

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
Document 2142778
Received 11/12/2010
REM 9003

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): Production Pit Closure

OGCC Operator Number: 96850

Name of Operator: Williams Production RMT Company

Address: 1058 County Road 215

City: Parachute State: CO Zip: 81635

Contact Name and Telephone:

Jason Rauen

No: 970-285-9377 ext 8993

Fax: 970-285-9573

API Number:

County: Garfield

Facility Name: TR 33-3-597

Facility Number: 286607

Well Name: TR 33-3-597

Well Number:

Location: (QtrQtr, Sec, Twp, Rng, Meridian): NWSE, Sec 3, T5S, R97W, 6 PM Latitude: 39.640253 Longitude: -108.264071

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.): non-crop rangeland, non-irrigated

Soil type, if not previously identified on Form 2A or Federal Surface Use Plan: Parachute-Irigul Complex, 5-30% slopes

Potential receptors (water wells within 1/4 mi, surface waters, etc.): An unnamed tributary of West Fork Parachute Creek lies approximately 624 feet to the west-northwest and 894 feet to the southwest

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

Impacted Media (check):



Soils



Vegetation



Groundwater



Surface Water

Extent of Impact:

To be Determined

How Determined:

Visual observations, field screening, and analytical analysis

REMEDIAL WORKPLAN

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

See Attached

Describe how source is to be removed:

See Attached

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.:

See Attached



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

Page 2

REMEDIATION WORKPLAN (Cont.)

OGCC Employee: _____

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

See Attached

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.

See Attached

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:

See Attached

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

See Attached

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: <u>November 2010</u>	Date Site Investigation Completed: <u>November 2010</u>	Date Remediation Plan Submitted: <u>November 2010</u>
Remediation Start Date: <u>ASAP, if necessary</u>	Anticipated Completion Date: <u>November 2010</u>	Actual Completion Date: <u>TBD</u>

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

Print Name: Jason Rauen

Signed: _____

Title: Environmental Specialist II

Date: 10/20/2010

OGCC Approved: _____

Title: _____

Date: 11/12/2010

For Chris Canfield
EPS NW Region