

State of Colorado Oil and Gas Conservation Commission

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Document Number:

402684757

Receive Date:

05/10/2021

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: <u>LOCIN OIL CORPORATION</u>	Operator No: <u>51130</u>	Phone Numbers
Address: <u>2445 TECHNOLOGY FOREST BD #710</u>		Phone: <u>(281) 362-8600</u>
City: <u>THE WOODLANDS</u>	State: <u>TX</u>	Zip: <u>77381</u>
Contact Person: <u>Michael Nicol</u>	Email: <u>mnicol@locinoil.com</u>	Mobile: <u>(832) 257-7373</u>

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: 18800Initial Form 27 Document #: 402684757

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 type="checkbox"/> Other _____ |

SITE INFORMATION

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

Facility Type: <u>PIT</u>	Facility ID: <u>101774</u>	API #: _____	County Name: <u>RIO BLANCO</u>
Facility Name: <u>Fork Unit 2-32-1-1</u>		Latitude: <u>39.924449</u>	Longitude: <u>-108.753380</u>
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: <u>NWNE</u>	Sec: <u>32</u>	Twp: <u>1S</u>	Range: <u>101W</u>
Meridian: <u>6</u>		Sensitive Area? <u>Yes</u>	

SITE CONDITIONS

General soil type - USCS Classifications OHMost Sensitive Adjacent Land Use RangelandIs domestic water well within 1/4 mile? NoIs surface water within 1/4 mile? YesIs groundwater less than 20 feet below ground surface? No

Other Potential Receptors within 1/4 mile

Please see Facility #101778, Remediation Project #15639

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
No	SOILS	No Impacts > Table 910-1	Field screening and Analytical Data

INITIAL ACTION SUMMARY

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

Pit Facility #101774, which is the subject of this Form 27, appears to be a duplicate for Pit Facility #101778, Remediation Project #15639, which has been approved for closure. We have conducted a reviewed the COGCC database and identified Pit Facility #101774 and Pit Facility #101778 as duplicate Facility Identifiers for the same pit. Within the documents on file for Facility #101774, is Document #00582316. This document is an Application for Permit to Use Earthen Pit filed by Northwest Pipeline Corporation, gas purchaser at the time of the filing. We have looked at Google Earth and made a site visit of the area. We have determined there were no additional pits at this well location other than the single pit that has been approved for closure, Facility #101778, Remediation Project #15639.

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):

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

_____ 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.

The well has been P&Ad.

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.

Please see Facility #101778, Remediation Project #15639.

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 Request

Report Type: ☐ Groundwater Monitoring ☐ Land Treatment Progress Report ☐ O&M Report

☒ Other Notice of Completion

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.

Please see Facility #101778, Remediation Project #15639.

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). 06/01/2020

Date of commencement of Site Investigation. 07/07/2020

Date of completion of Site Investigation. 07/17/2020

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

Please forward to John Heil

Pit Facility #101774, which is the subject of this Form 27, appears to be a duplicate for Pit Facility #101778, Remediation Project #15639, which has been approved for closure. We have conducted a reviewed the COGCC database and identified Pit Facility #101774 and Pit Facility #101778 as duplicate Facility Identifiers for the same pit. Within the documents on file for Facility #101774, is Document #00582316. This document is an Application for Permit to Use Earthen Pit filed by Northwest Pipeline Corporation, gas purchaser at the time of the filing. We have looked at Google Earth and made a site visit of the area. We have determined there were no additional pits at this well location other than the single pit that has been approved for closure, Facility #101778, Remediation Project #15639.

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

Signed: Michael Nicol

Title: Manager

Submit Date: 05/10/2021

Email: mnicol@locinoil.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: 06/30/2021

Remediation Project Number: 18800

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

	Operator shall submit an F27 Supplemental requesting closure of Pit ID 101774.
	Pit Facility #101774 appears to be a duplicate for Pit Facility #101778 which was closed under Remediation Project #15639.
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**

402684757	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)