

State of Colorado Oil and Gas Conservation Commission

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Document Number:

401715354

Receive Date:

Report taken by:

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 Phone: <u>(307) 352-7514</u> Mobile: <u>(307) 371-5695</u>
Address: <u>P O BOX 45003</u>		
City: <u>SALT LAKE CITY</u> State: <u>UT</u> Zip: <u>84145-0601</u>		
Contact Person: <u>Tammy Fredrickson</u> Email: <u>Tammy.Fredrickson@dominionenergy.com</u>		

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: 11176 Initial Form 27 Document #: 401589446

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 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 checked="" type="checkbox"/> 909.c.(2), Rule 906: Spill/Release Remediation | <input 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>LOCATION</u>	Facility ID: <u>312993</u>	API #: _____	County Name: <u>MOFFAT</u>
Facility Name: <u>WILSON, F-612N100W 23SWNW</u>		Latitude: <u>40.985716</u>	Longitude: <u>-108.609767</u>
		** correct Lat/Long if needed: Latitude: _____	Longitude: _____
QtrQtr: <u>SWNW</u>	Sec: <u>23</u>	Twp: <u>12N</u>	Range: <u>100W</u> Meridian: <u>6</u> Sensitive Area? <u>No</u>

SITE CONDITIONS

General soil type - USCS Classifications SC

Most Sensitive Adjacent Land Use Non-crop land/Rangeland

Is domestic water well within 1/4 mile? Yes

Is surface water within 1/4 mile? No

Is groundwater less than 20 feet below ground surface? No

Other Potential Receptors within 1/4 mile

There are no other potential receptors within 1/4 mile.

SITE INVESTIGATION PLAN

TYPE OF WASTE:

☒ E&P Waste

☐ Other E&P Waste

☐ Non-E&P Waste

☒ Produced Water

☐ Workover Fluids

☐ Oil

☐ Tank Bottoms

☒ Condensate

☐ Pigging Waste

☐ Drilling Fluids

☐ Rig Wash

☐ Drill Cuttings

☐ Spent Filters

☐ Pit Bottoms

☐ Other (as described by EPA)

DESCRIPTION OF IMPACT

Impacted?	Impacted Media	Extent of Impact	How Determined
Yes	SOILS	Minimal/Moderate	Soil was visually inspected. This spill is on an active well pad.

INITIAL ACTION SUMMARY

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

Operator isolated and depressured all related equipment and reported the spill. A one-call was initiated to get all lines marked for excavation. A liner was brought to location to hold contaminated soil that was excavated.

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):

In order to verify that all contaminated soil has been removed; five soil samples were obtained and tested per Table 910-1 requirements. Sample point 5 did not meet the requirements and additional soil was removed and tested. The analysis indicated that TPH was still slightly above Table 910-1 guidelines. Wexpro will now spray the area with Eniro Clean and re-test the area.

Proposed Groundwater Sampling

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

Proposed Surface Water Sampling

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

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 1

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

Approximate areal extent (square feet) 900

NA / ND

-- Highest concentration of TPH (mg/kg) 870

-- Highest concentration of SAR 3.81

BTEX > 910-1 No

Vertical Extent > 910-1 (in feet) 6

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

NA Highest concentration of Benzene (µg/l)

NA Highest concentration of Toluene (µg/l)

NA Highest concentration of Ethylbenzene (µg/l)

NA Highest concentration of Xylene (µg/l)

NA 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) 4

Volume of liquid waste (barrels) 0

☒ Is further site investigation required?

Wexpro will treat the open trench with Enviro Clean and retest Sample Pt 5 for GRO/DRO.

REMEDIAL ACTION PLAN

Does this Supplemental Form 27A include changes to a previously approved Remedial Action Plan? Yes _____

SOURCE REMOVAL SUMMARY

Describe how source is to be removed.

Contaminated soil was initially removed and placed on a liner and then hauled by truck to the R-360 Disposal site in LaBarge, WY. Additional soil was removed a second time and hauled to the same disposal site. No additional soil will be removed. The area will be treated with Enviro Clean and/or Gator.

REMEDIATION 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.

Wexpro removed a majority of the contaminated soil and will now treat the area with Enviro Clean/Gator and retest Sample Pt 5 that is still above Table 910-1 guidelines for GRO/DRO. Upon passing of final analysis results the open trench will be backfilled.

Soil Remediation Summary

☒ In Situ

Yes _____ Bioremediation (or enhanced bioremediation)

_____ Chemical oxidation

_____ Air sparge / Soil vapor extraction

Yes _____ Natural Attenuation

No _____ 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

No _____ Bioremediation (or enhanced bioremediation)

No _____ Chemical oxidation

No _____ Air sparge / Soil vapor extraction

No _____ Natural Attenuation

No _____ 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.

There was no impact to groundwater.

REMEDIATION PROGRESS UPDATE

PERIODIC REPORTING

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

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

☒ Other Final Analysis data. _____

WASTE DISPOSAL INFORMATION

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

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

Produced water and condensate contaminated soil. Additional soil was removed and hauled to R-360 disposal facility. Trucking manifest is attached,.

Volume of E&P Waste (solid) in cubic yards _____ 4

E&P waste (solid) description Contaminated Soil _____

COGCC Disposal Facility ID #, if applicable: _____

Non-COGCC Disposal Facility: R-360 _____

Volume of E&P Waste (liquid) in barrels _____ 0

E&P waste (liquid) description _____

COGCC Disposal Facility ID #, if applicable: _____

Non-COGCC Disposal Facility: _____

REMEDIATION COMPLETION REPORT

REMEDIATION COMPLETION SUMMARY

Is this a Final Closure Request for this Remediation Project? No _____

Do all soils meet Table 910-1 standards? No _____

Does the previous reply indicate consideration of background concentrations? Yes _____

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

Does Groundwater meet Table 910-1 standards? _____

Is additional groundwater monitoring to be conducted? _____

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.

This spill occurred on an existing active well pad. There will be no reclamation at this time.

Is the described reclamation complete? No _____

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? _____

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

IMPLEMENTATION SCHEDULE

PRIOR DATES

Date of Surface Owner notification/consultation, if required. 03/19/2018

Actual Spill or Release date, if known. 03/19/2018

SITE INVESTIGATION DATES

Date of Initial Actions described in Site Investigation Plan (start date). 03/20/2018

Date of commencement of Site Investigation. 03/19/2018

Date of completion of Site Investigation. 06/19/2018

REMEDIAL ACTION DATES

Date of commencement of Remediation. 03/19/2018

Date of completion of Remediation. 06/19/2018

SITE RECLAMATION DATES

Date of commencement of Reclamation. _____

Date of completion of Reclamation. _____

OPERATOR COMMENT

Chain of custody is attached to analytical results.

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

Signed: Tammy Fredrickson

Title: Senior Permit Agent

Submit Date: _____

Email: Tammy.Fredrickson@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: _____

Date: _____

Remediation Project Number: 11176

COA Type

Description

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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

401715383	DISPOSAL MANIFESTS
401715390	ANALYTICAL RESULTS

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)