

State of Colorado
Oil and Gas Conservation Commission

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Document Number:
402576738
Receive Date:
01/15/2021

Report taken by:
John Heil

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: WHITING OIL & GAS CORPORATION	Operator No: 96155	Phone Numbers Phone: (970) 4374113 Mobile: (432) 6616647
Address: 1700 LINCOLN STREET SUITE 4700		
City: DENVER	State: CO	Zip: 80290
Contact Person: Kyle Waggoner	Email: kyle.waggoner@whiting.com	

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION
Remediation Project #: 16440 Initial Form 27 Document #: 402576738

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 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 checked="" type="checkbox"/> Other Rule 911.a Facility Closure

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

Facility Type: WELL	Facility ID: _____	API #: 103-40259	County Name: RIO BLANCO
Facility Name: A C MCLAUGHLIN 91	Latitude: 40.086216	Longitude: -108.877776	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: SENE	Sec: 6	Twp: 1N	Range: 102W Meridian: 6 Sensitive Area? Yes

SITE CONDITIONS

General soil type - USCS Classifications GM Most Sensitive Adjacent Land Use Livestock Grazing

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 checked="" type="checkbox"/> E&P Waste | <input 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 checked="" type="checkbox"/> Drill Cuttings | <input type="checkbox"/> Spent Filters | |
| | <input type="checkbox"/> Pit Bottoms | |
| | <input type="checkbox"/> Other (as described by EPA) | _____ |

DESCRIPTION OF IMPACT

Impacted?	Impacted Media	Extent of Impact	How Determined
UNDETERMINED	SOILS	Unknown	Field screening via PID and EC meter

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 accordance with Rule 911.a we are submitting this Form 27 to close the orphan well pad. Historically in this area we have occasionally encountered what appears to be historical drill cuttings remaining adjacent to the wells. This Form 27 workplan is being submitted to address the cuttings if encountered.

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):

If cuttings or other impacts are discovered via field screening are encountered a minimum of 1 grab sample from below the cuttings after removal will be collected and submitted for laboratory analysis of Table 915-1 to confirm that the extents of the cuttings have been removed to <Table 915-1 Cleanup Concentrations Levels. In addition, a minimum of 1 (5-part composite) sample will be collected from the treated cuttings and submitted for laboratory analysis of Table 915-1 to document that any potential residual impacts are <Table 915-1 Cleanup Concentrations.

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 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
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?

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

SOURCE REMOVAL SUMMARY

Describe how source is to be removed.

If encountered the cuttings will be removed via a combination of mechanical and hand excavation in an effort to minimize disturbing the surrounding vegetation. The removed cuttings will be staged onsite.

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.

If encountered the cuttings (or any impacted material) will be staged and shredded onsite adjacent to the wells. The cuttings will then be processed through a soil shredder with a combination of soil and/or amendments at a ratio necessary to achieve Table 915-1 Cleanup Concentrations.

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.

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.

The location will be reclaimed to the present grade of the location or to the approximate original contour of the landscape and consistent with the 1000-series Rule. Seeding of the disturbed area will be performed in accordance with its intended use. The seed mix will be prescribed by the landowner. There are no known noxious weeds in the immediate area of the disturbance.

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. _____

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. 06/14/2021 _____

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: ` Kyle Waggoner _____

Title: Reclamation Coordinator _____

Submit Date: ` 01/15/2021 _____

Email: kyle.waggoner@whiting.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: John Heil _____

Date: 01/28/2021 _____

Remediation Project Number: 16440 _____

COA Type**Description**

	Delineate the horizontal and vertical extent of impacted area and remediate impacts to Table 915 standards.
	Operator shall comply with Rule 913.b.(2).C: Composite sample results may be submitted for preliminary analysis and waste profiling. Discrete sample results will be required for confirmation sampling.

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**

402576738	FORM 27-INITIAL-SUBMITTED
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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)