

State of Colorado
Oil and Gas Conservation Commission

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Document Number:
402129385

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: ALAMOSA DRILLING INC	Operator No: 900	Phone Numbers
Address: 8150 N. CENTRAL EXPY - STE 750		Phone: (214) 244-3819
City: DALLAS State: TX Zip: 75205-1832		Mobile: ()
Contact Person: Todd Moore	Email: kiowagas@sbcglobal.net	

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: _____ Initial Form 27 Document #: 402129385

PURPOSE INFORMATION

- 901.e. Sensitive Area Determination
- 909.c.(1), Rule 905: Pit or PW vessel closure
- 909.c.(2), Rule 906: Spill/Release Remediation
- 909.c.(3), Rule 907.e.: Land treatment of oily waste
- 909.c.(4), Rule 908.g.: Centralized E&P Waste Management Facility closure
- 909.c.(5), Rule 910.b.(4): Remediation of impacted ground water
- Rule 909.e.(2)A.: Notice completion of remediation in accordance with Rule 909.b.
- Rule 909.e.(2)B.: Closure of remediation project
- Rule 906.c.: Director request
- Other _____

SITE INFORMATION

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

Facility Type: WELL	Facility ID: _____	API #: 007-06253	County Name: ARCHULETA
Facility Name: ALBERT MARTINEZ 1	Latitude: 37.017933	Longitude: -106.878183	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: NENE	Sec: 18	Twp: 32N	Range: 1E Meridian: N Sensitive Area? No

SITE CONDITIONS

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

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

SITE INVESTIGATION PLAN

TYPE OF WASTE:

- | | | |
|--|---|--|
| <input type="checkbox"/> E&P Waste | <input checked="" type="checkbox"/> Other E&P Waste | <input type="checkbox"/> Non-E&P Waste |
| <input 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 checked="" type="checkbox"/> Other (as described by EPA) | Stained soil |

DESCRIPTION OF IMPACT

Impacted?	Impacted Media	Extent of Impact	How Determined
Yes	SOILS	roughly 60-70 square feet	visually

INITIAL ACTION SUMMARY

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

Assessed impact site. Devised plan to remove stained soil via backhoe and have affected material taken to appropriate waste facility.

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 taken. Exact number yet to be determined.

Proposed Groundwater Sampling

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

Release did not appear to affect ground water.

Proposed Surface Water Sampling

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

Released did not appear to affect surface water. All contained within containment dyke.

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? _____
Approximate areal extent (square feet) 64

NA / ND

NA Highest concentration of TPH (mg/kg) _____
NA 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) 8'
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

SOURCE REMOVAL SUMMARY

Describe how source is to be removed.

Backhoe transfer to dump truck.

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.

Fresh soil will be brought in to replace that which was removed.

Soil Remediation Summary

In Situ

Ex Situ

_____ Bioremediation (or enhanced bioremediation)

Yes _____ Excavate and offsite disposal

_____ Chemical oxidation

_____ If Yes: Estimated Volume (Cubic Yards) _____ 5

_____ 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.

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.

Area was relatively small and contained within the containment dyke currently in place. Stained soil will be removed and replaced with fresh native soil. No seeding necessary.

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. 05/01/2019

Actual Spill or Release date, if known. _____

SITE INVESTIGATION DATES

Date of Initial Actions described in Site Investigation Plan (start date). 07/11/2019

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 is a preliminary submittal. Remediation is being scheduled with service providers.

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

Signed: ` Todd Moore _____

Title: President _____

Submit Date: ` _____

Email: kiowagas@sbcglobal.net _____

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

<u>COA Type</u>	<u>Description</u>

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

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)