

# 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 12/11/14  
REM 8804  
Document 2313370

## 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): \_\_\_\_\_

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: 05-081-06311

County: Moffat

Facility Name: Sugar Loaf State Land 2 Pit

Facility Number: 100271

Well Name: Sugar Loaf State Land

Well Number: 2

Location: (QtrQtr, Sec, Twp, Rng, Meridian): SWSW 3-11N-101W Latitude: 40.93822 Longitude: -108.74003

### 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: Leswill-Rogrube Complex

Potential receptors (water wells within 1/4 mi, surface waters, etc.): Small natural pond to the NW. Pond is dry majority of the year with no tributaries.

Pond is approximately 664' from the well location.

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

Impacted Media (check):

Extent of Impact:

How Determined:



Soils

Unknown



Vegetation



Groundwater



Surface Water

None

Visual Inspection

### REMEDIATION WORKPLAN

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

Visual inspection. Soil analysis will be obtained per table 910-1. Sample location will be guided by rule 910b.(3)B. Fencing will remain in place to prevent intrusion by stock or wildlife. Surface owner (Colorado State Land Board) will be notified of sample results. See proposed sample points attached.

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

Buried lines will be purged, cut and capped a minimum of 3 feet below the surface.

**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.:**

Remediation efforts, if necessary, will be decided after soil analysis is complete.

FORM  
27  
Rev 6/99

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Oil and Gas Conservation Commission  
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REMEDIAL WORKPLAN (Cont.)

Tracking Number: \_\_\_\_\_

Name of Operator: \_\_\_\_\_

OGCC Operator No: 95960

Received Date: 12/5/14

Well Name & No: 081-06311

Facility Name & No: \_\_\_\_\_

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 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.

The pit will be reclaimed and reseeded. Disturbed area will be recontoured, to the best ability to allow for interim reclamation. Seed mix will be determined after soil analysis is completed.

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.):

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: 11/3/2014

Date Site Investigation Completed: In process

Date Remediation Plan Submitted: \_\_\_\_\_

Remediation Start Date: \_\_\_\_\_

Anticipated Completion Date: Spring 2015

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: Tammy Fredrickson

Signed: \_\_\_\_\_

Title: Senior Permit Agent

Date: 12/5/14

OGCC Approved: [Signature]

