

FORM
27
Rev 6/99State 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

Rem 8603

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): Pit Closure

OGCC Operator Number: 95960

Name of Operator: Wexpro Company

Address: PO Box 458

City: Rock Springs

State: WY Zip: 82902

Contact Name and Telephone:

Tammy Fredrickson

No: 307.352.7514

Fax: 307.352.7575

API Number: 05-081-66232

County: Moffat

Facility Name: JC Donnell 7 Pit

Facility Number: 100635

Well Name: JC Donnell

Well Number: 7

Location: (Qtr, Sec, Twp, Rng, Meridian): NENE 29-12N-97W 6th

Latitude: 40.97692

Longitude: -108.30897

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.): Rangeland

Soil type, if not previously identified on Form 2A or Federal Surface Use Plan: Tresano-Hiatha-Kandaly

Potential receptors (water wells within 1/4 mi, surface waters, etc.): None

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

Impacted Media (check):



Soils



Vegetation



Groundwater



Surface Water

Extent of Impact:

Minimal

How Determined:

Soil Analysis

REMEDIATION WORKPLAN

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

Refer to document #1733921.

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Describe how source is to be removed:

Berm dirt was knocked into pit area approximately 6-7 feet deep and area compacted. No additional fill material was brought in.

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.:

N/A



REMEDIAL WORKPLAN (Cont.)

Tracking Number: REM 8603
Name of Operator: _____
OGCC Operator No: _____
Received Date: _____
Well Name & No: _____
Facility Name & No: _____

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.

Pit fence was removed. Berms were knocked into existing pit area approximately 6-7 feet deep. Pit was backfilled leaving sufficient mounding to allow for subsidence. Disturbed area was seeded with seed mix approved by surface owner (BLM), and listed in document #1733921. Weeds will be sprayed annually as part of the Wexpro Weed Prevention Program also approved by the BLM.

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: 8/1/12 Date Site Investigation Completed: 4/2/14 Date Remediation Plan Submitted: 5/9/14
Remediation Start Date: 7/9/13 Anticipated Completion Date: Summer 2014 Actual Completion Date: 9/26/14

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

Print Name: Tammy Fredrickson

Signed: Tammy Fredrickson

Title: Senior Permit Agent

Date: 10/7/2014

OGCC Approved: [Signature]

Title: EPS I

Date: 10/7/14