

State of Colorado
Oil and Gas Conservation Commission



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FOR OGCC USE ONLY

Received 01/02/15
REM 8913
Document 2313948

OGCC Employee:

Spill Complaint
 Inspection NOAV

Tracking No: _____

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 Operator Number: <u>95960</u>	Contact Name and Telephone: <u>Tammy Fredrickson</u>
Name of Operator: <u>Wexpro Company</u>	No: <u>307.352.7514</u>
Address: <u>PO Box 458</u>	Fax: <u>307.352.7575</u>
City: <u>Rock Springs</u> State: <u>WY</u> Zip: <u>82902</u>	
API Number: <u>05-081-05488</u>	County: <u>Moffat</u>
Facility Name: <u>Ace Unit 8 - Pit #1</u>	Facility Number: <u>100700</u>
Well Name: <u>Ace Unit</u>	Well Number: <u>8</u>
Location: (QtrQtr, Sec, Twp, Rng, Meridian): <u>NWNW 34-12N-97W, 6th</u> Latitude: <u>40.962111</u> Longitude: <u>-108.282678</u>	

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.): 1068' from seasonal draw

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

Impacted Media (check):	Extent of Impact:	How Determined:
<input checked="" type="checkbox"/> Soils	<u>Unknown</u>	_____
<input type="checkbox"/> Vegetation	_____	_____
<input type="checkbox"/> Groundwater	_____	_____
<input checked="" type="checkbox"/> Surface Water	<u>None</u>	<u>Visual</u>

REMEDIATION WORKPLAN

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

Visual inspection. Well was plugged in 2002 and it appears pit was closed and reclaimed at that time.

Describe how source is to be removed:

It is unknown how source was removed. No past analysis or documentation could be found. Surface owner (BLM) had no records either.

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.:

To be determined once soil analysis is obtained.



Tracking Number: _____
Name of Operator: WexPro
OGCC Operator No: 95960
Received Date: 1/2/15
Well Name & No: 081 05488
Facility Name & No: 100700

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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.):

Describe reclamation plan. Discuss existing and new grade recontouring; method and timing 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.

Wexpro intends to obtain a composite sample of the pit bottom and a composite sample of the sidewall where the load line was present. An offsite sample will be obtained for analysis. All samples will be tested per table 910-1. Core samples will be obtained using a posthole digger or small auger.

Well pad and pits were previously closed and recontoured during final reclamation efforts.

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 (and treated and disposed onsite, name of licensed disposal facility, recycling, reuse, etc.):

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: 9/2014 Date Site Investigation Completed: 10/2014 Date Remediation Plan Submitted: 1/2015
Remediation Start Date: TBD Anticipated Completion Date: Summer 2016 Actual Completion Date: TBD

