

State of Colorado Oil and Gas Conservation Commission

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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: <u>KP KAUFFMAN COMPANY INC</u>		Operator No: <u>46290</u>	Phone Numbers
Address: <u>1675 BROADWAY, STE 2800</u>			Phone: <u>(303) 8254822</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>	Mobile: <u>()</u>
Contact Person: <u>Jeff Rickard</u>		Email: <u>jrickard@kpk.com</u>	

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: 15773Initial Form 27 Document #: 402443217

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 checked="" type="checkbox"/> Other <u>Quarterly Update</u> |

SITE INFORMATION

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

Facility Type: <u>SPILL OR RELEASE</u>	Facility ID: <u>469095</u>	API #: <u></u>	County Name: <u>WELD</u>
Facility Name: <u>Facility #8 Consolidation Line</u>		Latitude: <u>40.038040</u>	Longitude: <u>-104.857837</u>
		** correct Lat/Long if needed: Latitude: <u></u>	Longitude: <u></u>
QtrQtr: <u>SENW</u>	Sec: <u>23</u>	Twp: <u>1N</u>	Range: <u>67W</u> Meridian: <u>6</u> Sensitive Area? <u>Yes</u>

SITE CONDITIONS

General soil type - USCS Classifications SCMost Sensitive Adjacent Land Use Crop LandIs domestic water well within 1/4 mile? YesIs surface water within 1/4 mile? YesIs 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	Unknown

INITIAL ACTION SUMMARY

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

On November 7, 2019, at 11:00 am land owner notified KPK about a potential flowline leak. KPK immediately shut-in flowline (Facility#8 Consolidated Line) same day.

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):

Additional excavation required into adjacent landowner's property. KPK is working on an agreement with adjacent landowner to gain access to continue excavation activities.

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?

Additional excavation required into adjacent landowner's property. KPK is working on an agreement with adjacent landowner to gain access to continue excavation activities.

☐ 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?

The initial clean up and removal of impacted soils has occurred as part of the repair, however, the extent of the impact has yet to be determined.

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.

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.

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.

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) _____ 35

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? No _____

Do all soils meet Table 910-1 standards? _____

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? _____

Does Groundwater meet Table 910-1 standards? _____

Is additional groundwater monitoring to be conducted? _____

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? _____

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). 11/07/2019

Date of commencement of Site Investigation. 10/26/2020

Date of completion of Site Investigation. _____

REMEDIAL ACTION DATES

Date of commencement of Remediation. 10/26/2020

Date of completion of Remediation. _____

SITE RECLAMATION DATES

Date of commencement of Reclamation. _____

Date of completion of Reclamation. _____

OPERATOR COMMENT

This form is being as a quarterly update as required by rule. Currently the Facility 8 line has been repaired and the excavation is ongoing to chase out the extents of the impacts.

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

Signed: Jeff Rickard

Title: Regulatory

Submit Date: _____

Email: jrickard@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: _____

Date: _____

Remediation Project Number: 15773

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

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Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)