

**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  
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REM 9240

**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: <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>05-081-05512</u> County: <u>Moffat</u>	
Facility Name: <u>Jacks Draw 2 Pit</u> Facility Number: <u>100620</u>	
Well Name: <u>Jacks Draw Unit</u> Well Number: <u>2</u>	
Location: (QtrQtr, Sec, Twp, Rng, Meridian): <u>NENW 28-12N-97W</u> Latitude: <u>40.974717</u> Longitude: <u>-108.297828</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, Non-cropland

Soil type, if not previously identified on Form 2A or Federal Surface Use Plan: Tresano-Hiaha-Kandaly

Potential receptors (water wells within 1/4 mi, surface waters, etc.): 2734' from natural drainage

**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. It appears that the pit was closed sometime in 2009.

**Describe how source is to be removed:**  
It is unknown how source was removed. No past analysis or documentation is on record.

**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.

FORM 27 Rev 6/99

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Tracking Number: Name of Operator: Wexpro OGCC Operator No: 95960 Received Date: Well Name & No: JACKS DRAW 2 Facility Name & No: 100620 / 312816

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 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.

Wexpro intends to obtain a sample of the pit bottoms and a sample of the sidewall where the load line was present. Offsite samples will also be obtained for analysis. All samples will be tested per Table 910-1. Due to pit being closed, core samples will be obtained using a backhoe, posthole digger or small auger. Original pit was approximately 5 feet deep.

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 [x] 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: 9/2014 Date Site Investigation Completed: 1/2015 Date Remediation Plan Submitted: 1/2015 Remediation Start Date: TBD Anticipated Completion Date: Spring 2015 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: 1/8/15

OGCC Approved: [Signature] Title: EPS Date: 8/3/15

SEE COAS Below

Conditions of Approval for project on 100620

- The vertical and horizontal extent of the pit should be determined through the soil investigation.
- Discrete samples (minimum of 3-5) should be taken from pit wall; with at least one from the true pit bottom. Samples should be taken to adequately characterize any impact from pit.
- Samples should be analyzed for table 910-1.
- Guidance for sample locations should be taken from rule 910.b(3)B
- Final Reclamation should comply with 1004 rules.
- Operator should provide notice to Environmental staff Kris Neidel ([kris.neidel@state.co.us](mailto:kris.neidel@state.co.us)) or 970-871-1963 72hrs prior to mobilization at begin of work.
- Work plan is approved; however additional information and remediation may be required during the course of investigation and remediation.
-



