

State of Colorado
Oil and Gas Conservation Commission

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Document Number:
401526138

Receive Date:

Report taken by:

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: 8 NORTH LLC	Operator No: 10575	Phone Numbers
Address: 370 17TH STREET SUITE 5300		Phone: (720) 4812362
City: DENVER	State: CO Zip: 80202	Mobile: ()
Contact Person: Blake Ford	Email: bford@extractionOG.com	

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: _____ Initial Form 27 Document #: 401526138

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

Facility Type: TANK BATTERY	Facility ID: _____	API #: _____	County Name: _____
Facility Name: _____	Latitude: _____	Longitude: _____	
** correct Lat/Long if needed: Latitude: 39.990464		Longitude: -105.057394	
QtrQtr: _____	Sec: _____	Twp: _____	Range: _____ Meridian: _____ Sensitive Area? No

Facility Type: WELL	Facility ID: _____	API #: -	County Name: BOULDER
Facility Name: QUINBY MD 12-69HN TANK	Latitude: 39.989920	Longitude: -105.057300	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: NESE	Sec: 1	Twp: 1S	Range: 69W Meridian: 6 Sensitive Area? No

SITE CONDITIONS

General soil type - USCS Classifications SC Most Sensitive Adjacent Land Use Open space

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

Is groundwater less than 20 feet below ground surface? No

Other Potential Receptors within 1/4 mile

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
Yes	SOILS	To be determined	Investigation pending

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 form has been prepared to support the removal and closure of a partially buried produced water vessel. Per COGCC Rule 905.b, soil and groundwater (if present) samples will be collected when a buried or partially buried produced water vessel is removed from service to confirm compliance with COGCC Table 910-1. The initial investigation will be conducted using excavation equipment.

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):

If no suspected release is identified, one discrete grab soil sample will be collected directly beneath the water vessel upon removal for laboratory analysis. If a release is discovered (and confirmed through soil screening and/or laboratory analysis) and/or groundwater is encountered during removal activities, additional excavations may be conducted to further delineate horizontally and vertically. If the extent of impacts is reached and/or remaining impact analytical results are needed for future remediation activities, discrete soil samples will be collected from the sidewalls and base (if groundwater is not present) and analyzed for organic constituents (TPH and BTEX), and inorganic constituents (pH, EC, and SAR).

Proposed Groundwater Sampling

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

If groundwater is encountered during excavation activities, one sample will be collected and analyzed for BTEX.

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 0
Number of soil samples exceeding 910-1 _____
Was the areal and vertical extent of soil contamination delineated? No
Approximate areal extent (square feet) _____

NA / ND

_____ Highest concentration of TPH (mg/kg) _____
_____ Highest concentration of SAR _____
_____ BTEX > 910-1 _____
_____ Vertical Extent > 910-1 (in feet) _____

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
_____ 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.

If a release is discovered (and confirmed through soil screening and/or laboratory analysis) below the partially buried water vessel, soils may be removed and transported to a licensed disposal facility. If all source material cannot be removed during excavation activities, additional methodologies will be proposed in subsequent proposals.

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.

As needed, site specific soil and/or groundwater remediation plans will be developed and submitted to COGCC via supplemental Form 27s.

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.

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: _____

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.

No reclamation will be performed on the site unless the entire facility is removed from service or the activities migrate outside the original facility footprint. If these occur, the disturbance will be reclaimed in accordance with COGCC rule 1004, Final Reclamation of Well Sites and Associated Production Facilities.

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. _____

Actual Spill or Release date, if known. _____

SITE INVESTIGATION DATES

Date of Initial Actions described in Site Investigation Plan (start date). 01/25/2018

Date of commencement of Site Investigation. _____

Date of completion of Site Investigation. _____

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 Form 27 (Site Investigation and Remediation Work plan) was prepared for the purpose of generating a remediation project number to document the closure of partially buried produced water vessel as required in COGCC rule 905.b.

This closure is being initiated to support excavation efforts carried out in response to a failed oil dump line reported on 01/23/2018 in Form 19 (401523624).

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

Signed: Chris Hines _____

Title: Project Manager _____

Submit Date: _____

Email: chris.hines@apexcos.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: _____

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**

401526600	SITE MAP
401526602	MAP

Total Attach: 2 Files

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

		Stamp Upon Approval
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Total: 0 comment(s)