

State of Colorado Oil and Gas Conservation Commission

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Receive Date:

01/09/2020

Report taken by:

ROB YOUNG

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

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: 14238 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 checked="" 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 checked="" 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

Y 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

Facility Type:	TANK BATTERY	Facility ID:	313844	API #:		County Name:	MORGAN
Facility Name:	PETERSEN-62N56W 17S2SE			Latitude:	40.132993	Longitude:	-103.665125
				** correct Lat/Long if needed: Latitude:		Longitude:	
QtrQtr:	S2SE	Sec:	17	Twp:	2N	Range:	56W
					Meridian:	6	Sensitive Area?
							No

SITE CONDITIONS

General soil type - USCS Classifications	SP	Most Sensitive Adjacent Land Use	NATIVE GRASSLAND
Is domestic water well within 1/4 mile?	No	Is surface water within 1/4 mile?	No
Is groundwater less than 20 feet below ground surface?	No		

Other Potential Receptors within 1/4 mile

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	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 14

Number of soil samples exceeding 910-1 0

Was the areal and vertical extent of soil contamination delineated? Yes

Approximate areal extent (square feet) 0

NA / ND

-- Highest concentration of TPH (mg/kg) 246

-- Highest concentration of SAR 1.05

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?

One background sample was obtained for inorganics.

☐ 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.

SOURES 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

_____ Bioremediation (or enhanced bioremediation)

_____ Chemical oxidation

_____ Air sparge / Soil vapor extraction

_____ Natural Attenuation

_____ Other _____

☒ Ex Situ

Yes _____ Excavate and offsite disposal

_____ If Yes: Estimated Volume (Cubic Yards) _____ 300

_____ 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 _____

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? Yes _____

Does the previous reply indicate consideration of background concentrations? Yes _____

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? Yes _____

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.

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

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: 01/09/2020

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: ROB YOUNG

Date: 01/09/2020

Remediation Project Number: 14238

COA Type

Description

	Based on the information presented, it appears that no further action is necessary at this time and the COGCC approves the closure request. However, should future conditions at the site indicate contaminant concentrations in soils exceeding COGCC standards or if ground water is found to be impacted, then further investigation and/or remediation activities may be required. In addition, the surface area disturbed by the remediation activity shall be reclaimed in accordance with the 1000 Series Reclamation Rules.
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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

402281487	FORM 27-SUPPLEMENTAL-SUBMITTED
402281553	OTHER

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)