Image USDA Farm Service Agency

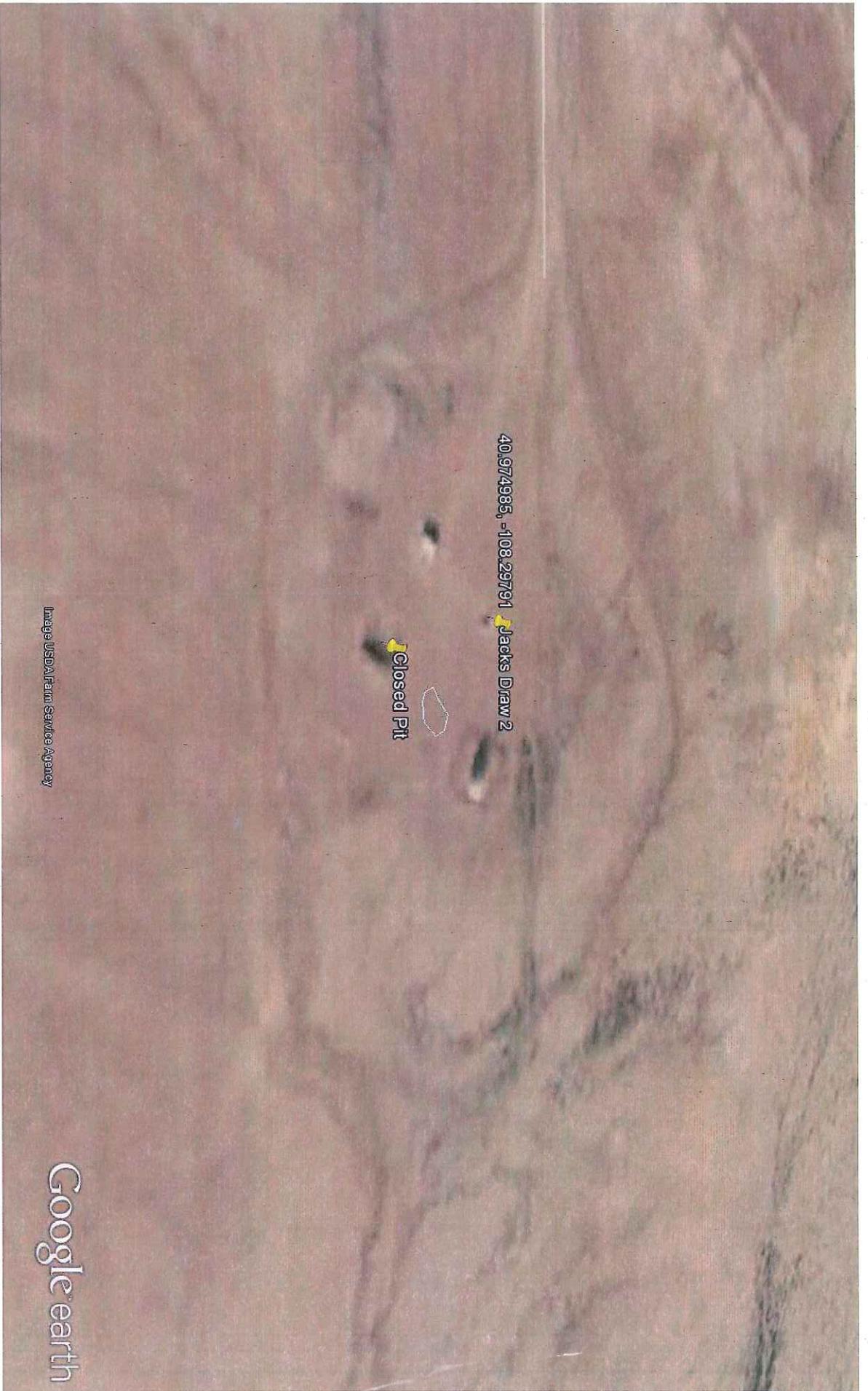
Google earth

Google earth

feet  
meters



Current Imagery



40.974985, -108.29791 Jack's Draw 2

Closed Pit

Image USDA Farm Service Agency

Google earth

Google earth

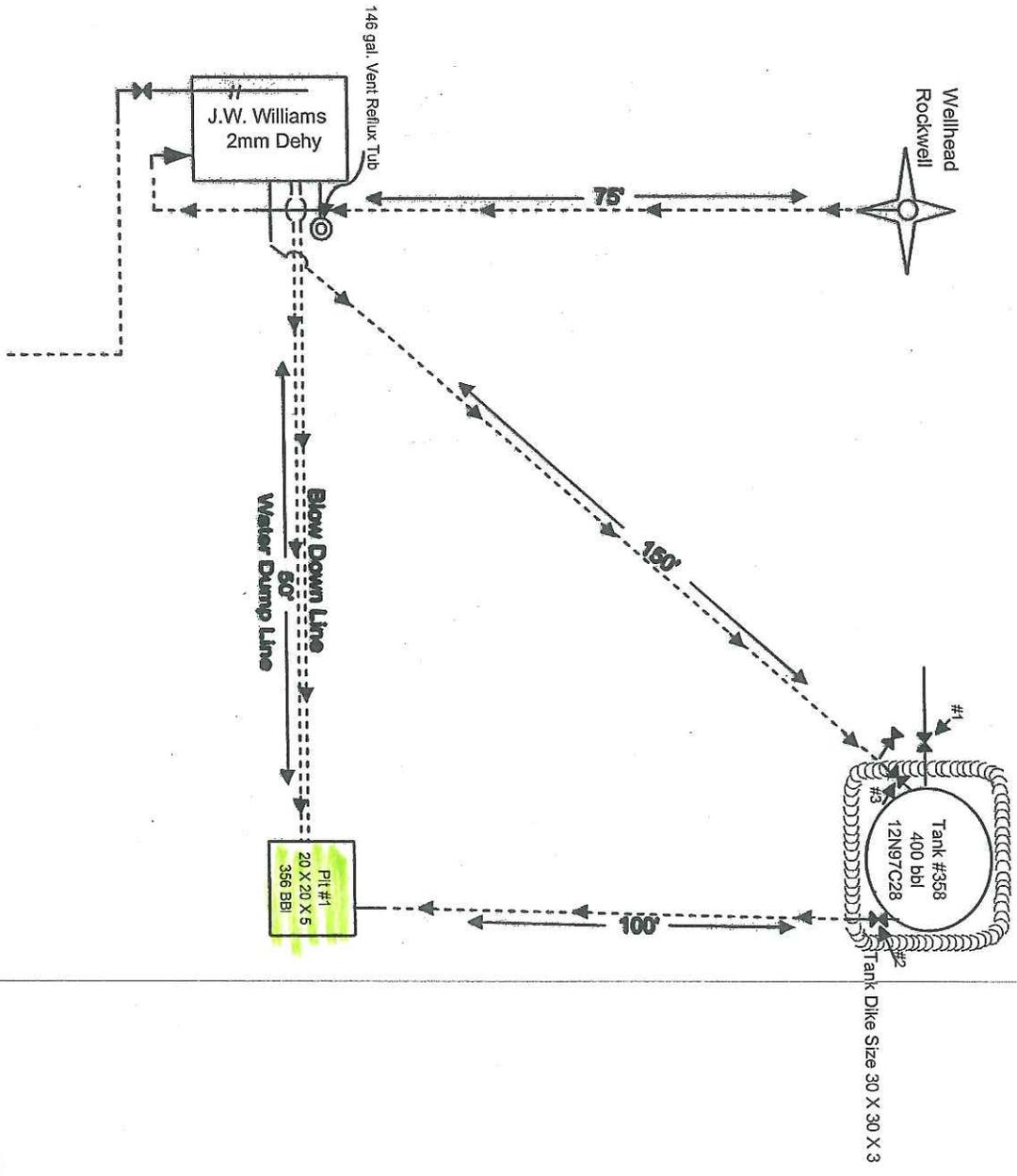
feet  
meters



Historical Imagery 9/29/2006

40.974717, -108.297828

Jacks Draw #2  
 NE NW Sec 28-12-97  
 D-040867-b  
 Wexpro Co. Operator  
 Unit #: C0C047639X



Legend  
 # Gas Meter  
 ▴ Choke  
 ○ Valve  
 --- Underground

