

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

401470783

Receive Date:

01/05/2018

Report taken by:

KRIS NEIDEL

Site Investigation and Remediation Workplan (Supplemental Form)

This form shall be submitted to the Director for approval prior to the initiation of site investigation and remediation activities. However, this shall not preclude the Operator from taking immediate action to protect public health or safety, the environment, wildlife, or livestock.

This Form 27 describes site conditions as currently understood by the Operator; approval of this Form 27 by COGCC is based on the site conditions accurately described herein; any changes in site conditions identified during or subsequent to the performance of the approved workplan may necessitate additional investigation or remediation which shall be described on a supplemental Form 27. This Form 27 is intended to provide basic information regarding the proposed site investigation and remediation actions, but the workplan may be more fully described in attached documentation.

Refer to Rules 340, 905, 906, 907, 908, 909, and 910

OPERATOR INFORMATION

Name of Operator: <u>WEXPRO COMPANY</u>	Operator No: <u>95960</u>	Phone Numbers
Address: <u>P O BOX 45003</u>		Phone: <u>(307) 352-7561</u>
City: <u>SALT LAKE CITY</u> State: <u>UT</u> Zip: <u>84145-0601</u>		Mobile: <u>(307) 371-3610</u>
Contact Person: <u>April Stegall</u>	Email: <u>april.stegall@dominionenergy.com</u>	

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: 10152Initial Form 27 Document #: 401245967

PURPOSE INFORMATION

- | | |
|--|--|
| <input type="checkbox"/> 901.e. Sensitive Area Determination | <input type="checkbox"/> 909.c.(5), Rule 910.b.(4): Remediation of impacted ground water |
| <input checked="" type="checkbox"/> 909.c.(1), Rule 905: Pit or PW vessel closure | <input type="checkbox"/> Rule 909.e.(2)A.: Notice completion of remediation in accordance with Rule 909.b. |
| <input type="checkbox"/> 909.c.(2), Rule 906: Spill/Release Remediation | <input checked="" type="checkbox"/> Rule 909.e.(2)B.: Closure of remediation project |
| <input type="checkbox"/> 909.c.(3), Rule 907.e.: Land treatment of oily waste | <input type="checkbox"/> Rule 906.c.: Director request |
| <input type="checkbox"/> 909.c.(4), Rule 908.g.: Centralized E&P Waste Management Facility closure | <input type="checkbox"/> Other _____ |

SITE INFORMATION

N Multiple Facilities (in accordance with Rule 909.c.)

Facility Type: <u>PIT</u>	Facility ID: <u>100612</u>	API #: _____	County Name: <u>MOFFAT</u>
Facility Name: <u>JACKS DRAW UNIT 9</u>	Latitude: <u>40.973009</u>	Longitude: <u>-108.284697</u>	
	** correct Lat/Long if needed: Latitude: <u>40.974480</u>	Longitude: <u>-108.284210</u>	
QtrQtr: <u>SWNW</u>	Sec: <u>27</u>	Twp: <u>12N</u>	Range: <u>97W</u> Meridian: <u>6</u> Sensitive Area? <u>No</u>

SITE CONDITIONS

General soil type - USCS Classifications GPMost Sensitive Adjacent Land Use Rangeland, Non-cropland, Oil and GasIs domestic water well within 1/4 mile? NoIs surface water within 1/4 mile? YesIs groundwater less than 20 feet below ground surface? No

Other Potential Receptors within 1/4 mile

189' from natural drainage, 9032' from nearest water well.

SITE INVESTIGATION PLAN

TYPE OF WASTE:

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> E&P Waste | <input checked="" type="checkbox"/> Other E&P Waste | <input type="checkbox"/> Non-E&P Waste |
| <input checked="" type="checkbox"/> Produced Water | <input type="checkbox"/> Workover Fluids | |
| <input type="checkbox"/> Oil | <input type="checkbox"/> Tank Bottoms | |
| <input type="checkbox"/> Condensate | <input type="checkbox"/> Pigging Waste | |
| <input type="checkbox"/> Drilling Fluids | <input type="checkbox"/> Rig Wash | |
| <input type="checkbox"/> Drill Cuttings | <input type="checkbox"/> Spent Filters | |
| | <input checked="" type="checkbox"/> Pit Bottoms | |
| | <input type="checkbox"/> Other (as described by EPA) | |

DESCRIPTION OF IMPACT

Impacted?	Impacted Media	Extent of Impact	How Determined
No	GROUNDWATER	None	Visual inspection
No	SOILS	Minimal	Soil analysis
No	SURFACE WATER	None	Visual inspection

INITIAL ACTION SUMMARY

Description of initial action or emergency response measures take to abate, investigate, and/or remediate impacts associated with E&P Waste.

