

State of Colorado Oil and Gas Conservation Commission

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Document Number:

402762806

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.

Closure request is not available for an Initial Site Investigation and Remediation Workplan.

OPERATOR INFORMATION

Name of Operator: STRACHAN EXPLORATION INC	Operator No: 83130	Phone Numbers
Address: 383 INVERNESS PKWY, STE 360		Phone: (303) 5626530
City: ENGLEWOOD State: CO Zip: 80112		Mobile: (303) 5626530
Contact Person: Shawn Reed	Email: shawn@strachanexploration.com	

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: Initial Form 27 Document #: 402762806

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: PTA, Cut and Cap, Removal of production facilities Beam Pump and Motor

SITE INFORMATION

No Multiple Facilities

Facility Type: WELL	Facility ID:	API #: 061-06433	County Name: KIOWA
Facility Name: HELFRICH 4	Latitude: 38.424260	Longitude: -103.027162	
** correct Lat/Long if needed: Latitude:		Longitude:	
QtrQtr: NENE	Sec: 8	Twp: 19S	Range: 50W Meridian: 6 Sensitive Area? No

SITE CONDITIONS

General soil type - USCS Classifications SM Most Sensitive Adjacent Land Use Location is in the middle of a wheat field

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

None

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	SOILS	Unknown but none expected	Visual Inspection

INITIAL ACTION SUMMARY

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

TSranch Exploration proposes to conduct closure operations of the Helfrich #4 Wellhead and Production facility. Plugging operations will Commence in Q3 of 2021. Facility was partially closed in 2019. Only the Pump ing equipment remains. Cut and cap ops will be performed at least 5 days after the PTA process is completed per COGCC rules. We will perform appropriate site investigation, field screening pursuant to findings according to COGCC 900 series rules. PID surveys will be performed on location based on visual inspection. Should soil samples be needed based on inspection they will be collected and analyzed per rule 915, following the sample guidelines in 915.e.(2). All waste generated during the process will be managed and disposed of properly as directed in rules 905 and 906

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):

None expected

Proposed Groundwater Sampling

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

None expected

Proposed Surface Water Sampling

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

None expected

Additional Investigative Actions

☐ Additional alternative investigative actions described in attached Site Investigation Plan (summary):

None expected

SITE INVESTIGATION REPORT

SAMPLE SUMMARY

Soil

Number of soil samples collected 0

Number of soil samples exceeding 915-1

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 > 915-1 _____

_____ Vertical Extent > 915-1 (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 915-1 _____

_____ 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 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.

Operator will either dig and haul impacted soil to a commercial landfill or treat impacted soil above the COGCC Table 915-1 concentrations onsite or at a remote soil farming location.

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.

If necessary, the site will be reclaimed in accordance with COGCC Series 1000 rules.

Soil Remediation Summary

☐ In Situ

☐ Ex Situ

_____ Bioremediation (or enhanced bioremediation)
_____ Chemical oxidation
_____ Air sparge / Soil vapor extraction
_____ Natural Attenuation
_____ Other _____

_____ 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.

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.

If necessary reclamation will be in accordance with COGCC 1000 series rules. Once the removal of all equipment and the PTA is complete, we will recontour the area, rip the area as per requirements. We will advise the local farming operation of the reconditioning of the location. He will be seeding with crops in the spring of '22.

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 provide the seed mix? No

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

Did the local soil conservation district provide the seed mix? No

SITE RECLAMATION DATES

Proposed date of commencement of Reclamation. 11/15/2021

Proposed date of completion of Reclamation. 12/01/2021

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). 09/15/2021

Proposed site investigation commencement. 09/15/2021

Proposed completion of site investigation. 11/15/2021

REMEDIAL ACTION DATES

Proposed start date of Remediation. 09/15/2021

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

PTA , Cut and Cap, and Pump and Motor removal. Most of the equipment was removed in 2019.

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

Signed: Shawn Reed

Title: Petroleum Consultant

Submit Date: _____

Email: shawn@strachanexploration.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: _____

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

402763025	OTHER
402763028	MAP
402763037	SITE MAP

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)