

State of Colorado  
Oil and Gas Conservation Commission

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Document Number:  
401676082

Receive Date:  
\_\_\_\_\_

Report taken by:  
\_\_\_\_\_

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 INFORMATION

Name of Operator: SRC ENERGY INC	Operator No: 10311	<b>Phone Numbers</b>
Address: 1675 BROADWAY SUITE 2600		Phone: (970) 4755220
City: DENVER State: CO Zip: 80202		Mobile: ( )
Contact Person: Dave Castro	Email: dcastro@srcenergy.com	

PROJECT, PURPOSE & SITE INFORMATION

**PROJECT INFORMATION**

Remediation Project #: 11146 Initial Form 27 Document #: 401587675

**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 checked="" 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: 305760	API #: _____	County Name: WELD
Facility Name: MCGLOTHLIN-66N66W 17NENE	Latitude: 40.494020	Longitude: -104.795390	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: NENE	Sec: 17	Twp: 6N	Range: 66W Meridian: 6 Sensitive Area? Yes
Facility Type: TANK BATTERY	Facility ID: 305890	API #: _____	County Name: WELD
Facility Name: OPDKYE USX I 03-17TANK	Latitude: 40.521080	Longitude: -104.755780	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: NENE	Sec: 3	Twp: 6N	Range: 66W Meridian: 6 Sensitive Area? Yes
Facility Type: TANK BATTERY	Facility ID: 310636	API #: _____	County Name: WELD
Facility Name: LINDBLAD 20-25	Latitude: 40.477130	Longitude: -104.806450	
** correct Lat/Long if needed: Latitude: 40.480442		Longitude: -104.803532	
QtrQtr: NENW	Sec: 20	Twp: 6N	Range: 66W Meridian: 6 Sensitive Area? Yes

Facility Type: TANK BATTERY		Facility ID: 319091	API #: _____	County Name: WELD	
Facility Name: H D FEIT-66N66W 26SWNW		Latitude: 40.461180	Longitude: -104.751780		
		** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: SWNW	Sec: 26	Twp: 6N	Range: 66W	Meridian: 6	Sensitive Area? Yes

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Facility Type: TANK BATTERY		Facility ID: 319553	API #: _____	County Name: WELD	
Facility Name: 146 COMPANY-66N66W 14SWNW		Latitude: 40.490183	Longitude: -104.751672		
		** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: SWNW	Sec: 14	Twp: 6N	Range: 66W	Meridian: 6	Sensitive Area? Yes

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Facility Type: TANK BATTERY		Facility ID: 329322	API #: _____	County Name: WELD	
Facility Name: LUCERO-66N66W 34SENW		Latitude: 40.446667	Longitude: -104.766427		
		** correct Lat/Long if needed: Latitude: 40.442912		Longitude: -104.764948	
QtrQtr: SENW	Sec: 34	Twp: 6N	Range: 66W	Meridian: 6	Sensitive Area? Yes

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Facility Type: TANK BATTERY		Facility ID: 446028	API #: _____	County Name: WELD	
Facility Name: Walker-Shands Tank Battery		Latitude: _____	Longitude: _____		
		** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: _____	Sec: _____	Twp: _____	Range: _____	Meridian: _____	Sensitive Area? Yes

**SITE CONDITIONS**

General soil type - USCS Classifications SM \_\_\_\_\_ Most Sensitive Adjacent Land Use crop land \_\_\_\_\_

Is domestic water well within 1/4 mile? Yes \_\_\_\_\_ Is surface water within 1/4 mile? Yes \_\_\_\_\_

Is groundwater less than 20 feet below ground surface? Yes \_\_\_\_\_

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

various

# 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	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.

The partially buried produced water vaults at these tank batteries will be removed.

## 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 ):

There are two adjacent vaults at the Lindblad TB that will have 1 large pit left behind, 3 adjacent vaults at the McGlothlin 17-11 TB that will have 1 large pit left behind, and only 1 vault at each of the remaining 5 tank battery locations on this form. All 7 pits will have soil samples collected from 2.5' below the ground surface as well as from the pit bottoms. Soil samples will be sent to Origins Laboratory in Denver for Table 910-1 analyses.

### 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 2

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

--            Highest concentration of TPH (mg/kg) 0.414

--            Highest concentration of SAR 0.38

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

           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.

Partially buried produced water vaults will be rmeoved by RamCo or Unlimited.

## 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.

Any remediation action, if any, is dependent on pit soil sample analysis results from the lab. If lab results show no impacts, the pits will be backfilled. If lab results show any impact, it will trigger an assessment of impact extent for the respective location(s).

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

## 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 Lucero 34-6 pit has been backfilled.

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

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

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). 03/27/2018

Date of commencement of Site Investigation. 04/24/2018

Date of completion of Site Investigation. 04/30/2018

### 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 Supplemental Form 27 is for the closure of the Lucero 34-6 partially buried produced water vault. The vault has been removed and pit backfilled. All results are within Table 910-1 standards. Lab results report and sample location figure are attached with this document.

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

Signed: Dave Castro

Title: Sr. Env. Specialist

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

Email: dcastro@srcenergy.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: 11146

### 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

401676084	ANALYTICAL RESULTS
401676085	SOIL SAMPLE LOCATION MAP

Total Attach: 2 Files

### General Comments

#### User Group

#### Comment

#### Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)