

State of Colorado
Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

REM 9381

Document 2144724

Date 11/24/2015

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: 95960

Name of Operator: Wexpro Company

Address: PO Box 458

City: Rock Springs State: WY Zip: 82902

Contact Name and Telephone:

April Stegall

No: 307.352.7561

Fax: 307.352.7583

API Number: 05-081-05686

County: Moffat

Facility Name: Powderwash Government 1 Pit

Facility Number: 100379/116640

Well Name: Powderwash Government

Well Number: 1

Location: (QtrQtr, Sec, Twp, Rng, Meridian): SWSE-8-11N-97W

Latitude: 40.922549 Longitude: -108.313198

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: Torriorthents

Potential receptors (water wells within 1/4 mi, surface waters, etc.): 861' from surface water

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

REMEDIALTION WORKPLAN

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

Based on historic imagery, pit was closed prior to 2000.

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 recieved.



REMEDIATION WORKPLAN (Cont.)

Tracking Number: _____
Name of Operator: Wexpro
OGCC Operator No: 95960
Received Date: 11/24/15
Well Name & No: 100379 / 116540
Facility Name & No: Government #1

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 bottom and a sample of the side wall 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 ☒ 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: 7/15/2015 Date Site Investigation Completed: TBD Date Remediation Plan Submitted: 11/24/2015
Remediation Start Date: FALL 2016 Anticipated Completion Date: FALL 2016 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: April Stegall Signed: April Stegall
Title: Reclamation Agent Date: 11/24/2015

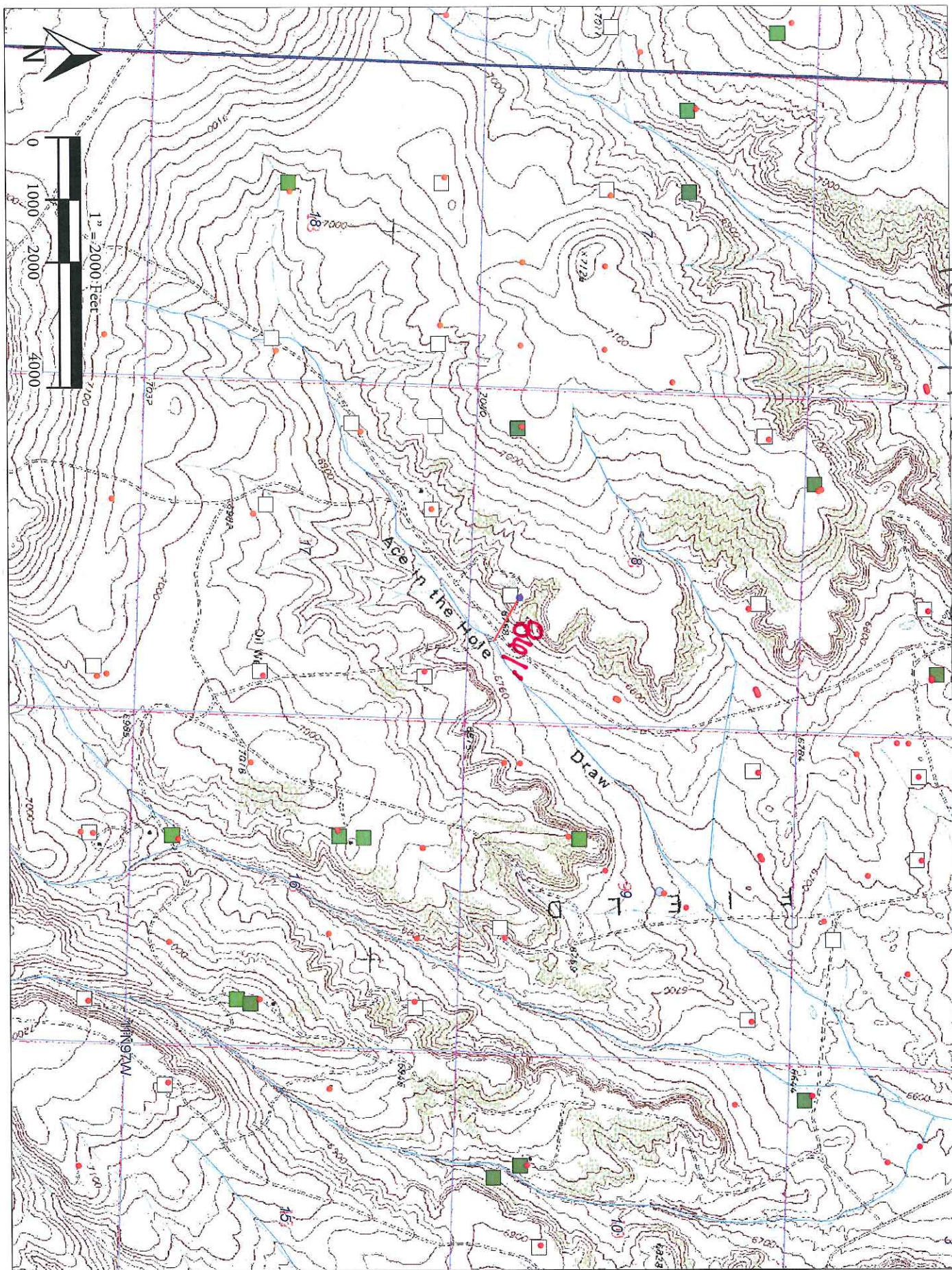
OGCC Approved: Kris J. Leibel Title: EPS Date: 12/2/15

