

State of Colorado
Oil and Gas Conservation Commission

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Document Number:
402825488
Receive Date:
09/29/2021

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.

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

OPERATOR INFORMATION

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

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: 20312 Initial Form 27 Document #: 402825488

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

Multiple Facilities

| | | | |
|---|----------------------------|-------------------------------|---|
| Facility Type: <u>WELL</u> | Facility ID: _____ | API #: <u>123-11087</u> | County Name: <u>WELD</u> |
| Facility Name: <u>OSTER 1</u> | Latitude: <u>40.279088</u> | Longitude: <u>-104.661474</u> | |
| ** correct Lat/Long if needed: Latitude: _____ Longitude: _____ | | | |
| QtrQtr: <u>SESE</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>LOCATION</u> | Facility ID: <u>319336</u> | API #: _____ | County Name: <u>WELD</u> |
| Facility Name: <u>OSTER-64N65W 28SESE</u> | Latitude: <u>40.279016</u> | Longitude: <u>-104.661437</u> | |
| ** correct Lat/Long if needed: Latitude: _____ Longitude: _____ | | | |
| QtrQtr: <u>SESE</u> | Sec: <u>28</u> | Twp: <u>4N</u> | Range: <u>65W</u> Meridian: <u>6</u> Sensitive Area? <u>No</u> |

Facility Type: OFF-LOCATION FLOWLINE Facility ID: 473071 API #: _____ County Name: WELD
Facility Name: Wellhead Line 28SESE Latitude: 40.279364 Longitude: -104.661535
** correct Lat/Long if needed: Latitude: _____ Longitude: _____
QtrQtr: SESE 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? _____ Is surface water within 1/4 mile? _____

Is groundwater less than 20 feet below ground surface? _____

Other Potential Receptors within 1/4 mile

Occupied structures.

SITE INVESTIGATION PLAN

TYPE OF WASTE:

- | | | |
|--|--|--|
| <input type="checkbox"/> E&P Waste | <input type="checkbox"/> Other E&P Waste | <input type="checkbox"/> Non-E&P Waste |
| <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 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 |
|-----------|----------------|------------------|-----------------------|
| | 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 the production equipment associated with this location. In accordance with COGCC Rule 911 and Rule 915, initial representative soil samples will be collected beneath the following equipment, if present onsite: wellheads, separators, above ground surface tanks, and produced water vessels. Initial laboratory soil analysis will include only BTEX, 1,2,4 and 1,3,5 Trimethylbenzene, naphthalene, TPH, pH, EC, SAR and boron. Other equipment such as the ECDs, meter sheds, or other qualifying equipment 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 during closure of each qualifying equipment type and/or field screened 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

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.

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

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.

REMEDIATION 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 activities will be completed 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. After all road base or other material is removed for reclamation, Operator may submit samples for laboratory analysis for soil suitability in compliance with 915.b if impacts from inorganic constituents are indicated.

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. 09/20/2021

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

SITE INVESTIGATION DATES

Date of Initial Actions described in Site Investigation Plan (start date). 09/27/2021

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

This Form 27 (Site Investigation and Remediation Workplan) was prepared for the purpose of notifying the State of the closure of the production equipment associated with the location in accordance with COGCC Rule 911 and Rule 915. A Form 42 has been submitted (Document Number 402823162). 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. Should soil or groundwater impacts be identified during removal of the produced-water vessel, or while decommissioning other related production equipment at this location, required notifications will be completed for each discovery, including preparation of a Form 19.

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: 09/29/2021

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: 10/06/2021

Remediation Project Number: 20312

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

| | |
|-------|---|
| | A supplemental Form 27 must be submitted within 90 days of the completion of this environmental investigation |
| 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**

| | |
|-----------|---------------------------|
| 402825488 | FORM 27-INITIAL-SUBMITTED |
| 402826944 | MAP |
| 402826984 | SITE MAP |

Total Attach: 3 Files

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

| | | |
|--|--|---------------------|
| | | Stamp Upon Approval |
|--|--|---------------------|

Total: 0 comment(s)