Pit is closed. Pit appears to have been closed between 2006 and 2011. Background samples were not collected, please see attachments for map showing previously tested high arsenic levels within a mile.

PROPOSED SAMPLING PLAN

Proposed Soil Sampling

☒ Will soil samples be collected as part of this investigation? (Number, type (grab/composite), analyses, and locations of samples):

72 hour notification of core sampling was given to COGCC. Core samples were obtained using an auger attached to a skid steer, as per previously approved Form 27 and site investigation plan (see attachments).
Per Rule 910.B.3B, one sample was taken and tested for TPH and BTEX only, as visual cues indicated a possible exceedance, and the sample was taken at the area most likely to have been impacted. EC & SAR samples were not required at the depth the sample was taken. The sample met Table 910-1 requirements.
Please see the attached Chain of Custody and Soil analysis labeled for Jacks Draw 9 pit (facility 100612).
Please see the attached sampling map and Google Earth imagery demonstrating that the samples obtained were located on the Jacks Draw 9 well pad.
Please see the attached historic Google Earth imagery showing sampling points in relation to visible pit locations.
Please see the attached sampling map for visual observations of the soil that were made during sampling.

Proposed Groundwater Sampling

☐ Will groundwater samples be collected as part of this investigation? (Number, analyses, and locations of samples):

A visual inspection was performed, looking for signs of stained soil and any potential leeching of pit components that may have impacted surface water or groundwater, none were found.

Proposed Surface Water Sampling

☐ Will surface water samples be collected as part of this investigation? (Number, analyses, and locations of samples):

A visual inspection was performed, looking for signs of stained soil and any potential leeching of pit components that may have impacted surface water or groundwater, none were found.

Additional Investigative Actions

☐ Additional alternative investigative actions described in attached Site Investigation Plan (summary):

SITE INVESTIGATION REPORT

SAMPLE SUMMARY

Soil

Number of soil samples collected 1

Number of soil samples exceeding 910-1 0

Was the areal and vertical extent of soil contamination delineated? Yes

Approximate areal extent (square feet) 980

NA / ND

-- Highest concentration of TPH (mg/kg) 246

NA Highest concentration of SAR

BTEX > 910-1 No

Vertical Extent > 910-1 (in feet) 13

Groundwater

Number of groundwater samples collected 0

Was extent of groundwater contaminated delineated? No

Depth to groundwater (below ground surface, in feet) \

Number of groundwater monitoring wells installed

Number of groundwater samples exceeding 910-1

Highest concentration of Benzene (µg/l)

Highest concentration of Toluene (µg/l)

Highest concentration of Ethylbenzene (µg/l)

Highest concentration of Xylene (µg/l)

Highest concentration of Methane (mg/l)

Surface Water

0 Number of surface water samples collected

0 Number of surface water samples exceeding 910-1

If surface water is impacted, other agency notification may be required.

OTHER INVESTIGATION INFORMATION

☐ Were impacts to adjacent property or offsite impacts identified?

☐ Were background samples collected as part of this site investigation?

☐ Was investigation derived waste (IDW) generated as part of this investigation?

Volume of solid waste (cubic yards)

Volume of liquid waste (barrels)

☐ Is further site investigation required?

REMEDIAL ACTION PLAN

Does this Supplemental Form 27A include changes to a previously approved Remedial Action Plan? No _____

SOURCE REMOVAL SUMMARY

Describe how source is to be removed.

NA, not necessary.

REMEDICATION SUMMARY

Describe how remediation of existing impacts to soil and groundwater is to be accomplished (i.e. summarize remedial action plan). Provide a brief narrative description including: technical justification, schedule for implementation, estimated time to attain NFA status, plus plans and specifications for the selected remedial action technology.

NA, not necessary.

Soil Remediation Summary

☐ In Situ

- _____ Bioremediation (or enhanced bioremediation)
- _____ Chemical oxidation
- _____ Air sparge / Soil vapor extraction
- _____ Natural Attenuation
- _____ Other _____

☐ Ex Situ

- _____ Excavate and offsite disposal
- _____ If Yes: Estimated Volume (Cubic Yards) _____
- _____ Name of Licensed Disposal Facility or COGCC Facility ID # _____
- _____ Excavate and onsite remediation
- _____ Land Treatment
- _____ Bioremediation (or enhanced bioremediation)
- _____ Chemical oxidation
- _____ Other _____

Groundwater Remediation Summary

- ☐ _____ Bioremediation (or enhanced bioremediation)
- ☐ _____ Chemical oxidation
- ☐ _____ Air sparge / Soil vapor extraction
- ☐ _____ Natural Attenuation
- ☐ _____ Other _____

GROUNDWATER MONITORING

If groundwater has been impacted, describe proposed monitoring plan, including # of wells or sample points, monitoring schedule, analytical methods, points of compliance. Attach a groundwater monitoring location diagram.

