

State of Colorado  
Oil and Gas Conservation Commission

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Document Number:

402467531

Receive Date:

Report taken by:

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: FRITZLER RESOURCES INC	Operator No: 31257	<b>Phone Numbers</b>
Address: P O BOX 114		Phone: (970) 8679388
City: FORT MORGAN	State: CO Zip: 80701	Mobile: (970) 7680845
Contact Person: Gene Fritzler	Email: gfrizler12@gmail.com	

PROJECT, PURPOSE & SITE INFORMATION

**PROJECT INFORMATION**  
Remediation Project #: 9990 Initial Form 27 Document #: 200440944

**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: 109584	API #: _____	County Name: WASHINGTON
Facility Name: HARBERT 23-7	Latitude: 39.711201	Longitude: -103.587097	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: NESW	Sec: 7	Twp: 4S	Range: 55W Meridian: 6 Sensitive Area? No

**SITE CONDITIONS**

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

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:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> E&P Waste       | <input checked="" type="checkbox"/> Other E&P Waste  | <input type="checkbox"/> Non-E&P Waste |
| <input type="checkbox"/> Produced Water  | <input type="checkbox"/> Workover Fluids             | _____                                  |
| <input 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 checked="" 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	approx. 500 sq. ft.	visual

## INITIAL ACTION SUMMARY

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

Skim Pit wa removed from service and all pipe supports and screening were removed. Oil was recovered and treated on site

## 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 ):

Pit sides and bottom were sampled for BETX TPH, EC Sar, pH, results are presented in attachments

### 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 5

Number of soil samples exceeding 910-1 2

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

Approximate areal extent (square feet) 144

### NA / ND

--            Highest concentration of TPH (mg/kg) 49.3

--            Highest concentration of SAR 18.7

BTEX > 910-1 No

Vertical Extent > 910-1 (in feet) 6

### 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?

# 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.

Fluids from the skim pit were removed and treated on site, The pit was treated with bacteria inoculated peat moss After less than a year the soil was excavated and transported to a waste disposal facility

## 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.

Reclamation of the impacted soils will be to remove the soils and disposal of at a waste management facility  
The existing cement cistern was tested in october 2017 with good integrity.  
The cistern Was evacuated and replaced by a fiberglass skim tank. We recommend closing and backfilling the pit at this time.  
the fiberglass tank was installed in 2019

## Soil Remediation Summary

In Situ

Ex Situ

\_\_\_\_\_ Bioremediation ( or enhanced bioremediation )  
\_\_\_\_\_ Chemical oxidation  
\_\_\_\_\_ Air sparge / Soil vapor extraction  
\_\_\_\_\_ Natural Attenuation  
\_\_\_\_\_ Other \_\_\_\_\_

Yes \_\_\_\_\_ Excavate and offsite disposal  
If Yes: Estimated Volume (Cubic Yards) \_\_\_\_\_ 72  
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 Aug 2020

Report Type:  Groundwater Monitoring  Land Treatment Progress Report  O&M Report

Other Completion of closure of skim tank

## WASTE DISPOSAL INFORMATION

Was E&P waste generated as part of this remediation? Yes

Describe beneficial use, if any, of E&P Waste derived from this remediation project:

The Legacy skim tank was removed  
Side wall samples and bottom samples were obtained January 3, 2020

Volume of E&P Waste (solid) in cubic yards 20

E&P waste (solid) description Legacy skim tank, and adjacent soils

COGCC Disposal Facility ID #, if applicable:

Non-COGCC Disposal Facility: Waste Management Denver  
Arapahoe Disposal

Volume of E&P Waste (liquid) in barrels 0

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? 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.

Replace Cistern with Fiberglass tanks, the area will be backfilled and recontoured, Since the area is within the operational areas no reseeding is required,

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?

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. 01/01/2017

Date of completion of Site Investigation. 07/14/2018

## REMEDIAL ACTION DATES

Date of commencement of Remediation. 01/01/2017

Date of completion of Remediation. 10/12/2017

## SITE RECLAMATION DATES

Date of commencement of Reclamation. 06/12/2019

Date of completion of Reclamation. 10/15/2019

## OPERATOR COMMENT

Removal of skim pit, skim tank and closure of skim tank has been completed  
Photograph of completion of closure

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

Signed: Gene Fritzler \_\_\_\_\_

Title: vp \_\_\_\_\_

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

Email: gfritzler12@gmail.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: 9990

## 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

<u>Att Doc Num</u>	<u>Name</u>
402467545	PHOTOS

Total Attach: 1 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)