

State of Colorado Oil and Gas Conservation Commission

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402646539

Receive Date:

07/02/2021

Report taken by:

ROB YOUNG

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>INVESTMENT EQUIPMENT LLC</u>	Operator No: <u>10330</u>	Phone Numbers
Address: <u>412 W PLATTE AVE</u>		Phone: <u>(405) 642-9437</u>
City: <u>FT MORGAN</u>	State: <u>CO</u>	Zip: <u>80701</u>
Contact Person: <u>James Chisholm</u>	Email: <u>investmentequipment@gmail.com</u>	Mobile: <u>()</u>

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: 18894 Initial Form 27 Document #: 402646539

PURPOSE INFORMATION

- ☐ Rule 913.c.(1): Pit or Cuttings Trench closure.
- ☐ Rule 913.c.(2): Buried or partially buried vessel closure, which will be by removal.
- ☐ Rule 913.c.(3): Remediation of Spill and Releases pursuant to Rule 912.
- ☐ Rule 913.c.(4): Land treatment of Oily Waste pursuant to Rule 905.e.
- ☐ Rule 913.c.(5): Closure of Centralized E&P Waste Management Facilities pursuant to Rule 907.h.
- ☐ Rule 913.c.(6): Remediation of impacted Groundwater pursuant to Rule 915.e.(3).D, and the contaminant concentrations in Table 915-1.
- ☐ Rule 913.c.(7): Investigation and remediation of natural gas in soil or Groundwater.
- ☐ Rule 913.c.(8): When requested by the Director due to any potential risk to soil, Groundwater, or surface water.
- ☒ Rule 913.c.(9): Decommissioning of Oil and Gas Facilities.
- ☐ Rule 913.g: Changes of Operator.
- ☐ Rule 915.b: Request to leave elevated inorganics in situ.
- ☐ Other: _____

SITE INFORMATION

☐ Yes ☐ Multiple Facilities

Facility Type: <u>PIT</u>	Facility ID: <u>117586</u>	API #: _____	County Name: <u>WASHINGTON</u>
Facility Name: <u>COLORADO STATE 1 & 2</u>	Latitude: <u>39.751264</u>	Longitude: <u>-103.272980</u>	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: <u>SWNW</u>	Sec: <u>36</u>	Twp: <u>3S</u>	Range: <u>53W</u>
Meridian: <u>6</u>	Sensitive Area? <u>Yes</u>		
Facility Type: <u>PIT</u>	Facility ID: <u>117587</u>	API #: _____	County Name: <u>WASHINGTON</u>
Facility Name: <u>COLORADO "A" 1</u>	Latitude: <u>39.750951</u>	Longitude: <u>-103.272409</u>	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: <u>NESW</u>	Sec: <u>36</u>	Twp: <u>3S</u>	Range: <u>53W</u>
Meridian: <u>6</u>	Sensitive Area? <u>Yes</u>		

Facility Type: LOCATION		Facility ID: 470686	API #: _____		County Name: _____	
Facility Name: _____		Latitude: _____		Longitude: _____		
		** correct Lat/Long if needed: Latitude: _____		Longitude: _____		
QtrQtr: _____	Sec: _____	Twp: _____	Range: _____	Meridian: _____	Sensitive Area? <input type="checkbox"/> No	

Facility Type: OFF-LOCATION FLOWLINE		Facility ID: 470717	API #: _____		County Name: WASHINGTON	
Facility Name: Production Line		Latitude: 39.751120		Longitude: -103.273620		
		** correct Lat/Long if needed: Latitude: _____		Longitude: _____		
QtrQtr: SWNW	Sec: 36	Twp: 3S	Range: 53W	Meridian: 6	Sensitive Area? <input type="checkbox"/> Yes	

Facility Type: OFF-LOCATION FLOWLINE		Facility ID: 470718	API #: _____		County Name: WASHINGTON	
Facility Name: Production Line		Latitude: 39.751120		Longitude: -103.273620		
		** correct Lat/Long if needed: Latitude: _____		Longitude: _____		
QtrQtr: SWNW	Sec: 36	Twp: 3S	Range: 53W	Meridian: 6	Sensitive Area? <input type="checkbox"/> Yes	

SITE CONDITIONS

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

Is domestic water well within 1/4 mile? ☐ No _____ 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

SITE INVESTIGATION PLAN

TYPE OF WASTE:

- ☐ E&P Waste ☐ Other E&P Waste ☒ Non-E&P Waste
☐ Produced Water ☐ Workover Fluids No waste is currently anticipated
☐ 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	N/A	Laboratory analysis, if encountered
UNDETERMINED	SOILS	N/A	Laboratory analysis

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 Colorado State location, off-location flowlines, on-location flowline(s), tank battery, and location. See attachment for soil sampling and field screening locations.