Title: EPS I

Date: 12/11/2014

If groundwater is encountered, contact COGCC staff,

Provide COGCC staff 72 hrs notice on mobilization

Provide lat/long of 'culvert Pit' location 440351



Facility 100271







Google earth

feet  
meters

200

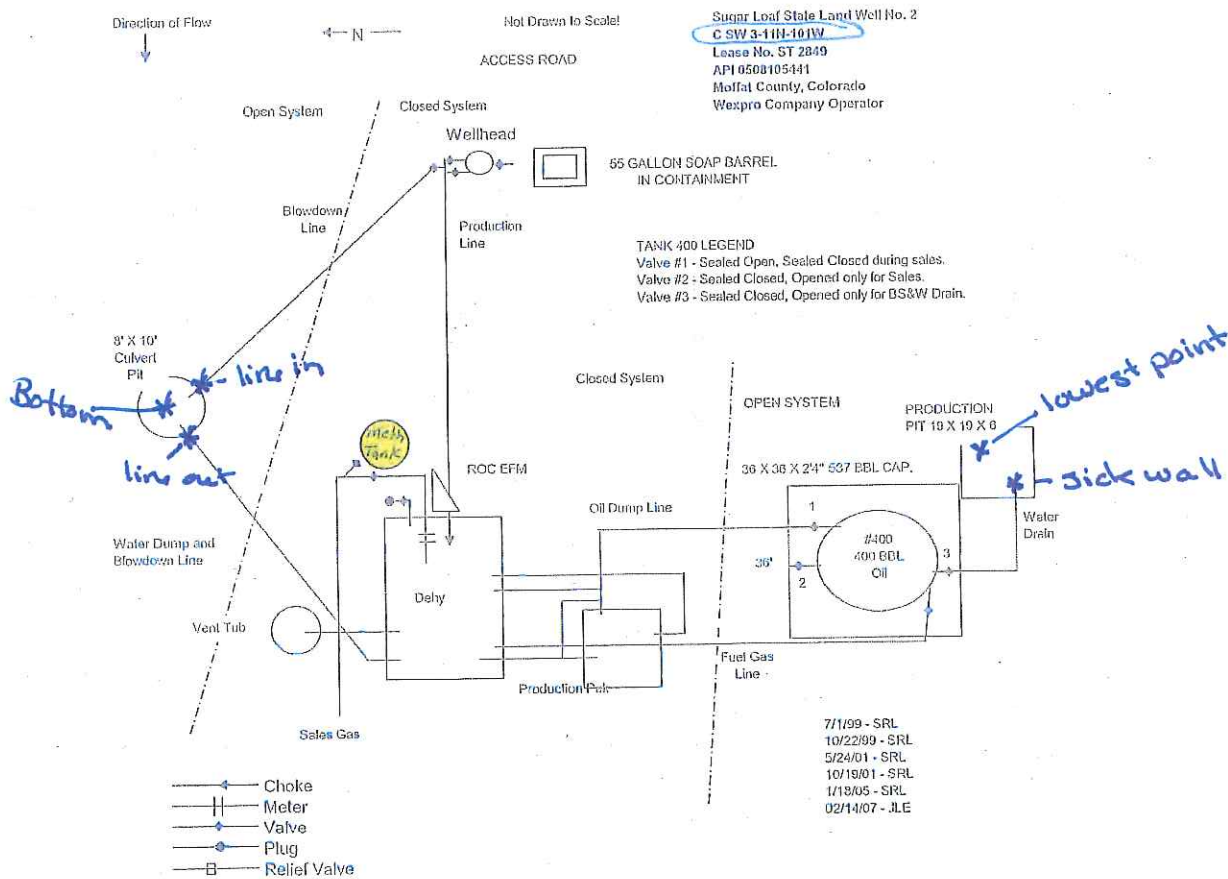
80



Google earth

\* - proposed offsite sample points

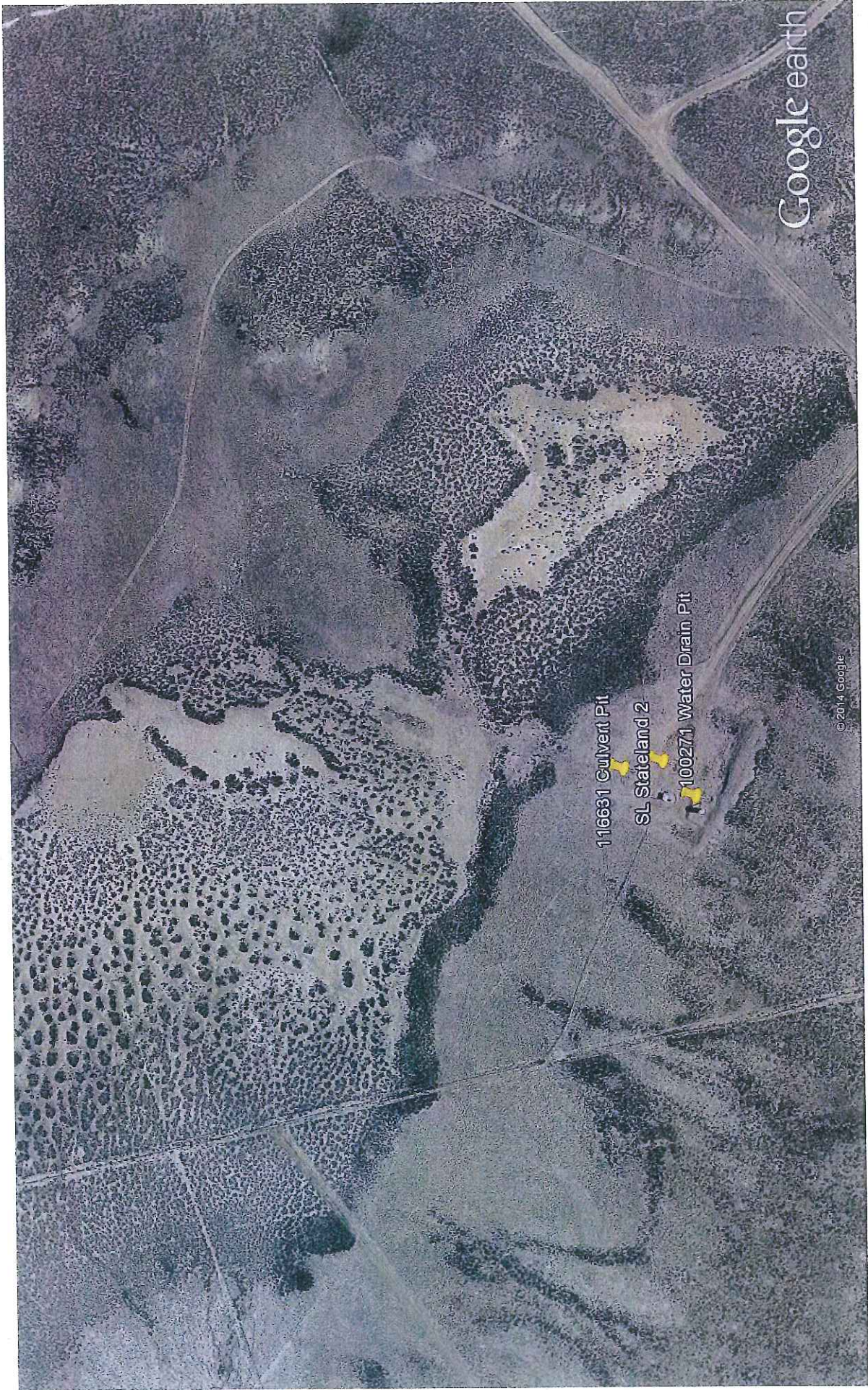




\* pit sample points

