

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:  
401593551

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: FOUNDATION ENERGY MANAGEMENT LLC	Operator No: 10112	Phone Numbers
Address: 5057 KELLER SPRINGS RD STE 650		
City: ADDISON	State: TX	Zip: 75001
Contact Person: Alyssa Beard	Email: abeard@foundationenergy.com	
		Phone: (303) 2448114
		Mobile: ( )

PROJECT, PURPOSE & SITE INFORMATION

**PROJECT INFORMATION**

Remediation Project #: \_\_\_\_\_ Initial Form 27 Document #: 401593551

**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**        N   Multiple Facilities ( in accordance with Rule 909.c. )

Facility Type: PIT	Facility ID: 112083	API #: _____	County Name: WELD
Facility Name: FEDERAL NORTH WILDHORSE 7-27		Latitude: 40.635728	Longitude: -104.094663
		** correct Lat/Long if needed: Latitude: _____	Longitude: _____
QtrQtr: SWNE	Sec: 28	Twp: 8N	Range: 60W    Meridian: 6    Sensitive Area? Yes

**SITE CONDITIONS**

General soil type - USCS Classifications   ML        Most Sensitive Adjacent Land Use   Rangeland  

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?   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
UNDETERMINED	SOILS	0	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.

Foundation plans to collect soil samples at the Wildhorse 7-28 pit location in the locations provided on the attached Proposed Soil Sample Location map. The samples will be collected with a hand auger decontaminated between each sample location. Once the sample locations have been approved, Foundation will schedule pit closure soil sampling in order to determine if impacts are present.

## 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 will be collected from 5 locations (4 sidewall and 1 base) shown on the attached map.

### 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? 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.

Soil samples will be collected from the locations proposed on the attached map and analyzed for BTEX, TPH, EC, SAR, and pH. Should any of the samples exceed the Table 910-1 standard, soil will be removed from the impacted area until a clean sample is obtained. Any soil removed from the pit due to impacts will be taken to the Waste Management Ault facility.

## 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.

Since soil samples have not been collected yet, Foundation will require the analytical data in order to develop the remediation plan. However, should soil samples in the pit base and sidewalls exceed the Table 910-1 standard, soil will be removed and transported to a licensed landfill until impacted soil no longer remains in the pit.

## Soil Remediation Summary

In Situ

Ex Situ

\_\_\_\_\_ Bioremediation ( or enhanced bioremediation )

Yes \_\_\_\_\_ Excavate and offsite disposal

\_\_\_\_\_ Chemical oxidation

\_\_\_\_\_ If Yes: Estimated Volume (Cubic Yards) \_\_\_\_\_ 0

\_\_\_\_\_ Air sparge / Soil vapor extraction

\_\_\_\_\_ Name of Licensed Disposal Facility or COGCC Facility ID # \_\_\_\_\_

\_\_\_\_\_ Natural Attenuation

No \_\_\_\_\_ Excavate and onsite remediation

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ 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.

NA

# 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.

Once soil samples collected from the base and sidewalls of the pit show concentrations less than the Table 910-1 standard, the berms will be pushed into the base of the pit. Additional topsoil will be brought in and compacted to bring the pit area to surface and prepared for seeding with dryland pasture mix.

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?  Yes \_\_\_\_\_

## 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). 04/23/2018

Date of commencement of Site Investigation. 04/23/2018

Date of completion of Site Investigation. 04/23/2018

### REMEDIAL ACTION DATES

Date of commencement of Remediation. \_\_\_\_\_

Date of completion of Remediation. \_\_\_\_\_

### SITE RECLAMATION DATES

Date of commencement of Reclamation. 05/21/2018

Date of completion of Reclamation. 05/21/2018

**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: Alyssa Beard \_\_\_\_\_

Title: EHS & Regulatory \_\_\_\_\_

Submit Date: \_\_\_\_\_

Email: [abeard@foundationenergy.com](mailto:abeard@foundationenergy.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**

401593556	MAP
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Total Attach: 1 Files

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

		Stamp Upon Approval
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Total: 0 comment(s)