

State of Colorado  
Oil and Gas Conservation Commission

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Document Number:  
402678139  
Receive Date:  
05/20/2021

Report taken by:  
Kari Brown

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>CRESTONE PEAK RESOURCES OPERATING LLC</u>	Operator No: <u>10633</u>	<b>Phone Numbers</b>
Address: <u>1801 CALIFORNIA STREET #2500</u>	City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Phone: <u>(303) 774-4017</u>
Contact Person: <u>Schuyler Hamilton</u>	Email: <u>Schuyler.Hamilton@CrestonePR.com</u>	Mobile: <u>(720) 925-1820</u>

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: 18204 Initial Form 27 Document #: 402678139

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 <u>Wellhead and off-location flowline abandonment</u>            |

SITE INFORMATION

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

Facility Type: <u>WELL</u>	Facility ID: _____	API #: <u>123-12671</u>	County Name: <u>WELD</u>
Facility Name: <u>MANTLE 1</u>	Latitude: <u>40.285556</u>	Longitude: <u>-104.664577</u>	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: <u>SWNE</u>	Sec: <u>28</u>	Twp: <u>4N</u>	Range: <u>65W</u> Meridian: <u>6</u> Sensitive Area? <u>Yes</u>
Facility Type: <u>WELL</u>	Facility ID: _____	API #: <u>123-24501</u>	County Name: <u>WELD</u>
Facility Name: <u>MANTLE 4-2-28</u>	Latitude: <u>40.285480</u>	Longitude: <u>-104.664640</u>	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: <u>SWNE</u>	Sec: <u>28</u>	Twp: <u>4N</u>	Range: <u>65W</u> Meridian: <u>6</u> Sensitive Area? <u>Yes</u>
Facility Type: <u>OFF-LOCATION FLOWLINE</u>	Facility ID: <u>456906</u>	API #: _____	County Name: <u>WELD</u>
Facility Name: <u>Wellhead Line 28SWNE</u>	Latitude: <u>40.285329</u>	Longitude: <u>-104.664337</u>	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: <u>SWNE</u>	Sec: <u>28</u>	Twp: <u>4N</u>	Range: <u>65W</u> Meridian: <u>6</u> Sensitive Area? <u>Yes</u>

Facility Type: OFF-LOCATION FLOWLINE Facility ID: 473075 API #: \_\_\_\_\_ County Name: WELD  
Facility Name: Wellhead Line 28SWNE Latitude: 40.285337 Longitude: -104.664343  
\*\* correct Lat/Long if needed: Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
QtrQtr: SWNE Sec: 28 Twp: 4N Range: 65W Meridian: 6 Sensitive Area? Yes

**SITE CONDITIONS**

General soil type - USCS Classifications SM Most Sensitive Adjacent Land Use Cropland

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? Yes

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

Occupied structures approximately 0.15 miles North.

# 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 checked="" type="checkbox"/> Produced Water | <input type="checkbox"/> Workover Fluids             | _____                                  |
| <input checked="" type="checkbox"/> Oil            | <input type="checkbox"/> Tank Bottoms                |  |
| <input checked="" type="checkbox"/> Condensate     | <input type="checkbox"/> Pigging Waste               |  |
| <input type="checkbox"/> Drilling Fluids           | <input type="checkbox"/> Rig Wash                    |  |
| <input 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	No Known Impacts	Investigation Pending

## INITIAL ACTION SUMMARY

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

This form has been prepared to support removal of two wellheads and off-location flowlines located on the same Location. In accordance with COGCC Rule 911 and Rule 915, initial representative soil samples will be collected beneath the wellheads. Initial laboratory soil analysis will include only BTEX, 1,2,4 and 1,3,5 Trimethylbenzene, naphthalene, TPH, pH, EC, SAR and boron. Soil samples collected beneath the off-location flowline will be field screened, and a lab analysis submitted if impacts are identified. Groundwater, if present, will also be collected and analyzed. Identified impacts will be reported as required for each discovery, and a Form 19 will be submitted, and remedial investigation will be conducted with excavation equipment.

## 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 ):

In accordance with COGCC Rule 911 and Rule 915 soil samples will be collected and/or field-screened during closure of each wellhead and associated flowline as described in the Initial Action Summary. Initial laboratory analysis will include only BTEX, 1,2,4 and 1,3,5 Trimethylbenzene, naphthalene, TPH, pH, EC, SAR and boron. If impacts are confirmed, the full Table 915-1 list of analysis will be tested for and additional excavation effort may be conducted to delineate horizontal and vertical extents. Overburden stockpiles, if present, will be sampled prior to use as backfill with a frequency of 1 composite sample per 500 cubic yards of material and submitted for analysis of VOCs.

### 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 sample will be collected for BTEX, naphthalene, 1,2,3 and 1,3,5, trimethylbenzene analysis. If impacts are confirmed, additional groundwater samples may be collected and analyzed for the full Table 915-1 groundwater constituents.

### 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  
\_\_\_\_\_ 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 a suspected release is identified and confirmed through soil screening and/or laboratory analysis during decommissioning of this facility, soils may be removed and transported to a licensed disposal facility. Transport and disposal records will be kept on file under usual and customary practice and are available upon request. If all source material cannot be removed during excavation activities, additional methodologies will be proposed in subsequent Form 27 supplementals.

## 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.

As needed, site specific soil and/or groundwater remediation plans will be developed and submitted to COGCC via supplemental Form 27.

## 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.

No reclamation will be performed on the site unless the entire facility is removed from service or the activities migrate outside the original facility footprint. If these occur, the disturbance will be reclaimed in accordance with 1000 Series Rules, in collaboration with the landowner, and reported in a Form 4 (Sundry Notice) with proper documentation to demonstrate compliance with requirements for final reclamation.

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. 05/04/2021

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

### SITE INVESTIGATION DATES

Date of Initial Actions described in Site Investigation Plan (start date). 05/04/2021

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**

This Form 27 is being filed for abandonment of two wellheads and off-location flowline on the same Location pad. The associated tank battery facility will not be decommissioned at this time. Two Form 44 have been filed prior to starting abandonment. Abandonment will occur per the requirements of Rule 1105. During flowline abandonment, any liquids evacuated from the flowline will be contained and disposed per the requirements of Rule 905.

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

Signed: ` Maggie Graham \_\_\_\_\_

Title: Senior Project Manager \_\_\_\_\_

Submit Date: ` 05/20/2021 \_\_\_\_\_

Email: Maggie.graham@apexcos.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: Kari Brown \_\_\_\_\_

Date: 05/24/2021 \_\_\_\_\_

Remediation Project Number: 18204 \_\_\_\_\_

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

	A supplemental Form 27 must be submitted within 90 days of the completion of this environmental investigation.
	Operator shall provide a map showing the flowline path with the submittal of the next supplemental Form 27
2 COAs	

**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**

402678139	FORM 27-INITIAL-SUBMITTED
402695278	SITE MAP
402695279	MAP

Total Attach: 3 Files

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

		Stamp Upon Approval
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Total: 0 comment(s)