

State of Colorado  
Oil and Gas Conservation Commission

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Document Number:  
402674207

Receive Date:  
\_\_\_\_\_

Report taken by:  
\_\_\_\_\_

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: <u>KODA EXPLORATION LLC</u>	Operator No: <u>10720</u>	<b>Phone Numbers</b>
Address: <u>2443 SOUTH UNIVERSITY BLVD 215</u>		Phone: <u>(303) 915-2555</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80210</u>		Mobile: <u>( )</u>
Contact Person: <u>Anders Elgerd</u>	Email: <u>elgerd@comcast.net</u>	

PROJECT, PURPOSE & SITE INFORMATION

**PROJECT INFORMATION**  
Remediation Project #: \_\_\_\_\_ Initial Form 27 Document #: 402674207

**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 checked="" type="checkbox"/> Other <u>Interim reclamation</u>

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

Facility Type: <u>PIT</u>	Facility ID: <u>472992</u>	API #: _____	County Name: <u>LINCOLN</u>
Facility Name: <u>Roaring Fork 14-28 Pad</u>	Latitude: <u>38.627090</u>	Longitude: <u>-103.460720</u>	
	** correct Lat/Long if needed: Latitude: <u>38.626860</u>	Longitude: <u>-103.460900</u>	
QtrQtr: <u>SESW</u>	Sec: <u>28</u>	Twp: <u>16S</u>	Range: <u>54W</u> Meridian: <u>6</u> Sensitive Area? <u>Yes</u>

**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? Yes

Is groundwater less than 20 feet below ground surface? No

**Other Potential Receptors within 1/4 mile**

The closest water well is DWR Permit # 37997 at approx. 2560' to the South of the Roaring Fork 14-28 wellhead. The Aquatic Native Species Conservation Waters high priority habitats is within 1/4 of a mile.

# SITE INVESTIGATION PLAN

## **TYPE OF WASTE:**

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> <b>E&amp;P Waste</b> | <input type="checkbox"/> <b>Other E&amp;P Waste</b>  | <input type="checkbox"/> <b>Non-E&amp;P Waste</b> |
| <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 checked="" 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	N/A	Laboratory 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.

A site investigation will be conducted pursuant to COGCC rule 911 at the Roaring Fork 14-28 oil and gas location for closure of drill cuttings pit and interim reclamation.

## **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 ):

Seven (7) total samples to be analyzed by the lab for compliance with concentration levels in Table 915-1. Refer to pages 1 and 2 of the attached exhibit.

### **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 ):

Visual inspection of the pit will occur during closure activities. A photolog will be submitted on the subsequent form 27. Operator will work with COGCC to make sure pit contents meet requirements set forth in Table 915-1 prior to backfilling cuttings pit.

# 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?

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.

NA

## 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.

NA

## 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 Closure report \_\_\_\_\_

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.

Interim reclamation will be in accordance with COGCC 1000 Series Rules. Operator will be reclaiming all but 0.5 acres. See attached exhibit for details. Seed mix will be approved by surface owner and/or will comply with the local soil conservation district recommendations.

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. 04/29/2021

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

### SITE INVESTIGATION DATES

Date of Initial Actions described in Site Investigation Plan (start date). 05/10/2021

Date of commencement of Site Investigation. \_\_\_\_\_

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**

Operator confirmed with CPW specialist on 5/3/2021 that no CPW consultation was necessary for location prior to closure of cuttings pit and interim reclamation.

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

Signed: Ashley Noonan \_\_\_\_\_

Title: Sr. Regulatory Consultant \_\_\_\_\_

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

Email: [anoonan@progressivepcs.net](mailto:anoonan@progressivepcs.net) \_\_\_\_\_

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: \_\_\_\_\_

**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**

402680791	SITE MAP
402681214	SITE MAP

Total Attach: 2 Files

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

		Stamp Upon Approval
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Total: 0 comment(s)