

State of Colorado  
Oil and Gas Conservation Commission

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401209967  
Receive Date:  
02/14/2017

Report taken by:  
RICK ALLISON

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 INFORMATON

Name of Operator: GREAT WESTERN OPERATING COMPANY LLC	Operator No: 10110	<b>Phone Numbers</b>
Address: 1801 BROADWAY #500		Phone: (303) 398-0302
City: DENVER	State: CO Zip: 80202	Mobile: (303) 549-7739
Contact Person: Scot Donato	Email: sdonato@gwogco.com	

PROJECT, PURPOSE & SITE INFORMATION

**PROJECT INFORMATION**  
Remediation Project #: 10001 Initial Form 27 Document #: 200440879

**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 checked="" 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 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 Facilites ( in accordance with Rule 909.c. )

Facility Type: LOCATION	Facility ID: 322653	API #: _____	County Name: WELD
Facility Name: MILLER-66N67W 11SESE	Latitude: 40.496090	Longitude: -104.853649	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: SESE	Sec: 11	Twp: 6N	Range: 67W Meridian: 6 Sensitive Area? Yes

**SITE CONDITIONS**

General soil type - USCS Classifications SW Most Sensitive Adjacent Land Use CROP LAND

Is domestic water well within 1/4 mile? No Is surface water within 1/4 mile? No

Is groundwater less than 20 feet below ground surface? Yes

**Other Potential Receptors within 1/4 mile**

The Roulard Lateral is positioned approximately 1400 feet to the southeast

# SITE INVESTIGATION PLAN

## TYPE OF WASTE:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> E&P Waste      | <input 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 type="checkbox"/> Pit Bottoms                 |  |
|  | <input type="checkbox"/> Other (as described by EPA) | _____                                  |

## DESCRIPTION OF IMPACT

Impacted?	Impacted Media	Extent of Impact	How Determined
No	SOILS	Soils not impacted	Soil sampling

## INITIAL ACTION SUMMARY

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

This facility contains a partially buried produced water vessel. This Form 27 is being submitted in accordance with COGCC Rule 905.b. prior to removal of the vessel.

## 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 ):

Soil samples were collected from the walls and base of the excavation following removal of the produced water vessel

### 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 5  
Number of soil samples exceeding 910-1 0  
Was the areal and vertical extent of soil contamination delineated? Yes  
Approximate areal extent (square feet) 0

### NA / ND

NA Highest concentration of TPH (mg/kg) \_\_\_\_\_  
NA Highest concentration of SAR \_\_\_\_\_  
BTEX > 910-1 No  
Vertical Extent > 910-1 (in feet) 0

### Groundwater

Number of groundwater samples collected 0  
Was extent of groundwater contaminated delineated? Yes  
Depth to groundwater (below ground surface, in feet) 15  
Number of groundwater monitoring wells installed 0  
Number of groundwater samples exceeding 910-1 0

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) \_\_\_\_\_ 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.

Impacted soils, if present, will be excavated to the extent practicable or treated onsite.

## **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.

Impacted soils were not present following the removal of the produced water vessel.

## **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.

The presence or absence of groundwater impact has not been determined. Impacted groundwater, if present, will be defined and remediated as appropriate. Groundwater remaining in place will meet Table 910-1 concentrations prior to closure.

## REMEDIATION 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: \_\_\_\_\_

## REMEDIATION COMPLETION REPORT

### REMEDIATION 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.

The site will be reclaimed in accordance with Series 1000 Rules.

Is the described reclamation complete? \_\_\_\_\_

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. \_\_\_\_\_

Actual Spill or Release date, if known. \_\_\_\_\_

### SITE INVESTIGATION DATES

Date of Initial Actions described in Site Investigation Plan (start date). 12/22/2016

Date of commencement of Site Investigation. 12/22/2016

Date of completion of Site Investigation. 12/22/2016

### 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

This facility contained a partially buried produced water vessel. A Form 27 was submitted in accordance with COGCC Rule 905.b. prior to removal of the produced water vessel, and was approved on January 3, 2017. This Final Closure Request relates to the removal of the produced water vessel only.

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

Signed: Rachel Peterson

Title: Senior Project Manager

Submit Date: 02/14/2017

Email: petersonr@agwco.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: RICK ALLISON

Date: 02/15/2017

Remediation Project Number: 10001

### COA Type

### Description

	Based on the information presented, it appears that no further action is necessary at this time and the 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 impacted, then further investigation and/or remediation activities may be required. In addition, the surface area disturbed by the remediation activity shall be reclaimed in accordance with the 1000 Series Reclamation Rules.
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## Attachment Check List

### Att Doc Num

### Name

401209967	FORM 27-SUPPLEMENTAL-SUBMITTED
401210002	SITE INVESTIGATION REPORT

Total Attach: 2 Files

## General Comments

### User Group

### Comment

### Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)