

State of Colorado  
**Oil and Gas Conservation Commission**



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FOR OGCC USE ONLY  
REM 9024  
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**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): \_\_\_\_\_

OGCC Employee:  
Spill                      Complaint  
Inspection              NOAV  
Tracking No:

OGCC Operator Number: _____	Contact Name and Telephone: _____
Name of Operator: _____	_____
Address: _____	No: _____
City: _____ State: _____ Zip: _____	Fax: _____

API Number: _____	County: _____
Facility Name: _____	Facility Number: _____
Well Name: _____	Well Number: _____
Location: (QtrQtr, Sec, Twp, Rng, Meridian): _____	Latitude: _____ Longitude: _____

**TECHNICAL CONDITIONS**

Type of Waste Causing Impact (crude oil, condensate, produced water, etc): \_\_\_\_\_

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.): \_\_\_\_\_

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.): \_\_\_\_\_

\_\_\_\_\_

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	_____	_____

**REMEDIALTION WORKPLAN**

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

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.:



Tracking Number: \_\_\_\_\_  
Name of Operator: SWN  
OGCC Operator No: 103916  
Received Date: 8/11/15  
Well Name & No: 081-07439  
Facility Name & No: Gamma State 313399

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**REMEDIATION WORKPLAN (Cont.)**

\_\_\_\_\_

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

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.

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.):

**IMPLEMENTATION SCHEDULE**

Date Site Investigation Began: P. O. BOX 12359 Date Site Investigation Completed: SPRING Date Remediation Plan Submitted: TX  
Remediation Start Date: 77391 Anticipated Completion Date: SEAN BURKE Actual Completion Date: 832-796-2953

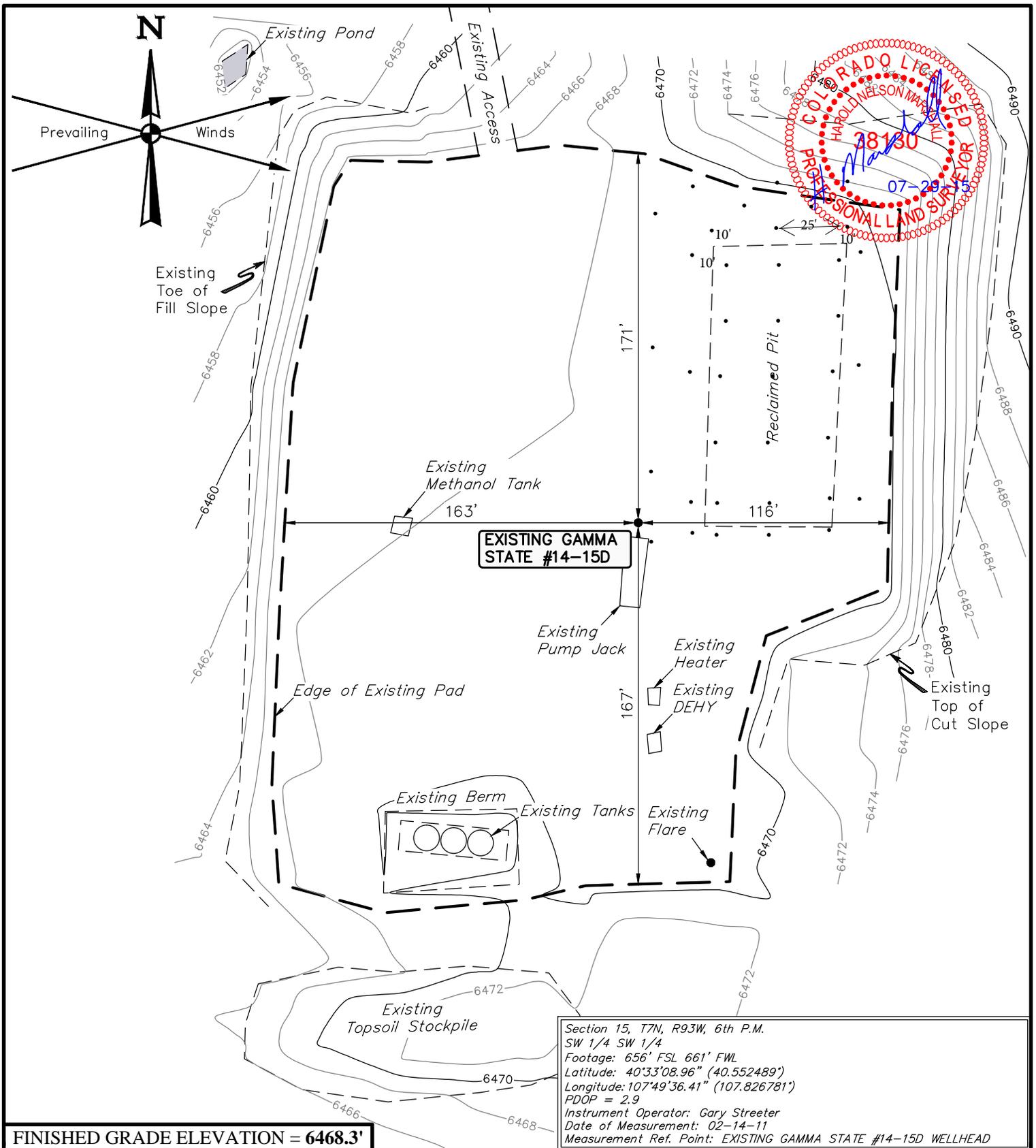
I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: \_\_\_\_\_ Signed: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: MOFFAT

OGCC Approved: [Signature] Title: EPS II Date: 8/12/15

SEE Attached COA's

- The operator may request an amended sample schedule from the full 910-1 table for determining the extent. If an amended schedule is requested it should be based on pit content sampling and submitted in writing.
- Provide soil sampling methodology (ie. direct-push or hollow stem auger).
- Provide soil screening methodology during the advancement soil borings and discrete soil sample collection.
- Please clarify the dots on the map in the footprint of the pit and outside of the pit. Are the the proposed soil boring locations?
- Once extent is determined, a workplan describing Remediation activity should be submitted outlining action necessary to remove contamination.
- Operator should provide notice to Environmental staff Kris Neidel (kris.neidel@state.co.us) or 970-871-1963 72hrs prior to mobilization at begin of work.



**FINISHED GRADE ELEVATION = 6468.3'**

**NOTES:**

- Contours shown at 2' intervals.

Section 15, T7N, R93W, 6th P.M.  
 SW 1/4 SW 1/4  
 Footage: 656' FSL 661' FWL  
 Latitude: 40°33'08.96" (40.552489)  
 Longitude: 107°49'36.41" (107.826781)  
 PDOP = 2.9  
 Instrument Operator: Gary Streeter  
 Date of Measurement: 02-14-11  
 Measurement Ref. Point: EXISTING GAMMA STATE #14-15D WELLHEAD

**SWN PRODUCTION COMPANY, LLC**

**GAMMA STATE #14-15D**  
 SW 1/4 SW 1/4, SECTION 15, T7N, R93W, 6th P.M.  
 MOFFAT COUNTY, COLORADO



**UELS, LLC**  
 Corporate Office \* 85 South 200 East  
 Vernal, UT 84078 \* (435) 789-1017

DRAWN BY: M.F.D.	DATE DRAWN: 07-22-15
SCALE: 1" = 60'	REVISED: 00-00-00
<b>AS-BUILT SITE PLAN</b>	<b>FIGURE #1</b>