

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:

402444755

Receive Date:

07/24/2020

Report taken by:

CHRIS CANFIELD

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: <u>KP KAUFFMAN COMPANY INC</u>	Operator No: <u>46290</u>	Phone Numbers
Address: <u>1675 BROADWAY, STE 2800</u>		Phone: <u>(303) 825-4822</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>		Mobile: <u>(720) 317-8161</u>
Contact Person: <u>Max Knop</u>	Email: <u>mknop@kpk.com</u>	

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: 15825 Initial Form 27 Document #: 402444755

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

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

Facility Type: <u>SPILL OR RELEASE</u>	Facility ID: <u>474780</u>	API #: _____	County Name: <u>WELD</u>
Facility Name: <u>Cosslett #3</u>	Latitude: <u>40.080399</u>	Longitude: <u>-104.956453</u>	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: <u>NESW</u>	Sec: <u>1</u>	Twp: <u>1N</u>	Range: <u>68W</u> Meridian: <u>6</u> Sensitive Area? <u>No</u>

SITE CONDITIONS

General soil type - USCS Classifications SC Most Sensitive Adjacent Land Use Cropland

Is domestic water well within 1/4 mile? Yes Is surface water within 1/4 mile? No

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
Yes	SOILS	Unknown	Undetermined

INITIAL ACTION SUMMARY

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

KPK was notified by Occidental Petroleum about the Cosslett #3 flowline release. Upon notification of the release, KPK immediately shut-in the flowline. Excavation equipment was brought in to remove surface staining only. Additional excavation could not be performed due to co-located flowlines in the area. A hydrovac unit will be needed to continue excavation activities. No pooled liquids were present upon arrival at the location of the release. Based on the observation of minimal surface staining, it is estimated that the release was less than 1 bbl of fluid. Flowline failure occurred due to ground settling as a result of recent installation of flowline by separate operator. Damaged section of flowline will be repaired and flowline will be pressure tested before being brought back into service.

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):

Final vertical and horizontal extent of the excavation will be based on results from collected grab soil samples. all soil Samples will be analyzed for TPH, DRO, GRO, ORO, BTEX, pH, EC, and SAR and verified complaint with COGCC Tale 910-1. At a minimum, one grab sample will be collected from each excavation wall as well as from the base of the excavation area.

Proposed Groundwater Sampling

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

If groundwater is encountered during excavation activities, one (1) grab sample will be collected and verified complaint with COGCC Table 910-1. If analytical results exceed Table 910-1 thresholds, a Form 27 Site Investigation and Remediation Workplan for the investigation and remediation of impacts to groundwater in accordance with Rule 909.c. will be submitted.

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?

Total extent of soil impact remains to be defined. Extent of impacted soil will be defined by the final limits of excavation activities, which will be defined by analytical results of none detect or below Table 910-1 thresholds. Coordination with co-located operator to hydrovac release location necessary to begin any remediation work.

REMEDIAL ACTION PLAN

SOURCE REMOVAL SUMMARY

Describe how source is to be removed.

Impacted soil will be excavated until soil sample results prove no exceedances of Table 910-1 thresholds. Grab soil samples will be collected to confirm the impact was removed.

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.

Excavation source removal and confirmation soil sampling. Excavated soil will be disposed of at a certified 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) _____ 10
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.

Upon obtaining complaint confirmation of soil samples, the excavation area will be backfilled, recontoured, ripped, and seeded.

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). 03/11/2020

Date of commencement of Site Investigation. 08/17/2020

Date of completion of Site Investigation. _____

REMEDIAL ACTION DATES

Date of commencement of Remediation. 08/17/2020

Date of completion of Remediation. _____

SITE RECLAMATION DATES

Date of commencement of Reclamation. _____

Date of completion of Reclamation. _____

OPERATOR COMMENT

This initial Form 27 is being submitted because the spill/release has not been resolved as of the end of the second quarter of 2020.

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

Signed: Max Knop

Title: Gen Mangr of Air Quality

Submit Date: 07/24/2020

Email: mknop@kpk.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: CHRIS CANFIELD

Date: 08/10/2020

Remediation Project Number: 15825

COA Type**Description**

	Submit Form 19 Supplemental Report for the purpose of requesting closure of Spill/Release 474780 as work will proceed under this Form 27. The Form 19 Supplemental Report must describe the root cause of the incident and preventative measures taken to mitigate recurrence. Specify the location of the failure (i.e. 6 o'clock position). If the root cause was corrosion, specify if it was external or internal.
--	--

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**

402444755	FORM 27-INITIAL-SUBMITTED
-----------	---------------------------

Total Attach: 1 Files

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

Environmental	Reassigned task based on new EPS area assignments	07/27/2020
---------------	---	------------

Total: 1 comment(s)