

# State of Colorado Oil and Gas Conservation Commission

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Document Number:

402398543

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: TOP OPERATING COMPANY	Operator No: 39560	<b>Phone Numbers</b>
Address: 3609 S WADSWORTH BLVD STE 340		Phone: (303) 727-9915
City: LAKEWOOD State: CO Zip: 80235		Mobile: ( )
Contact Person: Paul Herring	Email: paul.herring@topoperating.com	

### PROJECT, PURPOSE & SITE INFORMATION

#### PROJECT INFORMATION

Remediation Project #: Initial Form 27 Document #: 402398543

#### 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: TANK BATTERY	Facility ID: 426981	API #:	County Name: WELD
Facility Name: Stamp 31-2 426981	Latitude: 40.186687	Longitude: -105.048643	
** correct Lat/Long if needed: Latitude: 40.187067		Longitude: -105.048726	
QtrQtr: NENW	Sec: 31	Twp: 3N	Range: 68W Meridian: 6 Sensitive Area? Yes

#### SITE CONDITIONS

General soil type - USCS Classifications SC

Most Sensitive Adjacent Land Use Union Reservoir, approx. 700' east of site

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

# 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	GROUNDWATER	unknown	lab results following sample collection
UNDETERMINED	SOILS	unknown	lab results following sample collection

## INITIAL ACTION SUMMARY

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

Crack observed in fiberglass partially buried produced water vessel. Produced water was removed from vessel to investigate further. Excavation activities commenced to assess potential petroleum hydrocarbon impacted soil. Water vessel will be removed for further investigation following Initial Form 27 approval.

## 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 ):

Five grab soil samples will be collected for field screening via photoionization detector (PID). One sample from the floor of the excavation and one sample from each sidewall of the excavation will be collected for field screening. The soil sample collected from the floor and the sidewall exhibiting the highest PID reading will be submitted for laboratory analysis of BTEX, TPH-GRO, and TPH-DRO. The sidewall soil sample (if <3 feet bgs) will also be submitted for laboratory analysis of inorganics (EC, pH, SAR). In addition, three grab soil samples from nearby non-impacted native soil will be collected for the purpose of establishing background conditions (EC, pH, SAR).

### Proposed Groundwater Sampling

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

If groundwater is encountered within the excavation a groundwater sample will be collected and submitted for laboratory analysis of BTEX.

### 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?

Soil and groundwater assessment activities to determine potential impacts.

# REMEDIAL ACTION PLAN

## SOURCE REMOVAL SUMMARY

Describe how source is to be removed.

Any soil impacted above COGCC Table 910-1 regulatory limits will be excavated from the site and disposed of at an approved facility. Impacted soil in exceedance of Table 910-1 regulatory limits for only EC, SAR, pH will not be removed below the root zone (established at 3 ft below ground surface, per COGCC guidance).

## 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.

Remediation action plan summary will be developed if necessary following receipt of the laboratory analytical results.

## 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 \_\_\_\_\_

**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 activities will be completed per the COGCC 1000 series rules.

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). 05/14/2020

Date of commencement of Site Investigation. \_\_\_\_\_

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**

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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: ` Paul Herring \_\_\_\_\_

Title: Landman \_\_\_\_\_

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

Email: paul.herring@topoperating.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: \_\_\_\_\_

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**

402398716	SOIL SAMPLE LOCATION MAP
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Total Attach: 1 Files

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

		Stamp Upon Approval
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Total: 0 comment(s)