

FORM  
**27**  
Rev 6/99

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  
REM 9377  
Document 2144723  
Date 12/02/2015  
OGCC Employee:  
 Spill  Complaint  
 Inspection  NOAV  
Tracking No:

**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: 95960	Contact Name and Telephone: April Stegall
Name of Operator: Wexpro Company	No: 307.352.7561
Address: PO Box 458	Fax: 307.352.7583
City: Rock Springs State: WY Zip: 82902	
API Number: 05-081-07014	County: Moffat
Facility Name: BW Musser 10 Pit	Facility Number: 100357
Well Name: BW Musser	Well Number: 10
Location: (QtrQtr, Sec, Twp, Rng, Meridian): NESW-4-11N-97W	Latitude: 40.940623 Longitude: -108.298906

**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: Tresano- Hiatha- Kandalay

Potential receptors (water wells within 1/4 mi, surface waters, etc.): 620' from natural drainage

**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	Unknown	
<input type="checkbox"/> Vegetation		
<input type="checkbox"/> Groundwater		
<input checked="" type="checkbox"/> Surface Water	None	Visual

**REMEDIATION 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 obtained.

Submit Page 2 with Page 1



Tracking Number: \_\_\_\_\_  
Name of Operator: Wexpro  
OGCC Operator No: 95960  
Received Date: 11/23/15  
Well Name & No: Mussler 10 Pit  
Facility Name & No: 313125

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**REMEDIATION WORKPLAN (Cont.)**

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: 7/16/2015 Date Site Investigation Completed: TBD Date Remediation Plan Submitted: 11/23/2015  
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.

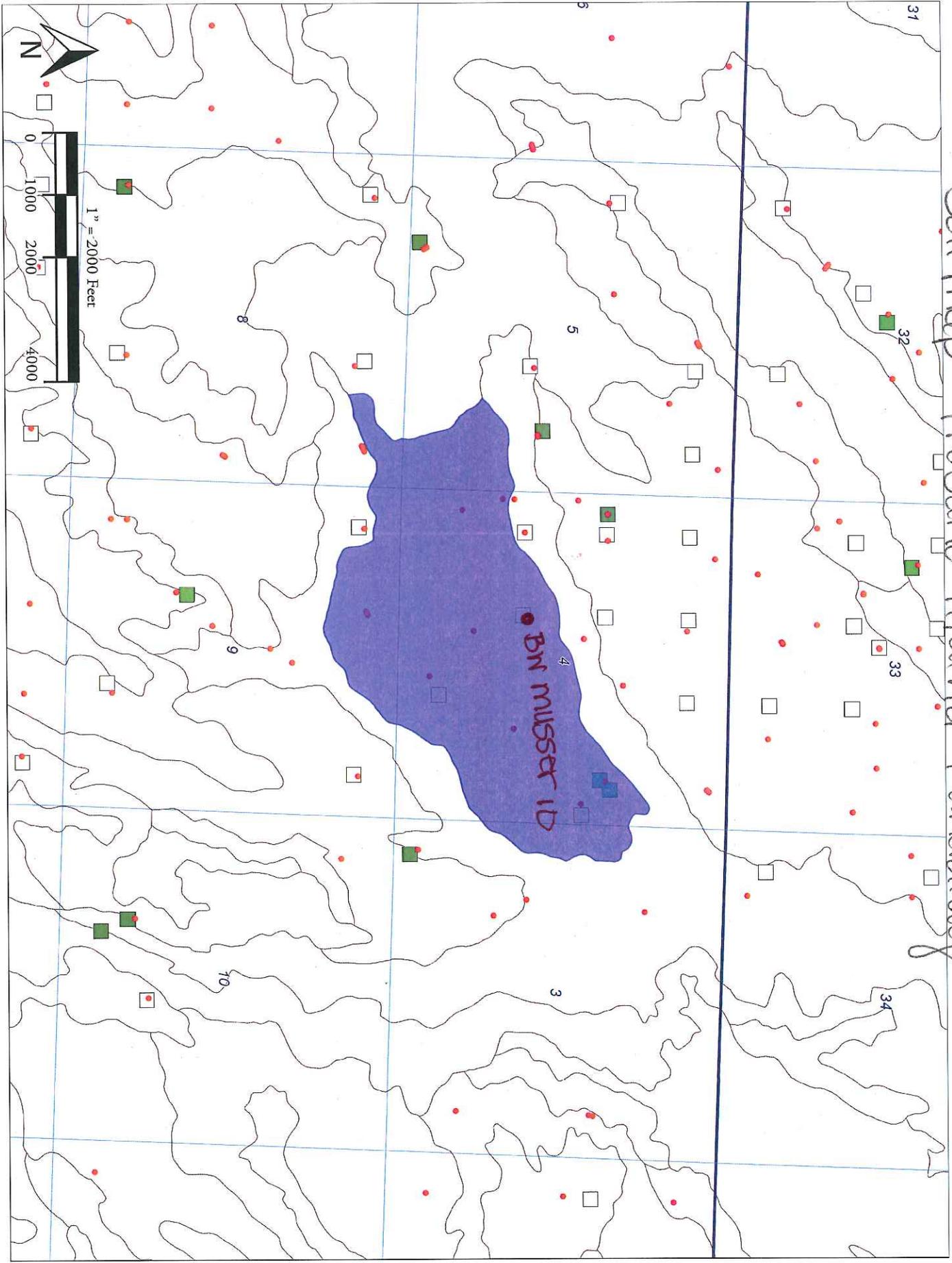
Print Name: April Stegall Signed: April Stegall  
Title: Reclamation Agent Date: 11/23/2015

