

State of Colorado Oil and Gas Conservation Commission

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Document Number:

401332883

Receive Date:

08/29/2017

Report taken by:

KRIS NEIDEL

Site Investigation and Remediation Workplan (Initial 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>LYSTER OIL COMPANY INC</u>	Operator No: <u>51922</u>	Phone Numbers
Address: <u>701 COUNTY ROAD 105</u>		Phone: <u>(970) 326-8820</u>
City: <u>CRAIG</u>	State: <u>CO</u>	Zip: <u>81625</u>
Contact Person: <u>Amanda Stewart</u>	Email: <u>amanda.lysteroil@gmail.com</u>	Mobile: <u>()</u>

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: 10487Initial Form 27 Document #: 401332883

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>WELL</u>	Facility ID: _____	API #: <u>081-06765</u>	County Name: <u>MOFFAT</u>
Facility Name: <u>ELK SPRINGS UNIT 14-8</u>		Latitude: <u>40.325640</u>	Longitude: <u>-108.421050</u>
		** correct Lat/Long if needed: Latitude: <u>40.325640</u>	Longitude: <u>-108.421050</u>
QtrQtr: <u>SWSW</u>	Sec: <u>8</u>	Twp: <u>4N</u>	Range: <u>98W</u>
		Meridian: <u>6</u>	Sensitive Area? <u>No</u>

SITE CONDITIONS

General soil type - USCS Classifications CLMost Sensitive Adjacent Land Use wildlife areaIs domestic water well within 1/4 mile? NoIs surface water within 1/4 mile? NoIs groundwater less than 20 feet below ground surface? 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	Soil in berm contaminated	visual

INITIAL ACTION SUMMARY

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

Spill was reported to the COGCC October 2016.

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):

Initial soil sample was collected September 2016. Soil samples will also be taken in October 2017 and the spring of 2018. Soil samples will be taken at extent of excavation.

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 0

Was the areal and vertical extent of soil contamination delineated?

Approximate areal extent (square feet) 1900

NA / ND

-- Highest concentration of TPH (mg/kg) 6900

NA Highest concentration of SAR

BTEX > 910-1

Vertical Extent > 910-1 (in feet) 0

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

SOURCE REMOVAL SUMMARY

Describe how source is to be removed.

We will dig the perimeter of the spill to find edges. Soil will be aeriated multiple times and re-tested.

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.

Contaminated berm will be excavated to find all perimeter edges. The soil in this berm was originally constructed of non-impacted material. Soil will be spread out on location pad to be exposed to the elements to help evaporate the contamination. Soil will be aeriated multiple times a month while weather permits. A berm will be built around the contaminated soil to prevent rain water from spreading the contamination. Any accumulated precipitation will be removed as fluid waste. We anticipate taking a soil sample in October to retest to contamination levels. If soil is deemed permissible, the soil will be re-used on location. If soil still has contamination, it will continue to be aeriated, weather permitting and retested in the spring.

Soil Remediation Summary

☐ In Situ

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

☒ Ex Situ

No Excavate and offsite disposal
_____ If Yes: Estimated Volume (Cubic Yards) _____
Name of Licensed Disposal Facility or COGCC Facility ID # _____
Yes Excavate and onsite remediation
Yes Land Treatment
No Bioremediation (or enhanced bioremediation)
No Chemical oxidation
No 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.

N/A

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: _____

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.

Once soil has been confirmed with no contamination, all soil will be placed back in the original berm and surrounding areas on location. Contouring will be the same as previous.

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. 08/25/2016

SITE INVESTIGATION DATES

Date of Initial Actions described in Site Investigation Plan (start date). 10/21/2016

Date of commencement of Site Investigation. _____

Date of completion of Site Investigation. _____

REMEDIAL ACTION DATES

Date of commencement of Remediation. 07/06/2017

Date of completion of Remediation. 07/08/2017

SITE RECLAMATION DATES

Date of commencement of Reclamation. _____

Date of completion of Reclamation. _____

OPERATOR COMMENT

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

Signed: Amanda Stewart

Title: Secretary

Submit Date: 08/29/2017

Email: amanda.lysteroil@gmail.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: 09/14/2017

Remediation Project Number: 10487

COA Type**Description**

	The number of samples should be adequate to characterize the treated soil.
	Financial assurance of \$10,000.00 or to be negotiated with the Operator shall be provided within 60-days of approval of this F27.
	Operator shall provide to the COGCC, on a Supplemental F27, that notice was given to the surface owner.
	By October 2, 2017, Operator shall provide to the COGCC on a Supplemental F27 a Sensitive Area Determination Per Rule 909.b.
	sample (location) selection should be guided by rule 910.b(3)B
	N0 other E&P waste shall be added to the treatment area.
	If soils are not compliant with COGCC table 910-1 by October 2019, E&P waste will be disposed of at an approved disposal facility.
	The operator will provide Monthly updates on eForm 27.
	Upon approval of this form 27, spill number 401134975 should request closure with work proceeding in this Remediation project (use this project number on eForm 19).
	Operator should provide notice to Environmental staff, Kris Neidel (kris.neidel@state.co.us) or 970-871-1963 72hrs prior to mobilization at begin of all sampling events.

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**

401332883	FORM 27-INITIAL-SUBMITTED
401390220	MAP

Total Attach: 2 Files

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

		Stamp Upon Approval
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Total: 0 comment(s)