

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

RECEIVED
10/21/2011

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): Pit Location

OGCC Employee:

☐ Spill ☐ Complaint☐ Inspection ☐ NOAV

Tracking No:

OGCC Operator Number: 10255

Name of Operator: Quicksilver Resources Inc

Address: 801 Cherry Street, Suite 3700, Unit 19

City: Fort Worth State: TX Zip: 76102

Contact Name and Telephone:

Todd Hutson

No: 817-665-5434

Fax: 817-665-4191

API Number: 05-081-07082

County: Moffat

Facility Name: Walker 12-5

Facility Number: 286608

Well Name: Walker

Well Number: 12-5

Location: (QtrQtr, Sec, Twp, Rng, Meridian): NENW Section 12, T7N, R93W

Latitude: 40.578056 Longitude: -107.775135

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

REMEDIATION WORKPLAN

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

There are actually 4 pit authorized under this permit.

Describe how source is to be removed:

Locations are provided below.

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.:

152' X 152' - 40.576975, -107.782028 FACILITY # 286608
 173' X 173' - 40.576522, -107.782952 " " 427370
 206' X 206' - 40.576006, -107.783900 " " 427371
 786' X 330' - 40.578056, -107.778133 " " 427372

FORM
27
Rev 6/99

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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.):

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.

N/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.):

N/A

IMPLEMENTATION SCHEDULE

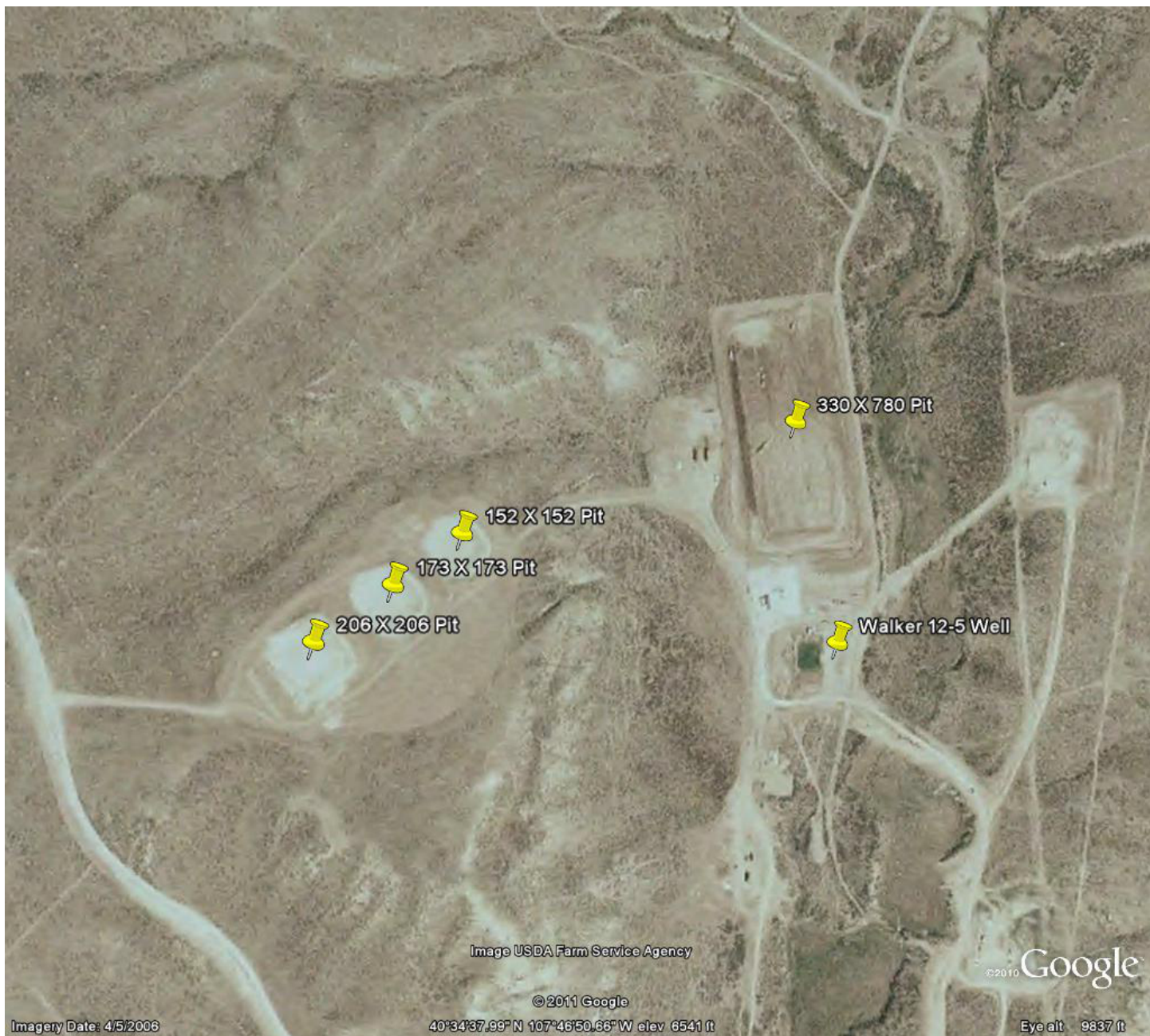
Date Site Investigation Began: _____ Date Site Investigation Completed: _____ Date Remediation Plan Submitted: _____
Remediation Start Date: _____ Anticipated Completion Date: _____ Actual Completion Date: _____

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

Print Name: Todd Hulson Signed: Todd Hulson

Title: Environmental Manager Date: 10/21/2011

OGCC Approved: Ann C Gekman Title: West Enviro. Super. Date: 12/27/2011
for Alex Fischer



330 X 780 Pit

152 X 152 Pit

173 X 173 Pit

206 X 206 Pit

Walker 12-5 Well

Image USDA Farm Service Agency

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40°34'37.99" N 107°46'50.66" W elev 6541 ft

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Eye alt 9837 ft