

State of Colorado Oil and Gas Conservation Commission

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Document Number:

402650460

Receive Date:

Report taken by:

ALEX FISCHER

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: RED MESA HOLDINGS/O&G LLC	Operator No: 10254	Phone Numbers
Address: 5619 DTC PARKWAY - STE 800		Phone: (970) 903-4072
City: GREENWOOD VILLAGE	State: CO	Zip: 80111
Contact Person: Jim Hughes	Email: jimo.hughes@state.co.us	Mobile: ()

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: Initial Form 27 Document #: 402650460

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 Plug and abandon well and decommission on site production equipment and flow line(s). |

SITE INFORMATION

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

Facility Type: WELL	Facility ID:	API #: 067-06111	County Name: LA PLATA
Facility Name: FERGUSON NO.1 (OWP) F35-1	Latitude: 37.063200	Longitude: -108.125950	
** correct Lat/Long if needed: Latitude:		Longitude:	
QtrQtr: SWNW	Sec: 35	Twp: 33N	Range: 12W
Meridian: N	Sensitive Area?	Yes	

SITE CONDITIONS

General soil type - USCS Classifications MH

Most Sensitive Adjacent Land Use Grazing

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? No

Other Potential Receptors within 1/4 mile

Cinder Gulch

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
UNDETERMINED	GROUNDWATER	TBD	Field screening, analytical results
UNDETERMINED	SOILS	TBD	Field screening, analytical results

INITIAL ACTION SUMMARY

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

The COGCC Orphan Well Program will be plugging the Ferguson No. 1 (OWP) #F35-1 well and decommissioning the associated flow lines and production equipment. Soil samples will be collected in accordance with COGCC Rule 915.e(2)B. Samples will be collected from the wellhead excavation, flow line path(s), within the tank battery, as well as any other area likely to have been impacted. Samples will be submitted for laboratory analysis of Table 915-1 constituents.

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):

Soil samples will be collected for laboratory analysis of Table 915-1 constituents from areas most likely to have been impacted. Visual inspection and field screening of soils will be conducted in the areas surrounding the flow line, well head, tank battery, and production equipment on location. Based on these observations, soil samples may be collected and submitted for laboratory analysis of Table 915-1 constituents. Discrete soil samples will be collected for confirmation of compliance with Table 915-1.

Proposed Groundwater Sampling

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

If a pathway to groundwater is discovered or groundwater is encountered during remediation activities, a sample(s) will be collected and analyzed for Table 915-1 constituents and notice given to COGCC.

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):

Pit Facility ID #119777 will be closed in accordance with applicable COGCC Rules in a separate phase of this OWP work.

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?

Background soil conditions will be determined by the analysis of a sample(s) collected from nearby, non-impacted native soil to establish background concentrations.

☐ 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.

The Ferguson No. 1 (OWP) #F35-1 well will be plugged and abandoned. All production equipment on the Oil and Gas Location will be removed or decommissioned.

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.

Impacted material discovered during the scope of this work plan will be removed and disposed of as E&P waste at an approved 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 # _____ 0
_____ 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 Facility Closure _____

WASTE DISPOSAL INFORMATION

Was E&P waste generated as part of this remediation? No

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.

Reclamation will be in accordance with COGCC 1000 Series Rules.

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). 05/03/2021

Date of commencement of Site Investigation. _____

Date of completion of Site Investigation. _____

REMEDIAL ACTION DATES

Date of commencement of Remediation. 05/03/2021

Date of completion of Remediation. _____

SITE RECLAMATION DATES

Date of commencement of Reclamation. _____

Date of completion of Reclamation. _____

OPERATOR COMMENT

This Site Investigation and Remediation Work Plan is being submitted on behalf of the COGCC Orphaned Well Program.

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

Signed: Jim Hughes

Title: SW EPS

Submit Date:

Email: jimo.hughes@state.co.us

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:

Condition of Approval**COA Type****Description**

0 COA

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**

402650514

SOIL SAMPLE LOCATION MAP

Total Attach: 1 Files

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

Stamp Upon
Approval

Total: 0 comment(s)