



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 11/25/2015  
Remediation Project  
#9384

OGCC Employee:

☒ Spill ☐ Complaint  
☐ Inspection ☐ NOAV

Tracking No: 400779264

**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 Operator Number: 10110

Name of Operator: Great Western Operating Company, LLC

Address: 1801 Broadway, Suite 500

City: Denver State: CO Zip: 80202

Contact Name and Telephone:

Scot Donato

No: 303-398-0537

Fax: 866-742-1784

API Number: 05-123-11822

County: Weld

Facility Name: Simpson- 6N67W/15NENE

Facility Number: 319475

Well Name: Simpson

Well Number: 1

Location: (QtrQtr, Sec, Twp, Rng, Meridian): NENE 15 T6N 67W

Latitude: 40.491358 Longitude: -104.870411

**TECHNICAL CONDITIONS**

Type of Waste Causing Impact (crude oil, condensate, produced water, etc): Crude, historical impact

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.): Non-crop land

Soil type, if not previously identified on Form 2A or Federal Surface Use Plan: Weld Loam

Potential receptors (water wells within 1/4 mi, surface waters, etc.): One domestic well 1/4 mile northeast and upgradient.

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

Impacted Media (check):

☒ Soils

☐ Vegetation

☒ Groundwater

☐ Surface Water

Extent of Impact:

Will be determined during additional investigation, if required

Unknown

How Determined:

Soil samples from routine due diligence

Visual detection

**REMEDIALATION WORKPLAN**

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

Five test borings were advanced into the groundwater table. No soil impacts above the groundwater table in any of the five borings. Soil impacts were detected in one sample below the groundwater table, but this is interpreted to be a potential groundwater issue.

Describe how source is to be removed:

Source material was removed during produced water pit closure activities in 1998.

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.:

No soils above the groundwater table were found to be impacted. One of the five groundwater samples indicated minimal impacts (S1-B2: E=1.7 ppb and X=6.6 ppb). All others were ND for BTEX. An apparent sheen was observed on the water sample from S1-B2, but not on any other water sample.





Tracking Number: 400779264  
Name of Operator: Great Western Oil and Gas  
OGCC Operator No: 10110  
Received Date: 12/4/2015  
Well Name & No: \_\_\_\_\_  
Facility Name & No: Simpson

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**REMEDIAL WORKPLAN (Cont.)**

OGCC Employee: R. Allison

**If groundwater has been impacted, describe proposed monitoring plan (# of wells or sample points, sampling schedule, analytical methods, etc.):**

Propose to install one groundwater monitoring well near S1-B2 to monitor for 4 quarters to confirm if groundwater is impacted above Table 910-1 standards. If no BTEX is detected for 4 quarters, the monitoring well will be properly abandoned and project closure will be requested. If groundwater impacts are detected, then 2 to 3 additional wells will be installed to monitor natural attenuation.

**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.

If necessary, the site will be reclaimed in accordance with the COGCC 1000 series rules.

**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:

If necessary, further definition of site impact will be completed following groundwater monitoring. Groundwater monitoring well installation will take place within 90 days of the approval of this form by COGCC.

**Final disposition of E&P waste** (landtreated and disposed onsite, name of licensed disposal facility, recycling, reuse, etc.):

If necessary, impacted soils will be disposed of at a licensed disposal facility that has yet to be determined.

**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: Scot Donato

Signed: [Signature]

Title: EH&S/Regulatory Manager

Date: 11/25/15

OGCC Approved: [Signature]

Title: Not least EPS

Date: 12/4/2015