

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:
403123851
Receive Date:
08/04/2022

Report taken by:
John Heil

Site Investigation and Remediation Workplan (Supplemental 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>LOCIN OIL CORPORATION</u> | Operator No: <u>51130</u> | Phone Numbers Phone: <u>(303) 902-1593</u> Mobile: <u>()</u> |
| Address: <u>600 TRAVIS ST STE 6161</u> | | |
| City: <u>HOUSTON</u> | State: <u>TX</u> | Zip: <u>77002</u> |
| Contact Person: <u>Daniel Benedict</u> | Email: <u>dbenedict@locin.energy</u> | |

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: 20904 Initial Form 27 Document #: 402777652

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: Facility closure - well to be PA'd

SITE INFORMATION

Yes Multiple Facilities

| | | | |
|--|----------------------------|-------------------------------|--|
| Facility Type: <u>WELL</u> | Facility ID: _____ | API #: <u>103-10435</u> | County Name: <u>RIO BLANCO</u> |
| Facility Name: <u>COLUMBINE SP FED 7C-12-4-104</u> | Latitude: <u>39.723360</u> | Longitude: <u>-109.018810</u> | |
| ** correct Lat/Long if needed: Latitude: _____ | | Longitude: _____ | |
| QtrQtr: <u>NWSE</u> | Sec: <u>12</u> | Twp: <u>4S</u> | Range: <u>104W</u> Meridian: <u>6</u> Sensitive Area? <u>Yes</u> |

| | | | |
|---|----------------------------|-------------------------------|--|
| Facility Type: <u>LOCATION</u> | Facility ID: <u>316393</u> | API #: _____ | County Name: <u>RIO BLANCO</u> |
| Facility Name: <u>COLUMBINE SP FED-64S104W 12NWSE</u> | Latitude: <u>39.723370</u> | Longitude: <u>-109.018706</u> | |
| ** correct Lat/Long if needed: Latitude: _____ | | Longitude: _____ | |
| QtrQtr: <u>NWSE</u> | Sec: <u>12</u> | Twp: <u>4S</u> | Range: <u>104W</u> Meridian: <u>6</u> Sensitive Area? <u>Yes</u> |

Facility Type: OFF-LOCATION FLOWLINE Facility ID: 480607 API #: _____ County Name: RIO BLANCO
Facility Name: Wellhead Line 11NESE Latitude: 39.723392 Longitude: -109.031173
** correct Lat/Long if needed: Latitude: _____ Longitude: _____
QtrQtr: NESE Sec: 11 Twp: 4S Range: 104W Meridian: 6 Sensitive Area? Yes

SITE CONDITIONS

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

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:

- | | | |
|--|--|--|
| <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 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 |
|--------------|----------------|------------------|------------------------------|
| UNDETERMINED | SOILS | TBD | Field screening and sampling |

INITIAL ACTION SUMMARY

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

Locin is planning to document conditions beneath all equipment at the Columbine Sp Fed 7C-12-4-104 well location (ID: 316393) through observation and field screening when equipment is removed. Photos will be taken during removal of equipment and submitted on a Supplemental Form 27. Based on observations of staining or odor, Locin will collect a minimum of one (1) soil sample from the area beneath each piece of equipment on location-- 1 wellhead, 1 produced water tank, 1 separator and 1 meter shed. The off-location flowline associated with this well will be abandoned in place per Rule 1105.d. Locations where the flowline connects to the wellhead and riser will be investigated and soil samples will be collected from the areas most likely impacted by the flowline.

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):

A minimum of five (5) soil samples will be collected as part of the facility closure investigation, collected after each piece of equipment is removed from the location. The wellhead and tank samples will be analyzed for the full list of COGCC Table 915-1 constituents. If field screening indicates negative hydrocarbon presence, Locin is requesting a reduced analyte list consisting of TPH (GRO/DRO/ORO), BTEX, SAR, EC, and pH for the separator, meter shed, and flowline 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):

TBD.

SITE INVESTIGATION REPORT

SAMPLE SUMMARY

Soil

NA / ND

Number of soil samples collected 5

NA Highest concentration of TPH (mg/kg) _____

Number of soil samples exceeding 915-1 0

NA Highest concentration of SAR

Was the areal and vertical extent of soil contamination delineated?

BTEX > 915-1

Approximate areal extent (square feet) 0

Vertical Extent > 915-1 (in feet) 0

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?

A background sample will be collected from an undisturbed area to use as a baseline for Table 915-1 reclamation standards.

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

Does this Supplemental Form 27A include changes to a previously approved Remedial Action Plan? No

SOURCE REMOVAL SUMMARY

Describe how source is to be removed.

If impacted soils are encountered, the soil will be removed for proper off-site disposal and the lateral and vertical extent of impact will be determined with confirmation sampling and submitted on a Supplemental Form 27.

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.

Since soil samples have not yet been collected, Locin will require additional data to develop the remediation plan. However, if impacts are present, soil will be removed and disposed off-site. The results of the sampling activities will be submitted on a 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 _____

Adequacy of Operator's General Liability Insurance and Financial Assurance

Describe the adequacy of the Operator's general liability insurance and Financial Assurance to fully address the anticipated costs of Remediation, including the estimated remaining cost for this project (below).

If this information has been provided on a Form 27 within the last 12 months, provide the Document Number of that form.

Operator anticipates the remaining cost for this project to be: \$ _____

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: _____

REMEDIATION COMPLETION REPORT

REMEDIATION COMPLETION SUMMARY

Is this a Final Closure Request for this Remediation Project? No _____

If YES:

- Compliant with Rule 913.h.(1).
- Compliant with Rule 913.h.(2).
- Compliant with Rule 913.h.(3).

Do all soils meet Table 915-1 standards? _____

Does the previous reply indicate consideration of background concentrations? _____

Does Groundwater meet Table 915-1 standards? _____

Is additional groundwater monitoring to be conducted? _____

Operator shall comply with the COGCC 1000-Series Reclamation Requirements for all impacted and disturbed areas.

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.

Final reclamation will be performed in accordance with 1000 series rules once all soil samples show concentrations less than the Table 915-1 standard. Locin will reseed the location with a seed mix approved by the surface owner during the next favorable season, and weed spraying will be utilized for weed prevention until final reclamation has been achieved.

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? _____

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). _____

Proposed site investigation commencement. 08/24/2022

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:

Change of Operator

OPERATOR COMMENT

| |
|--|
| |
|--|

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

Signed: Melanie Adams

Title: TCO Compliance Mgr

Submit Date: 08/04/2022

Email: meladams@tcolandservices.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: 09/20/2022

Remediation Project Number: 20904

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

| | |
|-------|--|
| | |
| 0 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**

| | |
|-----------|--------------------------------|
| 403123851 | FORM 27-SUPPLEMENTAL-SUBMITTED |
|-----------|--------------------------------|

Total Attach: 1 Files

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

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

Total: 0 comment(s)