

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.

**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: 100116

Name of Operator: Wold Oil Properties, Inc.

Address: 139 West 2nd Street, Ste. 200

City: Casper State: WY Zip: 82601

Contact Name and Telephone:

Kevin P. Meenan, Land Manager

No: (307) 265-7252

Fax: (307) 265-7336

API Number: 05 081 06553 00

County: Moffat

Facility Name: Maudlin Gulch

Facility Number: 223191

Well Name: Maudlin Gulch Federal Unit #26

Well Number: #26

Location: (QtrQtr, Sec, Twp, Rng, Meridian): NENW 35 4N 95W 6 Latitude: 40.279438 Longitude: 108.021131

**TECHNICAL CONDITIONS**

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

**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.): grazing

Soil type, if not previously identified on Form 2A or Federal Surface Use Plan: unconsolidated sand and silt/colluvium

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

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

Impacted Media (check):



Soils



Vegetation



Groundwater



Surface Water

Extent of Impact:

minimal surface impact

How Determined:

visual

**REMEDIAL WORKPLAN**

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

See Form 19 submitted contemporaneously herewith

**Describe how source is to be removed:**

Flowline leak repaired

**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.:**

Bio-remediation on site



**REMEDATION WORKPLAN (Cont.)**

Tracking Number: \_\_\_\_\_  
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.):

Not applicable

**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.

Impacted soil is to be bio-remediated insitu; storm water controls are to be put along the drainage to ensure no further movement of any contaminated soil down the drainage; well pad's berm is to be improved and flow lines inspected to ensure no further spill; samples to be taken of soil at 200' intervals from the wellpad to 200' beyond impacted soil to ensure remediation is complete; area disturbed by remediation and sampling efforts will be revegetated and reseeded with native grasses and flora.

**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.):

Quantity of impacted soil is minimal, so will be treated in situ.

**IMPLEMENTATION SCHEDULE**

Date Site Investigation Began: 06/24/2010 Date Site Investigation Completed: 06/25/2010 Date Remediation Plan Submitted: \_\_\_\_\_  
Remediation Start Date: 06/24/2010 Anticipated Completion Date: 09/25/2010 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: Kevin P. Meenan Signed: \_\_\_\_\_

Title: Land Manager Date: 07/27/10

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