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):

Grab samples will be taken at the equipment sites, 3 in total; each pit will have the sidewalls sampled and the pit bottom; the larger pit will have two pit bottom samples collected; one background sample will be collected for this location. Soil samples will be analyzed by a certified laboratory for TPH (total volatile [C6-C10] and extractable [C10-C36] hydrocarbons), organic compounds in soil per COGCC Table 915-1, and EC, SAR, pH, and boron. All samples collected will be analyzed by a certified laboratory using approved COGCC laboratory analysis methods. Please see attached proposed sampling map.

Proposed Groundwater Sampling

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

If groundwater is encountered during the site assessment, a grab groundwater sample will be collected and analyzed for all organic compounds per COGCC Table 915-1.

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 flowlines will occur during abandonment activities. Field personnel will field screen all disturbed areas using visual and olfactory senses to determine if laboratory confirmation sampling is required. The COGCC Wellhead/Flowline Closure Checklist will be utilized and filled out during the abandonment process. A photolog will be submitted on the subsequent Form 27.

SITE INVESTIGATION REPORT

SAMPLE SUMMARY

Soil

NA / ND

Number of soil samples collected 0

____ Highest concentration of TPH (mg/kg) ____

Number of soil samples exceeding 915-1 _____

Highest concentration of SAR _____

Was the areal and vertical extent of soil contamination delineated? _____

BTEX > 915-1 _____

Approximate areal extent (square feet) _____

Vertical Extent > 915-1 (in feet) _____

Groundwater

Number of groundwater samples collected _____ 0

Highest concentration of Benzene (µg/l) _____

Was extent of groundwater contaminated delineated? No _____

Highest concentration of Toluene (µg/l) _____

Depth to groundwater (below ground surface, in feet) _____

Highest concentration of Ethylbenzene (µg/l) _____

Number of groundwater monitoring wells installed _____

Highest concentration of Xylene (µg/l) _____

Number of groundwater samples exceeding 915-1 _____

Highest concentration of Methane (mg/l) _____

Surface Water

_____ 0 Number of surface water samples collected

_____ Number of surface water samples exceeding 915-1

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.

No source was generated

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.

N/A

Soil Remediation Summary

☐ In Situ

☐ Ex Situ

_____ Bioremediation (or enhanced bioremediation)

_____ Excavate and offsite disposal

_____ Chemical oxidation

_____ If Yes: Estimated Volume (Cubic Yards) _____

_____ Air sparge / Soil vapor extraction

_____ Name of Licensed Disposal Facility or COGCC Facility ID # _____

_____ Natural Attenuation

_____ Excavate and onsite remediation

_____ Other _____

_____ 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

Approved Reporting Schedule:

☐ Quarterly

☐ Semi-Annually

☐ Annually

☐ Other

☐ **Request Alternative Reporting Schedule:**

☐ Semi-Annually

☐ Annually

☐ Other

Rule 913.e:

After initial approval of a Form 27, the Operator will provide quarterly update reports in a Supplemental Form 27 to document progress of site investigation and remediation, unless an alternative reporting schedule has been requested by the Operator and approved by the Director. The Director may request a more frequent reporting schedule based on site-specific conditions.

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.

Reclamation will be in accordance with COGCC 1000 Series Rules and landowner's requests.

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 provide the seed mix? _____

If YES, does the seed mix comply with local soil conservation district recommendations? _____

Did the local soil conservation district provide the seed mix? _____

SITE RECLAMATION DATES

Proposed date of commencement of Reclamation. _____

Proposed date of completion of Reclamation. _____

IMPLEMENTATION SCHEDULE

Per Rule 913.d.(2): Any change from the approved implementation schedule will be requested at least 14 days in advance, and the Operator may not make the change without the Director's approval.

PRIOR DATES

Date of Surface Owner notification/consultation, if required. _____

Actual Spill or Release date, or date of discovery. _____

SITE INVESTIGATION DATES

Date of Initial Actions described in Site Investigation Plan (start date). 08/02/2021

Proposed site investigation commencement. _____

Proposed completion of site investigation. _____

REMEDIAL ACTION DATES

Proposed start date of Remediation. _____

Proposed date of completion of Remediation. _____

Per Rule 913.d.(2): Any change from the approved implementation schedule will be requested at least 14 days in advance, and the Operator may not make the change without the Director's approval.

☐ Change from approved implementation schedule per Rule 913.d.(2).

Basis for change in implementation schedule:

OPERATOR COMMENT

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

Signed: ` Jessica Donahue _____

Title: Compliance Specialist _____

Submit Date: ` 07/02/2021 _____

Email: jdonahue@ardorenvironmental.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: ROB YOUNG _____

Date: 07/06/2021 _____

Remediation Project Number: 18894 _____

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

	The background soil sample(s) should be collected from north and south rather than east of the pit location.
1 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**

402646539	FORM 27-INITIAL-SUBMITTED
402737498	SOIL SAMPLE LOCATION MAP

Total Attach: 2 Files

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

		Stamp Upon Approval
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Total: 0 comment(s)