

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:  
402181706

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: CORAL PRODUCTION CORP	Operator No: 20275	<b>Phone Numbers</b>
Address: 1600 STOUT ST STE 1500		Phone: (303) 623-3573
City: DENVER State: CO Zip: 80202		Mobile: (303) 623-2870
Contact Person: Jim Wieger	Email: jimwieger@qwestoffice.net	

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: \_\_\_\_\_ Initial Form 27 Document #: 402181706

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 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 checked="" 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

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

Facility Type: WELL	Facility ID: _____	API #: 087-07047	County Name: MORGAN
Facility Name: PETERSEN 1	Latitude: 40.133700	Longitude: -103.665150	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: S2SE	Sec: 17	Twp: 2N	Range: 56W Meridian: 6 Sensitive Area? No
Facility Type: WELL	Facility ID: _____	API #: 087-07069	County Name: MORGAN
Facility Name: PETERSON 2	Latitude: 40.130200	Longitude: -103.666680	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: NWNE	Sec: 20	Twp: 2N	Range: 56W Meridian: 6 Sensitive Area? No
Facility Type: WELL	Facility ID: _____	API #: 087-07071	County Name: MORGAN
Facility Name: USA-BREW 1	Latitude: 40.136780	Longitude: -103.663570	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: NESE	Sec: 17	Twp: 2N	Range: 56W Meridian: 6 Sensitive Area? No



# 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 type="checkbox"/> Produced Water       | <input type="checkbox"/> Workover Fluids             | _____                                  |
| <input checked="" 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	LIMITED TO WELLHEAD PAD AND BATTERY	VISIBLE STAINING

## INITIAL ACTION SUMMARY

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

IN PROCESS OF REMOVING ALL EQUIPMENT TO FACILITATE SOIL REMEDIATION. ALL VISIBLY STAINED SOILS FROM THE TANK BATTERY AND WELLHEADS FOR THE PETERSON LEASE WILL BE STOCKPILED ONSITE UNTIL CONFIRMATION SAMPLING HAS BEEN COMPLETED.

## 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 ):

SAMPLES WILL BE OBTAINED USING A GRID OVER THE TANK BATTERY CONTAINMENT AREA; SAMPLES WILL BE ANALYZED IN ACCORDANCE WITH RULE 910B(3) FOR SOIL IMPACTED BY HYDROCARBONS; A WRITTEN REMEDIATION WORKPLAN IS ATTACHED WITH PROPOSED LOCATION DIAGRAMS; 11 composite for TPH, BTEX; 3 composite for SAR, pH, EC.

### 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 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? 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.

SOURCES HAS BEEN ELIMINATED IN THE PROCESS OF PLUGGING AND ABANDONMENT OF LOCATION.

## 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.

SOIL WILL BE EXCAVATED AND REMOVED TO APPROVED DISPOSAL FACILITY

## Soil Remediation Summary

In Situ

Ex Situ

Bioremediation ( or enhanced bioremediation )  
 Chemical oxidation  
 Air sparge / Soil vapor extraction  
 Natural Attenuation  
 Other \_\_\_\_\_

Yes  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.

RECLAMATION WILL CONSIST OF REGRADING TO NATURAL CONTOURS. SEEDING PROGRAM WILL BE PROVIDED WHEN REMEDIATION IS COMPLETED

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). 09/20/2019

Date of commencement of Site Investigation. 10/01/2019

Date of completion of Site Investigation. \_\_\_\_\_

### REMEDIAL ACTION DATES

Date of commencement of Remediation. 10/24/2019

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

### SITE RECLAMATION DATES

Date of commencement of Reclamation. 11/01/2019

Date of completion of Reclamation. \_\_\_\_\_

**OPERATOR COMMENT**

Inspection Form 688000329 references a pit that does not exist. Photos are in reference to the tank battery containment area. Apparently there are some outstanding pit permits for this site that were never implemented. No produced water pit was ever used at this site. A pit area was constructed prior to Coral operations but was never used. Coral was required to conduct closure on this area including a groundwater sample. Pit was deemed closed in 2008.

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

Signed: Jim Wieger

Title: GEOLOGIST

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

Email: jimwieger@qwestoffice.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**

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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**

402182566	SOIL SAMPLE LOCATION MAP
402182581	SITE INVESTIGATION PLAN

Total Attach: 2 Files

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

		Stamp Upon Approval
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Total: 0 comment(s)