

State of Colorado Oil and Gas Conservation Commission

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Document Number:

402251762

Receive Date:

12/02/2019

Report taken by:

Jason Kosola

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: EVERGREEN NATURAL RESOURCES LLC | Operator No: 10705 | Phone Numbers Phone: (719) 846-7898 Mobile: () |
| Address: 1801 BROADWAY SUITE 350 | | |
| City: DENVER | State: CO Zip: 80202 | |
| Contact Person: Cheri Morgan | Email: cheri.morgan@enrllc.com | |

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: 9759 Initial Form 27 Document #: 200439949

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: PIT | Facility ID: 261276 | API #: _____ | County Name: LAS ANIMAS |
| Facility Name: LORENCITO 8-21 | | Latitude: 37.071037 | Longitude: -104.779027 |
| | | ** correct Lat/Long if needed: Latitude: _____ | Longitude: _____ |
| QtrQtr: SENE | Sec: 21 | Twp: 34S | Range: 66W Meridian: 6 Sensitive Area? Yes |

SITE CONDITIONS

General soil type - USCS Classifications CL Most Sensitive Adjacent Land Use NON 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

Nearest WW - 1562' (if DWR point is accurate). Nearest surface water - 1296' (if live water present)

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 |
|-----------|----------------|------------------|----------------|
| Yes | SOILS | soil within pit | 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.

Produced water from this well was being stored in this onsite pit. The well is no longer going to the pit.

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):

To investigate the soil quality in and around the production pit, we collected grab samples from top of pit and bottom of pit. These samples were analyzed for Table 910-1 standards criteria.

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 6

Number of soil samples exceeding 910-1 6

Was the areal and vertical extent of soil contamination delineated? No

Approximate areal extent (square feet) 0

NA / ND

-- Highest concentration of TPH (mg/kg) 5.8

-- Highest concentration of SAR 2

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) 0

Number of groundwater monitoring wells installed 0

Number of groundwater samples exceeding 910-1 0

Highest concentration of Benzene (µg/l) 0

Highest concentration of Toluene (µg/l) 0

Highest concentration of Ethylbenzene (µg/l) 0

Highest concentration of Xylene (µg/l) 0

Highest concentration of Methane (mg/l) 0

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) 0

Volume of liquid waste (barrels) 0

☐ 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.

Produced water is not being sent to this pit and it is no longer needed.

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.

NA

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.

It is not expected that produced water stored in this pit communicated with nor affected groundwater.

REMEDATION 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: _____

REMEDATION COMPLETION REPORT

REMEDATION COMPLETION SUMMARY

Is this a Final Closure Request for this Remediation Project? Yes _____

Do all soils meet Table 910-1 standards? No _____

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? Yes _____

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.

Pit liner has been removed for soil sampling and properly disposed of. If back berm of pit exists, this material will be utilized to backfill pit. Native fill material may be collected from the recontouring of cut and fill slopes. Fill material will be brought onsite, if needed, to adequately backfill pit. The top 3 feet of the pit will be filled with at least 25% native soil. If topsoil exists, this material will be overlain on the fill material. Backfilled material may be contoured in a manner to be utilized as a stormwater BMP.

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). _____

Date of commencement of Site Investigation. 05/15/2014

Date of completion of Site Investigation. 08/15/2014

REMEDIAL ACTION DATES

Date of commencement of Remediation. _____

Date of completion of Remediation. 08/29/2016

SITE RECLAMATION DATES

Date of commencement of Reclamation. _____

Date of completion of Reclamation. _____

OPERATOR COMMENT

The use of backfill material, native fill material from the recontouring of cut and fill slopes and fill material was used to backfill pit to required standards. Material was contoured in a manner to be utilized as Stormwater BMP & location was reseeded.

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

Signed: Cheri Morgan

Title: Regulatory Specialist

Submit Date: 12/02/2019

Email: cheri.morgan@enrllc.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: Jason Kosola

Date: 01/06/2020

Remediation Project Number: 9759

COA Type

Description

| | |
|--|---|
| | Based on review of information presented it appears that no further action is necessary at this time. However, should future conditions at the site indicate contaminant concentrations in soils exceeding COGCC standards or if ground water or vegetation is found to be significantly impacted, further investigation and/or remediation activities may be required at the site. |
|--|---|

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

| | |
|-----------|--------------------------------|
| 402251762 | FORM 27-SUPPLEMENTAL-SUBMITTED |
|-----------|--------------------------------|

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)