100271 - water drain  
 116631 - pit culvert





Google earth



116631 Culvert Pit

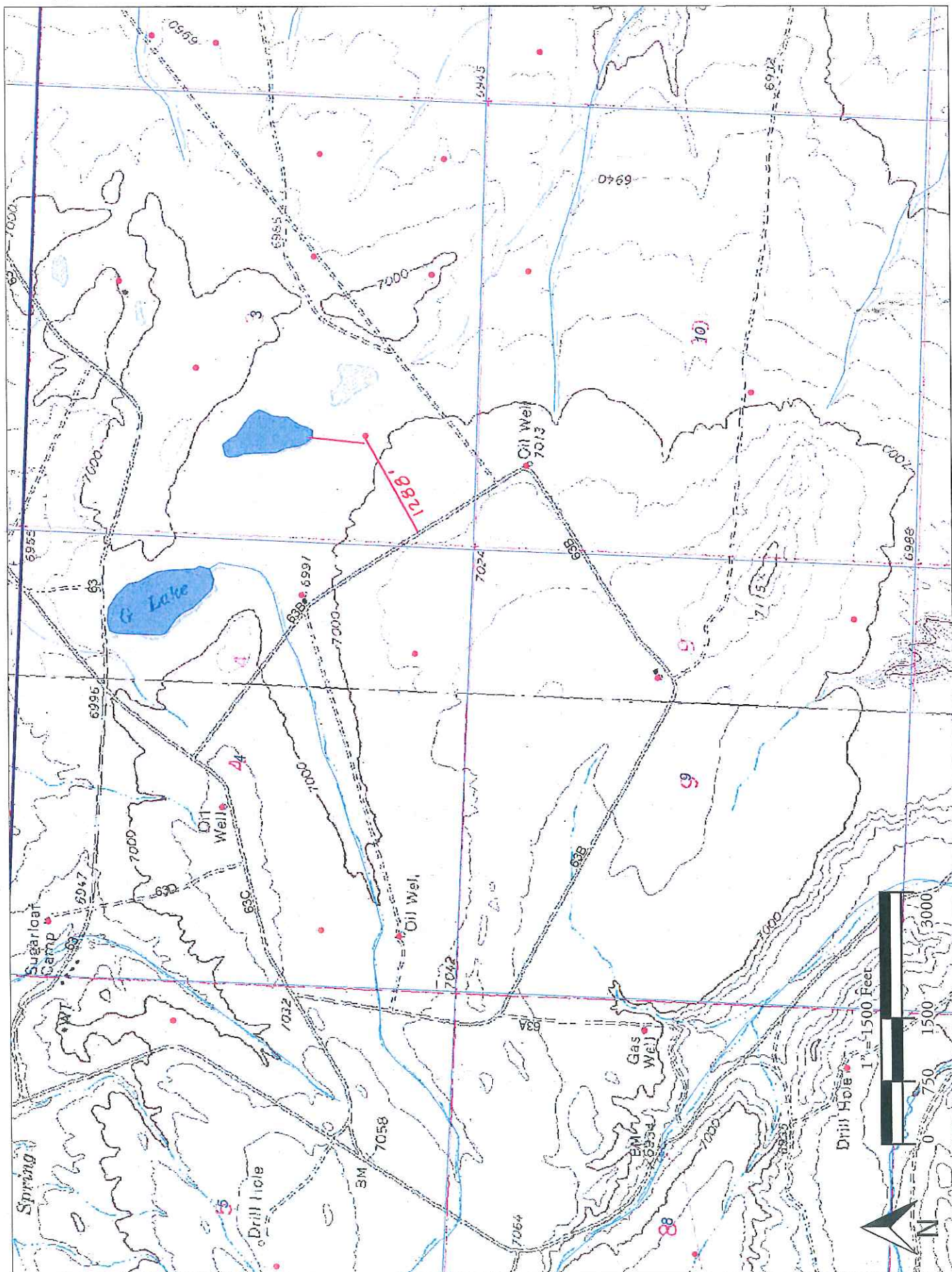
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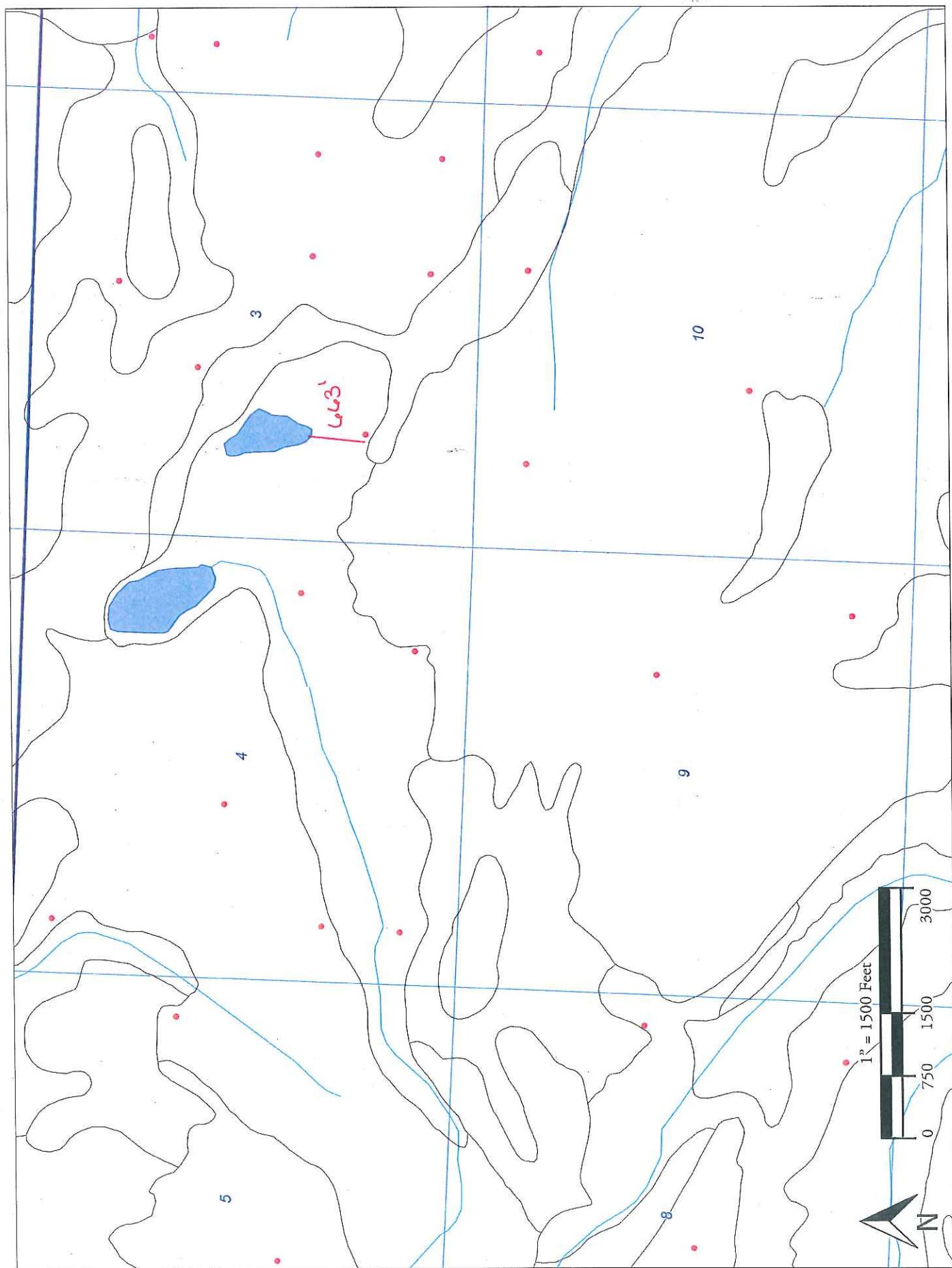
100271 Water Drain Pit

©2014 Google

Google earth











Tracking Number: \_\_\_\_\_  
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OGCC Operator No: \_\_\_\_\_  
Received Date: \_\_\_\_\_  
Well Name & No: \_\_\_\_\_  
Facility Name & No: \_\_\_\_\_

OGCC Employee: \_\_\_\_\_

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Remediation Start Date: _____	Anticipated Completion Date: Spring 2015	Actual Completion Date: _____

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Signed: Tammy Fredrickson

Title: Senior Permit Agent

Date: 12/5/14

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