NA, not necessary.

REMEDATION PROGRESS UPDATE

PERIODIC REPORTING

Frequency: ☐ Quarterly ☐ Semi-Annually ☐ Annually ☐ Other _____

Report Type: ☐ Groundwater Monitoring ☐ Land Treatment Progress Report ☐ O&M Report
☐ Other _____

WASTE DISPOSAL INFORMATION

Was E&P waste generated as part of this remediation? _____

Describe beneficial use, if any, of E&P Waste derived from this remediation project:

Volume of E&P Waste (solid) in cubic yards _____

E&P waste (solid) description _____

COGCC Disposal Facility ID #, if applicable: _____

Non-COGCC Disposal Facility: _____

Volume of E&P Waste (liquid) in barrels _____

E&P waste (liquid) description _____

COGCC Disposal Facility ID #, if applicable: _____

Non-COGCC Disposal Facility: _____

REMEDATION COMPLETION REPORT

REMEDATION COMPLETION SUMMARY

Is this a Final Closure Request for this Remediation Project? Yes _____

Do all soils meet Table 910-1 standards? Yes _____

Does the previous reply indicate consideration of background concentrations? No _____

Are the only residual soil impacts pH, SAR, or EC at depths greater than 3 feet below ground surface? _____

Does Groundwater meet Table 910-1 standards? Yes _____

Is additional groundwater monitoring to be conducted? No _____

RECLAMATION PLAN

RECLAMATION PLANNING

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.

Surface reclamation will be compliant with COGCC 1000 series rules. Wexpro Company understands that approval of a Form 27 does not imply approval of the reclamation planned submitted prior to final reclamation of the well pad. Wexpro Company will notify the COGCC Regional Reclamation Specialist and Surface Owner for reclamation plan approval prior to final reclamation. All reclamation on Federal Surface will comply with BLM, or other implementing agency, specifications. Final reclamation will take place after the plugging and abandonment of the well. This is still a producing well pad, no reclamation is needed at this time.
Pit was previously backfilled after soil analysis was submitted in 2006 and no response was recieved from COGCC.

Is the described reclamation complete? Yes _____

Does the reclamation described herein constitute interim or final reclamation of the Oil and Gas Location?

☒ Interim? ☐ Final?

Did the Surface Owner approve the seed mix? Yes _____

If NO, does the seed mix comply with local soil conservation district recommendations? Yes _____

IMPLEMENTATION SCHEDULE

PRIOR DATES

Date of Surface Owner notification/consultation, if required. _____

Actual Spill or Release date, if known. _____

SITE INVESTIGATION DATES

Date of Initial Actions described in Site Investigation Plan (start date). _____ 05/01/2017

Date of commencement of Site Investigation. _____ 08/22/2006

Date of completion of Site Investigation. _____ 09/08/2017

REMEDIAL ACTION DATES

Date of commencement of Remediation. _____

Date of completion of Remediation. _____

SITE RECLAMATION DATES

Date of commencement of Reclamation. _____

Date of completion of Reclamation. _____

OPERATOR COMMENT

Wexpro Company requests closure and NFA of Facility #100619 and Remediation project #10152, based on the attached analytical results and site investigation.

I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: April Stegall

Title: Reclamation Agent

Submit Date: 01/05/2018

Email: april.stegall@dominionenergy.com

Based on the information provided herein, this Application for Site Investigation and Remediation Workplan complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: KRIS NEIDEL

Date: 02/23/2018

Remediation Project Number: 10152

COA Type**Description**

	Based on review of information presented it appears that no further action is necessary at this time, and COGCC approves the closure request. However, should future conditions at the site indicate contaminant concentrations in soils exceeding COGCC standards or if ground water is found to be significantly impacted, then further investigation and/or remediation activities may be required at the site.
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Attachment Check List

Upon approval, the approved Form 27 and all listed attachments will be indexed to the Remediation Project file. Only the approved Form 27 will also be indexed to the related Facilities.

Att Doc Num**Name**

401470783	FORM 27-SUPPLEMENTAL-SUBMITTED
401470828	SITE INVESTIGATION REPORT
401470833	ANALYTICAL RESULTS
401470839	ANALYTICAL RESULTS
401475576	SITE INVESTIGATION PLAN
401475577	OTHER

Total Attach: 6 Files

General Comments**User Group****Comment****Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)