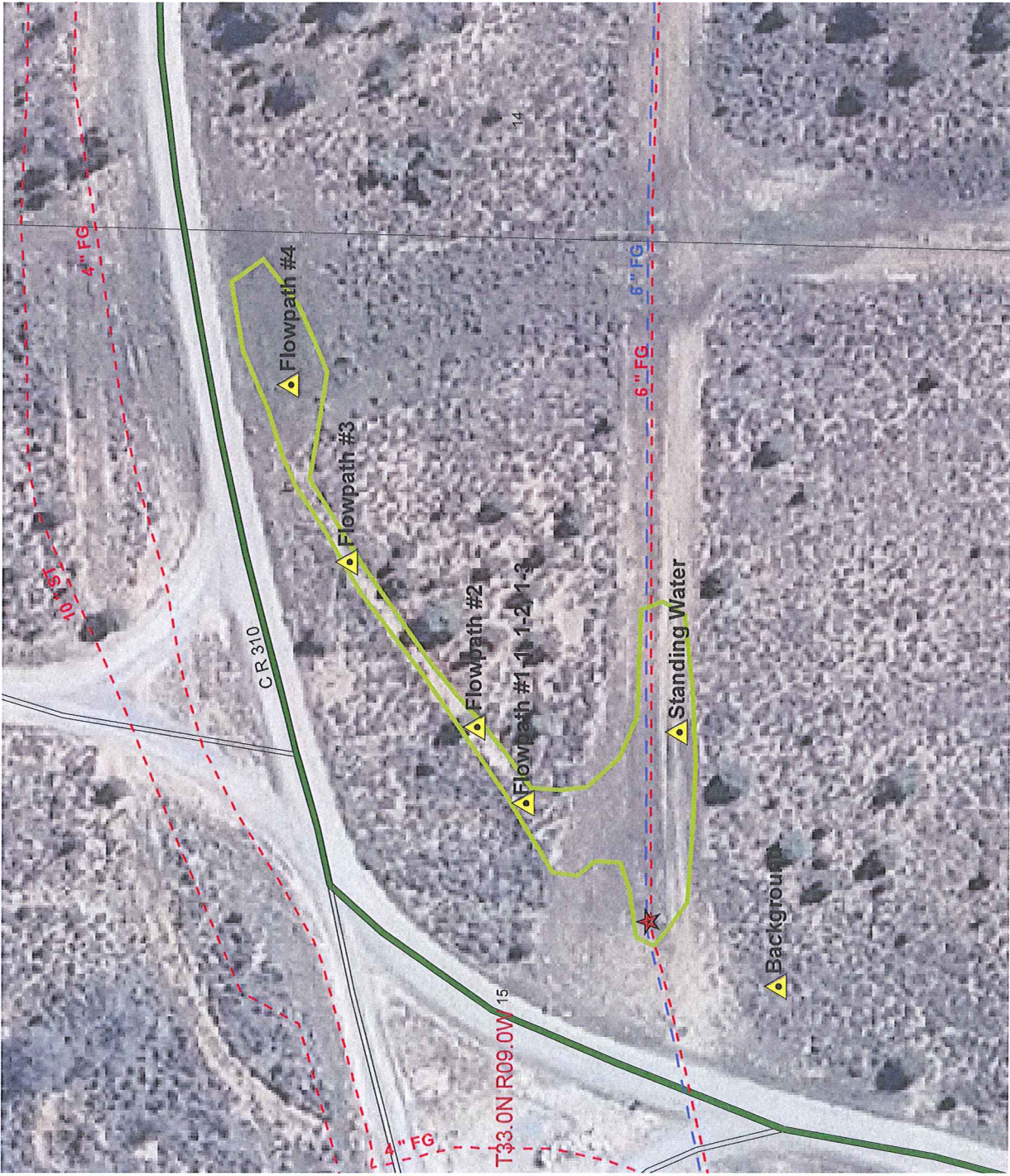
Print Name: Daniel P. Fauth

Signed: _____

Title: Field Environmental Advisor

Date: 7/30/2012

OGCC Approved: _____ Title: _____ Date: _____



Area most likely
to be affected
by salt accumulation.

Flow
path

