



State of Colorado

Oil and Gas Conservation Commission



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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: <u>10110</u>	Contact Name and Telephone: <u>Scot Donato</u>
Name of Operator: <u>Great Western Operating Company, LLC</u>	No: <u>303-398-0537</u>
Address: <u>1801 Broadway, Suite 500</u>	Fax: <u>866-742-1784</u>
City: <u>Denver</u> State: <u>CO</u> Zip: <u>80202</u>	

API Number: <u>05-123-11822</u>	County: <u>Weld</u>
Facility Name: <u>Simpson- 6N67W/15NENE</u>	Facility Number: <u>319475</u>
Well Name: <u>Simpson</u>	Well Number: <u>1</u>
Location: (QtrQtr, Sec, Twp, Rng, Meridian): <u>NENE 15 T6N 67W</u>	Latitude: <u>40.491358</u> Longitude: <u>-104.870411</u>

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):	Extent of Impact:	How Determined:
<input checked="" type="checkbox"/> Soils	<u>Will be determined during additional investigation, if required</u>	<u>Soil samples from routine due diligence</u>
<input type="checkbox"/> Vegetation	_____	_____
<input checked="" type="checkbox"/> Groundwater	<u>Unknown</u>	<u>Visual detection</u>
<input type="checkbox"/> Surface Water	_____	_____

REMEDIALTION 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.



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Name of Operator: Great Western Oil and Gas
OGCC Operator No: 10110
Received Date: 12/4/2015
Well Name & No: _____
Facility Name & No: Simpson

REMEDIATION 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: Northeast EPS Date: 12/4/2015