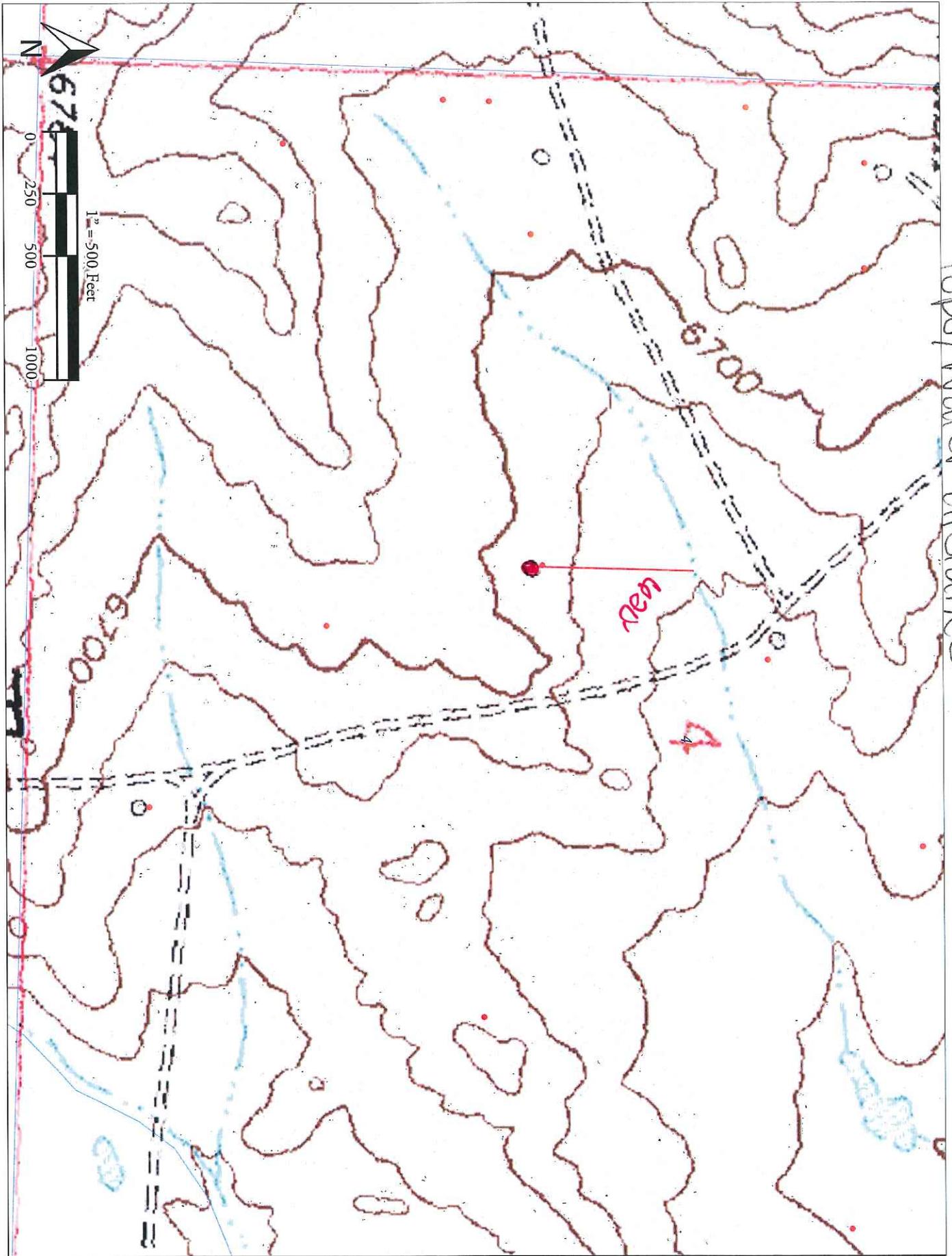
OGCC Approved: Kim Seidel Title: EPS Date: 12/2/15

See Cox's on Next Page

- Discrete samples (minimum of 3-5) should be taken from 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
- Final Reclamation should comply with 1004 rules.
- Lat/Long provided on Form 27 appears to be for the wellhead and not Pit. Provide Lat/Long with request for closure.
- Per COGCC historic aerials, it appears the pit was closed sometime between 2009-2011.
- Operator should provide notice to Environmental staff Kris Neidel ([kris.neidel@state.co.us](mailto: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.
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Soil map - Iresand - Hatha - Kandalary





topo/water distance

**BW Musser 10**

*Proposed*

Legend

offsite #3

offsite #2

offsite #1

pit wall sample

pit floor sample

**BW Musser 10**

Google earth

100 ft

