

FORM  
**27**  
Rev 6/99

# 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

## 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:

### CAUSE OF CONDITION BEING INVESTIGATED AND REMEDIATED

Spill or Release  Plug & Abandon  Central Facility Closure  Site/Facility Closure  Other (describe): Tracking No: 4603

OGCC Operator Number: <u>96705</u>	Contact Name and Telephone: <u>Vanessa Fields</u>
Name of Operator: <u>WPX Energy Production LLC</u>	No: <u>505-333-1880</u>
Address: <u>721 S. Main Street</u>	Fax: <u>505-333-1805</u>
City: <u>Aztec</u> State: <u>NM</u> Zip: <u>87410</u>	

API Number: <u>05-067-05515</u>	County: <u>LaPlata</u>
Facility Name: _____	Facility Number: <u>325172</u>
Well Name: <u>Bondad 33-9</u>	Well Number: <u>005</u>
Location: (QtrQtr, Sec, Twp, Rng, Meridian): <u>03-33N-09W, NMPM</u>	Latitude: <u>37.130715</u> Longitude: <u>-107.818407</u>

### TECHNICAL CONDITIONS

Type of Waste Causing Impact (crude oil, condensate, produced water, etc): Produced water and residual dissolved hydrocarbons

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.): Native-Range

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

Potential receptors (water wells within 1/4 mi, surface waters, etc.): No water wells within 1/4 mile Florida river 0.1 mile south 102 feet

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

Impacted Media (check):	Extent of Impact:	How Determined:
<input type="checkbox"/> Soils	_____	N/A
<input type="checkbox"/> Vegetation	_____	N/A
<input type="checkbox"/> Groundwater	_____	N/A
<input type="checkbox"/> Surface Water	_____	N/A

### REMEDIALTION WORKPLAN

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

No impacet to the environment was detected when partially buried 120 BBL fiberglass tank with banded 40 mil plastic liner was removed and re-placed with a double bottom and wall steel tank API tank.

Describe how source is to be removed:

Existing buried vessel (pit) was excavated along with 40 mil plastic liner and disposed off at Bondad Landfill. Collection of composite sample (results attached) of excavation bottom and sidewalls were obtained.

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.:

No contamination was identified in the removal of the existing fiberglass tank.

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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.

TBD when well is P&A

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:

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

Bondad Landfill, Bondad Colorado

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: 2-1-2015 Date Site Investigation Completed: 2-10-2015 Date Remediation Plan Submitted: N/A  
Remediation Start Date: 2-16-2015 Anticipated Completion Date: 3-1-2015 Actual Completion Date: 3/15/2015

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

Print Name: Vanessa Fields Signed: [Signature]  
Title: Environmental Specialist Date: 4-27-2015

OGCC Approved: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_