

# State of Colorado Oil and Gas Conservation Commission

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Document Number:

402523538

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: CAERUS PICEANCE LLC	Operator No: 10456	<b>Phone Numbers</b>
Address: 1001 17TH STREET #1600		Phone: (970) 778-2314
City: DENVER State: CO Zip: 80202		Mobile: (970) 778-2314
Contact Person: Jake Janicek	Email: jjanicek@caerusoilandgas.com	

### PROJECT, PURPOSE & SITE INFORMATION

#### PROJECT INFORMATION

Remediation Project #: 16013 Initial Form 27 Document #: 402501178

#### 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: LOCATION	Facility ID: 324313	API #: _____	County Name: GARFIELD
Facility Name: PUCKETT-67S97W 1NESE	Latitude: 39.473440	Longitude: -108.163280	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: NESE	Sec: 1	Twp: 7S	Range: 97W Meridian: 6 Sensitive Area? Yes

#### SITE CONDITIONS

General soil type - USCS Classifications OH Most Sensitive Adjacent Land Use Rangeland

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

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
No	SOILS	None	Analytical

## INITIAL ACTION SUMMARY

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

All fluids were removed from the partially buried vault (PBV) and the PBV was removed.

Please see the attached documentation which details sampling measures taken to confirm the presence or absence of impacted soil beneath and around the PBV.

## 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 ):

### 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 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) 20.7  
-- Highest concentration of SAR 1.12  
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?

Four background samples were collected from undisturbed areas in all four cardinal directions. Please see Figure 2 on the attached documentation for those sample locations.

☐ 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.

No source removal is necessary.

## **REMEDICATION 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.

No remediation is necessary.

In order to address the arsenic exceedances exhibited in the soil sample collected on 10/2/2020 and 10/12/2020, Caerus is requesting consideration for the COGCC Table 910-1 Concentration Level for arsenic under guidelines set forth under FAQ 31. Caerus believes the request for FAQ 31 consideration is acceptable as the arsenic results for the soil samples were below background concentrations. Samples collected from the location were used for comparison. Table 1 of the attached document summarizes background analytical results and reports are attached to that document. Please see Figure 2 of the attached document which depicts background soil sampling locations.

## **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: \_\_\_\_\_

## 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? No \_\_\_\_\_

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.

Following the tank removal and any additional excavation deemed necessary, the excavation will be backfilled with clean fill to match preexisting grade.

Is the described reclamation complete? \_\_\_\_\_

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. 09/25/2020

Actual Spill or Release date, if known. \_\_\_\_\_

### **SITE INVESTIGATION DATES**

Date of Initial Actions described in Site Investigation Plan (start date). 09/24/2020

Date of commencement of Site Investigation. 09/24/2020

Date of completion of Site Investigation. 10/12/2020

### **REMEDIAL ACTION DATES**

Date of commencement of Remediation. 10/12/2020

Date of completion of Remediation. 10/12/2020

### **SITE RECLAMATION DATES**

Date of commencement of Reclamation. \_\_\_\_\_

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: Jake Janicek

Title: EHS Specialist

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

Email: jjanicek@caerusoilandgas.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: 16013

### **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**

402527219	ANALYTICAL RESULTS
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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)