See Coa's Below

Conditions of Approval

- 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 each pit wall; with at least one from the true pit bottom. Samples should be taken to adequately characterize any impact from pit.
- Guidance for sample locations should be taken from rule 910.b(3)B
- Lat/Long provided on Form 27 appears to be for the wellhead and not Pit. Provide Lat/Long with request for closure.
- Operator should provide notice to Environmental staff Kris Neidel (kris.neidel@state.co.us) or 970-871-1963 72hrs prior to mobilization at begin of work.
- Final Reclamation should comply with 1000 series rules.

topo / water distance



Soil map - Territorments



PW Government #1

water drain pit

~~PROPOSED~~

Legend



Feature 1



Untitled Path



PW GOV 1

offsite #3

offsite #2



offsite #1

pit wall sample



pit floor sample

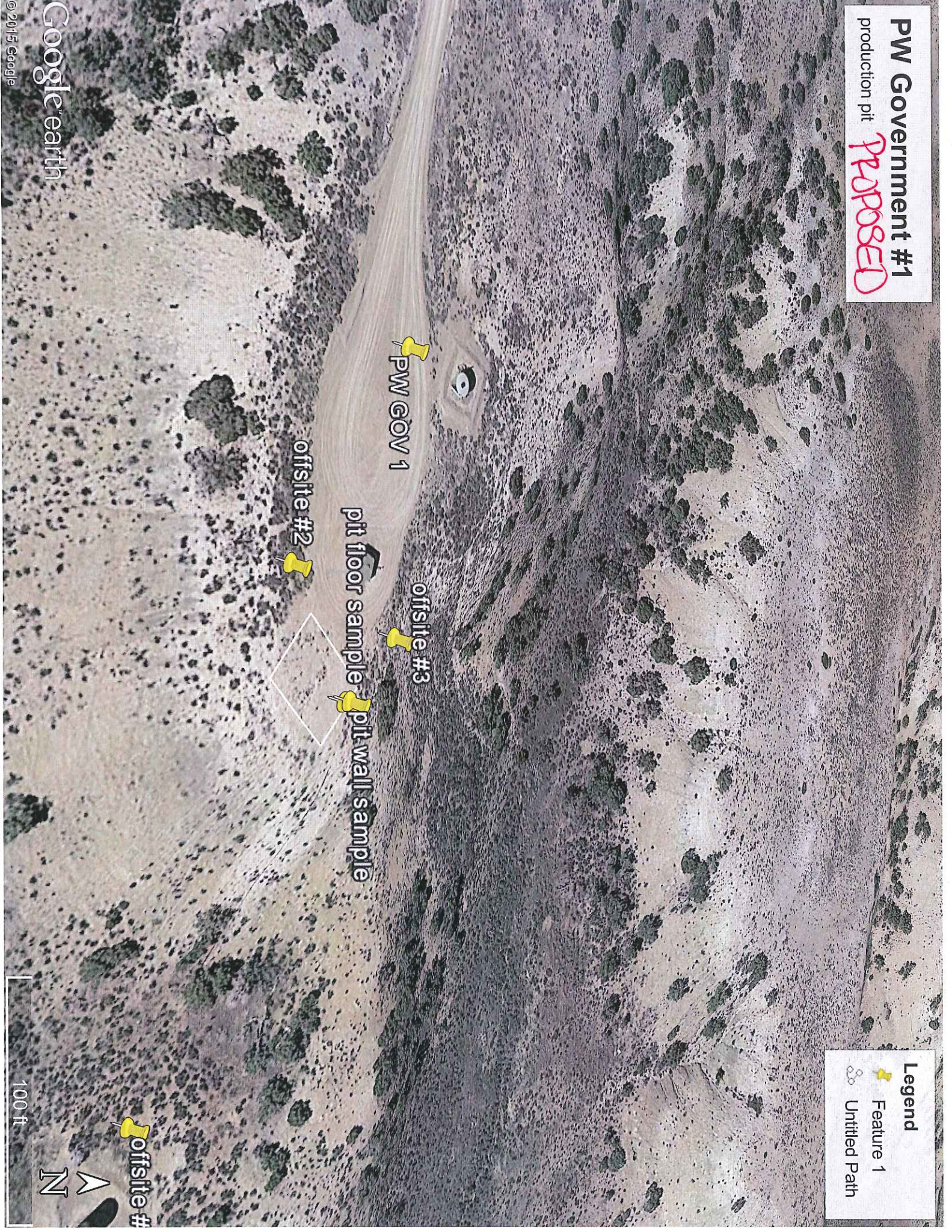


100 ft

PW Government #1
production pit
PROPOSED

Legend

-  Feature 1
-  Untitled Path



100 ft



offsites #