

State of Colorado Oil and Gas Conservation Commission

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Document Number:

403176422

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: CAERUS PICEANCE LLC	Operator No: 10456	Phone Numbers
Address: 1001 17TH STREET #1600		Phone: (970) 285-2925
City: DENVER State: CO Zip: 80202		Mobile: (970) 640-6919
Contact Person: Blair Rollins	Email: brollins@caerusoilandgas.com	

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: Initial Form 27 Document #: 403176422

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: WELL	Facility ID: _____	API #: 045-09126	County Name: GARFIELD
Facility Name: SHAEFFER 12-6A (F12)	Latitude: 39.462140	Longitude: -107.726280	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: SENW	Sec: 12	Twp: 7S	Range: 93W Meridian: 6 Sensitive Area? No
Facility Type: LOCATION	Facility ID: 334607	API #: _____	County Name: GARFIELD
Facility Name: SHAEFFER-67S93W 12SENW	Latitude: 39.462120	Longitude: -107.726210	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: SENW	Sec: 12	Twp: 7S	Range: 93W Meridian: 6 Sensitive Area? No

SITE CONDITIONS

General soil type - USCS Classifications SM

Most Sensitive Adjacent Land Use Rangeland

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

Multiple ephemeral drainages are within 0.25 miles of the location.

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) No impacts associated with this project have been identified.

DESCRIPTION OF IMPACT

Impacted?	Impacted Media	Extent of Impact	How Determined
UNDETERMINED	SOILS	To be determined	Laboratory analysis of soil samples

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 is being submitted to comply with COGCC Rule 911.a.(4). The form serves as the initial notification to decommission COGCC Location 334607, including the abandonment of the SHAEFFER #12-6A (API# 05-045-09126) wellhead and associated infrastructure. Equipment to be removed includes a well and associated on-site flowline which will be abandoned in place.

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):

As part of the "cut and cap operations" Caerus will excavate the SHAEFFER #12-6A wellhead. Caerus will visually inspect and field screen the base and sidewalls within the wellhead abandonment excavation. Additionally, Caerus will field screen the approximate connection points of the flowline to surface equipment. If field screening indicates impacts to soil in any of these locations, the sample exhibiting the highest degree of impacts based on field screening will be collected from the associated area and submitted for laboratory analysis of the full list of constituents in COGCC Table 915-1. Any impacted soil will be segregated, stockpiled on site, and the extent of impacts will be investigated through additional excavation and confirmation soil sampling. Continued in "Additional Investigative Actions" below.

Proposed Groundwater Sampling

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

Groundwater is not expected to be encountered.

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):

Continued from "Proposed Soil Sampling". If no impacts are observed, one sample will be collected from the base of the wellhead excavation, immediately adjacent to the well, and at flowline connection point(s). Samples will be submitted for laboratory analysis of the full list of constituents listed in COGCC Table 915-1. A Site Diagram illustrating the wellhead and equipment locations is attached to this form.

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 removal is warranted at this time as no impacts associated with the well have been identified. If impacts are identified, an assessment will be made to select the most appropriate strategy for removal of impacts.

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.

A remediation plan will be presented to the COGCC if impacts are observed during the proposed activities.

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 Site Investigation Plan

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.

Until Caerus submits a Financial Assurance Plan required by Rule 702, due September 15, 2022, the bond covering the remediation of this well/location will be covered under 20130021.

Operator anticipates the remaining cost for this project to be: \$ 7500

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.

All disturbance areas will be returned to grade with suitable material in preparation for final reclamation activities pursuant to the COGCC 1000 Series Rules.

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). 09/29/2022

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 is being submitted to comply with COGCC Rule 911.a.(4). Caerus is planning to abandon the SHAEFFER #12-6A (API# 05-045-09126) well and associated infrastructure. Investigation results will be documented and provided using a COGCC Supplemental Form 27.

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

Signed: Chris McKisson

Title: Managing Partner

Submit Date: _____

Email: chris.mckisson@confluence-cc.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**

403176906	MAP
403176907	SITE MAP

Total Attach: 2 Files

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

		Stamp Upon Approval
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Total: 0 comment(s)