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

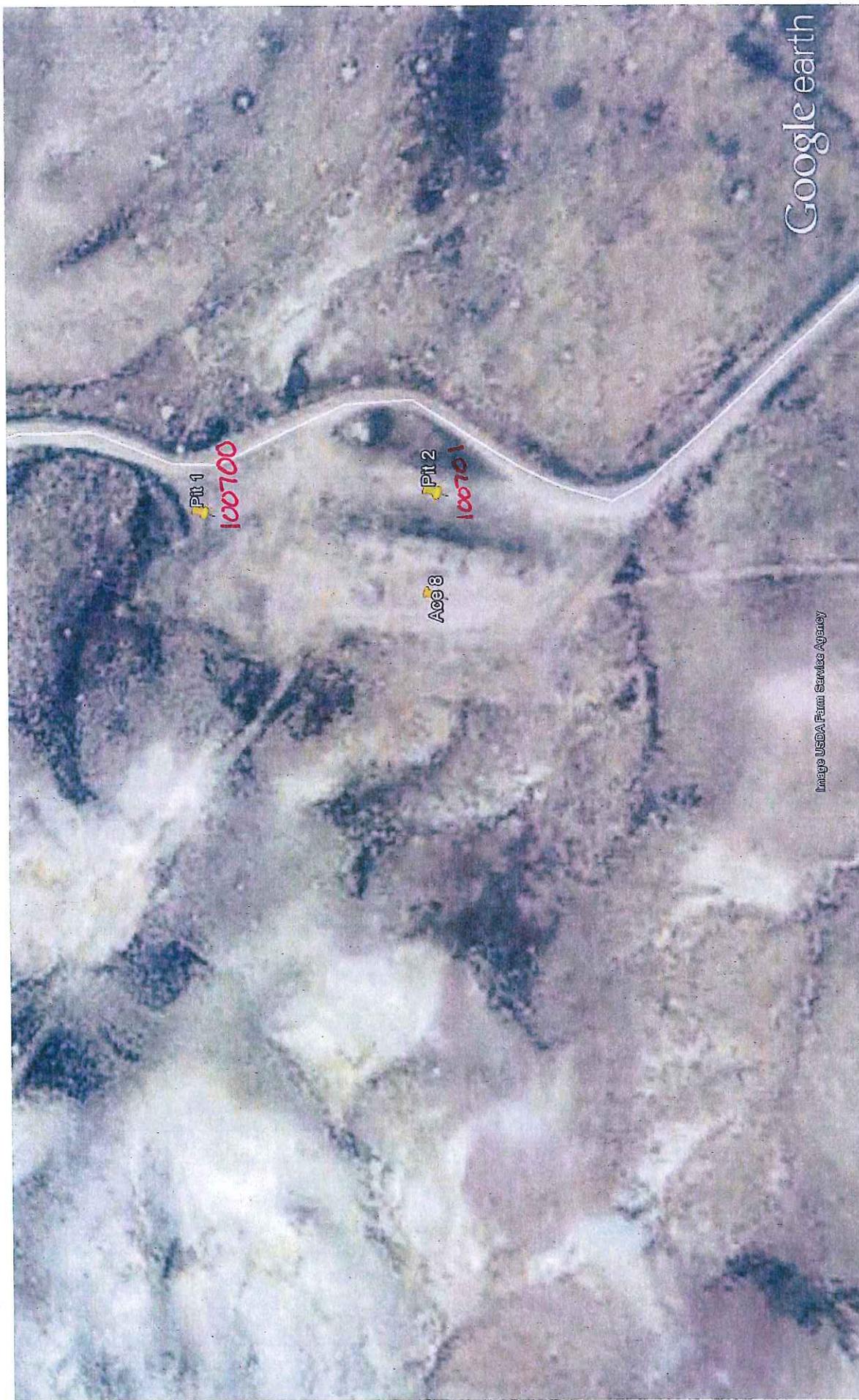
Title: Senior Permit Agent

Date: 1/5/2015

OGCC Approved: Tim Weidel

Title: EPS II

Date: 2/12/15



Pt 1
100700

Pt 2
100701

Ac 8

Google earth

Image USDA Farm Service Agency



800

200

feet
meters

Google earth

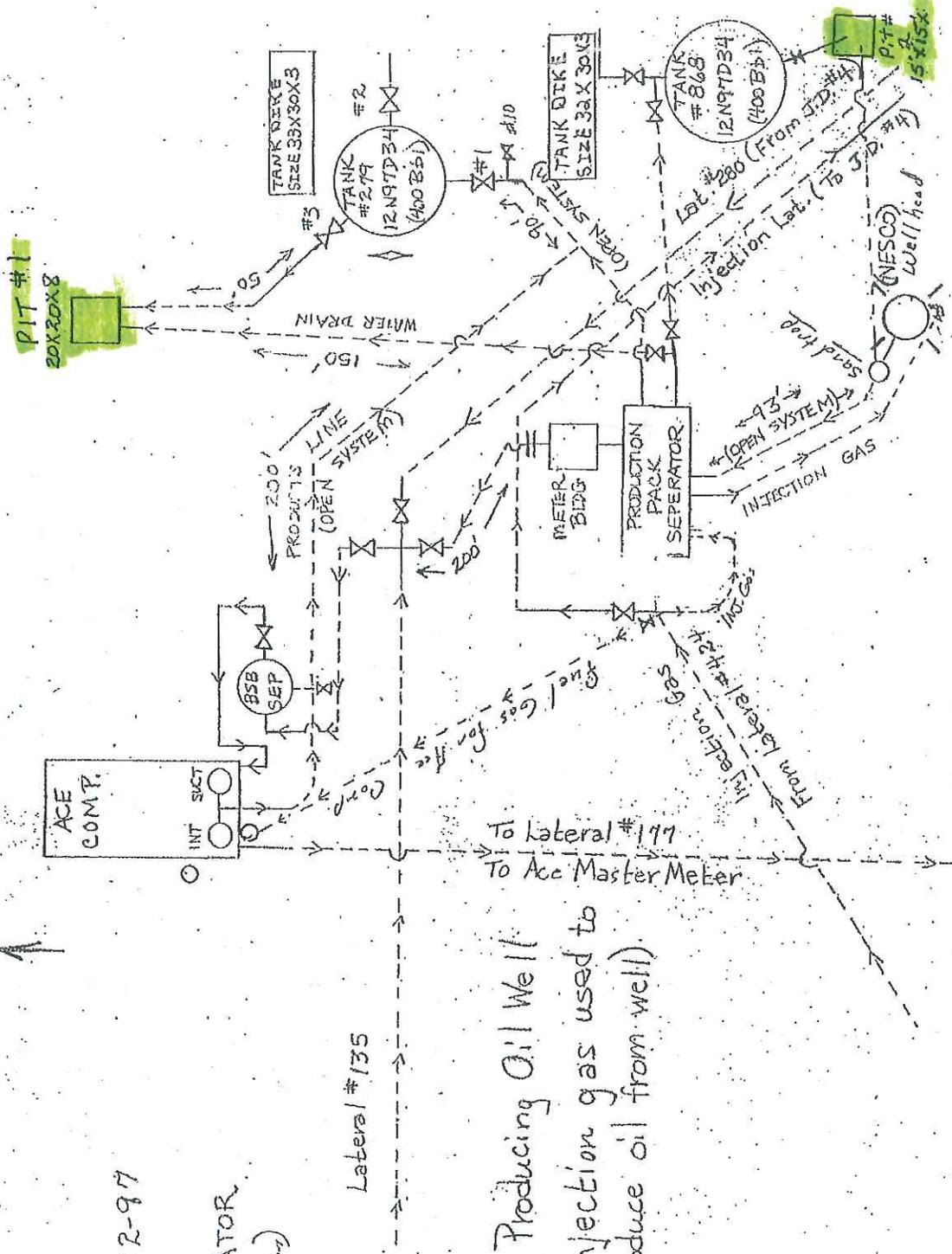
Ace Unit Well #8
 NW NW SEC 34-12-97
 Colo 03689
 WEXPRO CO. OPERATOR
 (Wasatch Formation)

Lateral #135

Producing Oil Well
 (Injection gas used to
 produce oil from well)

LEGEND

- +— Gas Meter
- X— Valve
- Bull Plug
- Underground
- ◇— Site Security Tube



Revised 3-27-93

