

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:

402160305

Receive Date:

08/28/2019

Report taken by:

RICK ALLISON

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>BAYSWATER EXPLORATION & PRODUCTION LLC</u> | Operator No: <u>10261</u> | Phone Numbers |
| Address: <u>730 17TH ST STE 500</u> | | Phone: <u>(303) 8932503</u> |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> | | Mobile: <u>(720) 8222276</u> |
| Contact Person: <u>Ryan Sokolowski</u> | Email: <u>rsokolowski@bayswater.us</u> | |

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: 14105 Initial Form 27 Document #: 402160305

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: <u>LOCATION</u> | Facility ID: <u>310231</u> | API #: _____ | County Name: <u>WELD</u> |
| Facility Name: <u>LIND FARMS-67N67W 26NENE</u> | Latitude: <u>40.550220</u> | Longitude: <u>-104.853070</u> | |
| ** correct Lat/Long if needed: Latitude: <u>40.549659</u> | | Longitude: <u>-104.853333</u> | |
| QtrQtr: <u>NENE</u> | Sec: <u>26</u> | Twp: <u>7N</u> | Range: <u>67W</u> Meridian: <u>6</u> Sensitive Area? <u>Yes</u> |

SITE CONDITIONS

General soil type - USCS Classifications OL Most Sensitive Adjacent Land Use Cropland

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? Yes

Other Potential Receptors within 1/4 mile

An unidentified stream is approximately 122 ft to the west of the production facility.

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 |
|--------------|----------------|------------------|-------------------------------------|
| UNDETERMINED | SOILS | To Be Determined | Soil Sampling/Laboratory Analytical |

INITIAL ACTION SUMMARY

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

A subsurface assessment will be conducted and soil samples will be collected to determine if hydrocarbon impacts to the subsurface media exist from one (1) partially buried fiberglass produced water vessel and one (1) partially buried concrete water vessel.

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):

Once the produced water vessels are removed, five (5) soil samples per vessel will be taken from the surrounding area of the former pit location. These samples will be field screened using a photoionization detector (PID). In the absence of any elevated PID reading, the soil samples will be submitted for total petroleum hydrocarbons (TPH), benzene, toluene, ethylbenzene, and total xylenes (BTEX), pH, and specific conductivity (EC). The analytical results will be compared to Colorado Oil and Gas Conservation Commissions' (COGCC) Table 910-1. If EC exceeds the COGCC allowable level, the sample(s) will be further analyzed for sodium absorption ratio. The analytical results will be provided in a supplemental Form 27.

Proposed Groundwater Sampling

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

If groundwater is encountered, a grab sample will be collected from each boring for benzene, toluene, ethylbenzene, and total xylenes (BTEX) analysis.

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? _____

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? Yes _____

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.

Soil samples will be collected from the former pit locations for laboratory analysis of TPH, BTEX, pH, EC and SAR (if applicable.) If impacted soil with concentrations exceeding COGCC Table 910-1 levels are encountered, the impacted soil will be remediated.

REMEDICATION 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.

N/A

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.

REMEDATION PROGRESS UPDATE

PERIODIC REPORTING

Frequency: ☐ Quarterly ☐ Semi-Annually ☐ Annually ☒ Other As Necessary

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.

The former pit locations will be resorted to its' existing grade

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. _____

SITE INVESTIGATION DATES

Date of Initial Actions described in Site Investigation Plan (start date). 08/30/2019

Date of commencement of Site Investigation. 09/02/2019

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

Lat/long of produced water pit: 40.549659, -104.853333

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

Signed: Ryan Sokolowski

Title: Environmental Coordinator

Submit Date: 08/28/2019

Email: rsokolowski@bayswater.us

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: RICK ALLISON

Date: 08/30/2019

Remediation Project Number: 14105

COA Type**Description**

| | |
|--|--|
| | Operator shall submit a Form 27 Supplemental Report within 45 days of performing this environmental investigation. |
|--|--|

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**

| | |
|-----------|---------------------------|
| 402160305 | FORM 27-INITIAL-SUBMITTED |
|-----------|---------------------------|

Total Attach: 1 Files

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

| | | |
|--|--|---------------------|
| | | Stamp Upon Approval |
|--|--|---------------------|

Total: 0 comment(s)