

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
Date 07/23/2015
REM 9189
Doc 2495224

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		Contact Name and Telephone:	
Name of Operator: Wexpro Company		Tammy Fredrickson	
Address: PO Box 458		No: 307.352.7514	
City: Rock Springs	State: WY	Zip: 82902	Fax: 307.352.7575
API Number: 05-081-05553		County: Moffat	
Facility Name: F Wilson 7 Pit		Facility Number: 262557	
Well Name: F. Wilson		Well Number: 7	
Location: (QtrQtr, Sec, Twp, Rng, Meridian): SWNW 23-12N-97W		Latitude: 40.988636 Longitude: -108.607317	

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: Boltus-Beamton Complex

Potential receptors (water wells within 1/4 mi, surface waters, etc.): Seasonal drainage approximately 1005 feet from well pad.

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 Inspection</u>

REMEDIALTION 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 locations will be guided by rule 910b.(3)B. Fencing will remain in place to prevent intrusion by stock or wildlife. Surface owner (BLM) 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.



REMEDIAL WORKPLAN (Cont.)

Tracking Number: _____
Name of Operator: _____
OGCC Operator No: _____
Received Date: _____
Well Name & No: F. Wilson # 7
Facility Name & No: 262557

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 final reclamation. Seed mix will be determined after soil analysis is completed. This location has a cement pad that will be broke up and placed in the pit once soil analysis are completed. The pit is currenty 10 feet in depth. There will be a minimum of 5 feet of cover.

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: 12/2013 Date Site Investigation Completed: 7/2015 Date Remediation Plan Submitted: 7/23/15
Remediation Start Date: _____ Anticipated Completion Date: 9/2015 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: Tammy Fredrickson

Title: Senior Permit Agent

Date: 7/23/2015

OGCC Approved: Kris Seidel

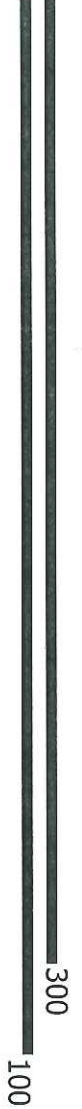
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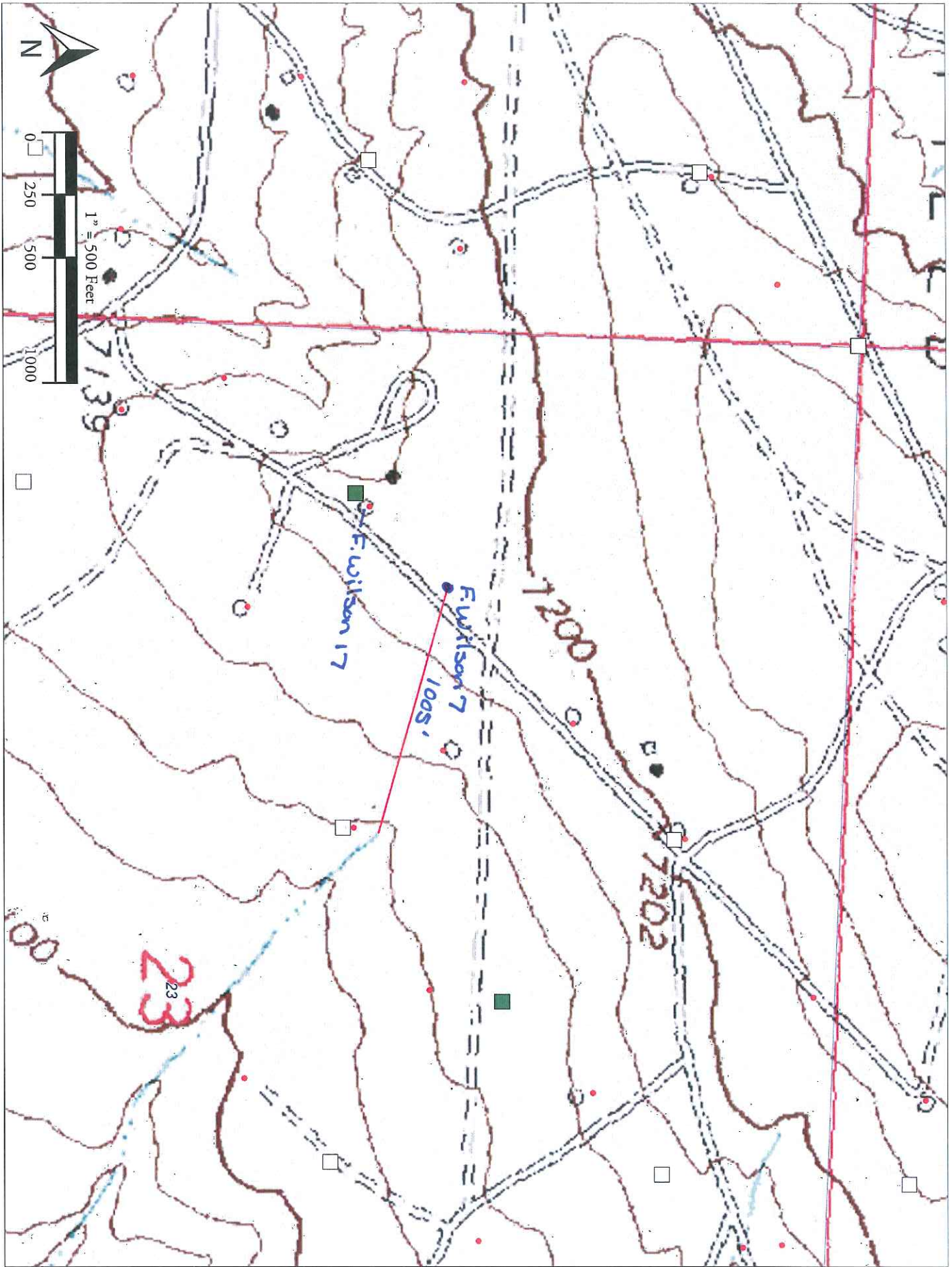
Date: 7/27/15



Google earth

feet
meters





Boltus - Beaman Complex

