

State of Colorado
Oil and Gas Conservation Commission

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Report taken by:
BOB CHESSON

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 INFORMATON

Name of Operator: <u>PDC ENERGY INC</u>	Operator No: <u>69175</u>	Phone Numbers
Address: <u>1775 SHERMAN STREET - STE 3000</u>		Phone: <u>(303) 860-5800</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u>		Mobile: <u>()</u>
Contact Person: <u>Karen Olson</u>	Email: <u>COGCCSpillRemediation@pdce.com</u>	

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION
Remediation Project #: 5398 Initial Form 27 Document #: 1761138

PURPOSE INFORMATION

<input type="checkbox"/> 901.e. Sensitive Area Determination	<input checked="" 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 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 Facilites (in accordance with Rule 909.c.)

Facility Type: <u>LOCATION</u>	Facility ID: <u>323514</u>	API #: _____	County Name: <u>WELD</u>
Facility Name: <u>SKURICH-ROTHE-65N63W 6NENE</u>	Latitude: <u>40.433920</u>	Longitude: <u>-104.472530</u>	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: <u>NENE</u>	Sec: <u>6</u>	Twp: <u>5N</u>	Range: <u>63W</u> Meridian: <u>6</u> Sensitive Area? <u>Yes</u>

SITE CONDITIONS

General soil type - USCS Classifications SM 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

SURFACE WATER 2110' NW, BUILDING 4280' NW, WATER WELL 2300' S AND DEPTH TO GROUNDWATER 50' BGS.

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	75' N-S X 30' E-W X 32' BGS	SOIL SAMPLES

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 FORM 19 WAS SUBMITTED ON MAY 28, 2009 (SPILL #1943782).

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):

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 8
Was extent of groundwater contaminated delineated? No
Depth to groundwater (below ground surface, in feet) 38'
Number of groundwater monitoring wells installed 10
Number of groundwater samples exceeding 910-1 2

-- _____ Highest concentration of Benzene (µg/l) 470
-- _____ Highest concentration of Toluene (µg/l) 580
-- _____ Highest concentration of Ethylbenzene (µg/l) 52
-- _____ Highest concentration of Xylene (µg/l) 1000
NA _____ 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?

PLEASE REFER TO ATTACHED LETTER. THE SVE WELL WILL BE MONITORED FOR THE NEXT 12 MONTHS TO 18 MONTHS AND SAMPLES WILL BE COLLECTED QUARTERLY IN ORDER TO EVALUATE THE CONTINUED EFFECTIVENESS AND NATURAL ATTENUATION. AFTER 12 MONTHS TO 18 MONTHS, PDC RECOMMENDS EVALUATING THE DATA TO DETERMINE WHETHER CONTINUED USE OF PASSIVE SVE TECHNIQUES IS SUFFICIENT FOR MITIGATING THE REMAINING IMPACTS.

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.

Source removal activities were summarized in the Form 19 submitted on May 20, 2009.

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.

Enhanced fluid recovery (EFR) and air sparge (AS) activities were conducted between the second quarter 2014 and second quarter 2018. Active and passive light non-aqueous phase liquid (LNAPL) recovery has been conducted since the first quarter 2013. Operation of a solar soil vapor extraction (SVE) system has been conducted since first quarter 2016. LNAPL recovery and operation of the SVE system will continue through the first quarter 2020.

Soil Remediation Summary

In Situ

Ex Situ

_____ Bioremediation (or enhanced bioremediation)

_____ Excavate and offsite disposal

_____ Chemical oxidation

If Yes: Estimated Volume (Cubic Yards) _____

Yes _____ Air sparge / Soil vapor extraction

Name of Licensed Disposal Facility or COGCC Facility ID # _____

_____ Natural Attenuation

_____ Excavate and onsite remediation

_____ Other _____

_____ Land Treatment

_____ Bioremediation (or enhanced bioremediation)

_____ Chemical oxidation

_____ Other _____

Groundwater Remediation Summary

_____ Bioremediation (or enhanced bioremediation)

_____ Chemical oxidation

Yes _____ Air sparge / Soil vapor extraction

Yes _____ 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.

PDC will continue to sample the ten (10) monitoring wells (BH01R, BH02 – BH04, BH05R, and BH07 – BH11) and one remediation well (SVE Well) on a quarterly basis to assess the dissolved phase petroleum hydrocarbon impacts in groundwater using USEPA Method 8260. Groundwater sampling will continue until four consecutive quarters of groundwater monitoring data indicate that BTEX concentrations are in compliance with the COGCC Table 910-1 groundwater standards.

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? No

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? No

Do all soils meet Table 910-1 standards? _____

Does the previous reply indicate consideration of background concentrations? _____

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? _____

Is additional groundwater monitoring to be conducted? _____

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 production facility was decommissioned in July 2017. The former location will be reclaimed in accordance with COGCC Series 1000 Rules.

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). _____

Date of commencement of Site Investigation. 05/20/2009

Date of completion of Site Investigation. 06/12/2010

REMEDIAL ACTION DATES

Date of commencement of Remediation. 05/22/2009

Date of completion of Remediation. _____

SITE RECLAMATION DATES

Date of commencement of Reclamation. _____

Date of completion of Reclamation. _____

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: Karen Olson _____

Title: Senior Program Manager _____

Submit Date: 11/21/2019 _____

Email: COGCCSpillRemediation@pdce.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: BOB CHESSON _____

Date: 11/21/2019 _____

Remediation Project Number: 5398 _____

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

402246186	FORM 27-SUPPLEMENTAL-SUBMITTED
402246230	MONITORING REPORT

Total Attach: 2 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)