

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



1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)894-2100 Fax:(303)894-2109

**#6764**

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): Facility Never Built

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: 05-081-07044

County: Moffat

Facility Name: Walker Pit

Facility Number: 260534

Well Name: Walker

Well Number: 12-1

Location: (QtrQtr, Sec, Twp, Rng, Meridian): SE NE Section 12 T7N R93W   Latitude: 40 34 24   Longitude: -107 46 32

**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

**REMEDIAL WORKPLAN**

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

According to the lease operator, the facility was never constructed. Quicksilver would like to close the record officially,

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

N/A

**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: \_\_\_\_\_  
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.

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 Hutson

Signed: Todd Hutson

Title: Environmental Manager

Date: 10/21/2011

OGCC Approved: Ann C. Goldman

for Alex Fischer

Title: West Enviro. Super.

Date: 12/27/2011