

State of Colorado Oil and Gas Conservation Commission

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Document Number:

403204609

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: MULL DRILLING COMPANY INC	Operator No: 61250	Phone Numbers Phone: (316) 2646366 Mobile: (316) 3649203
Address: 1700 N WATERFRONT PKWY B#1200		
City: WICHITA	State: KS Zip: 67206-6637	
Contact Person: James Beilman	Email: jbeilman@mulldrilling.com	

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: Initial Form 27 Document #: 403204609

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

No Multiple Facilities

Facility Type: WELL	Facility ID:	API #: 073-06010	County Name: LINCOLN
Facility Name: MAUER 1-SWD	Latitude: 39.021800	Longitude: -103.277130	
** correct Lat/Long if needed: Latitude:		Longitude:	
QtrQtr: NENE	Sec: 12	Twp: 12S	Range: 53W Meridian: 6 Sensitive Area? Yes

SITE CONDITIONS

General soil type - USCS Classifications CL
 Most Sensitive Adjacent Land Use Rangeland
 Is domestic water well within 1/4 mile? No
 Is surface water within 1/4 mile? Yes
 Is groundwater less than 20 feet below ground surface? No

Other Potential Receptors within 1/4 mile

Cattle Ranching processes

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) Leftover Tanks

DESCRIPTION OF IMPACT

Impacted?	Impacted Media	Extent of Impact	How Determined
UNDETERMINED	SOILS	Currently Unknown	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.

Please look at the location Investigation and Sampling Plan attached.

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):

Please look at the location Investigation and Sampling Plan attached.

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):

Please look at the location Investigation and Sampling Plan attached.

SITE INVESTIGATION REPORT**SAMPLE SUMMARY**

Soil

NA / ND

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) _____

_____ 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?

Please look at the location Investigation and Sampling Plan attached.

REMEDIAL ACTION PLAN

SOURCE REMOVAL SUMMARY

Describe how source is to be removed.

Please look at the location Investigation and Sampling Plan attached.

REMEDIAL ACTION 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.

Please look at the location Investigation and Sampling Plan attached.

Soil Remediation Summary

☐ In Situ

☐ Ex Situ

_____ Bioremediation (or enhanced bioremediation)

_____ Chemical oxidation

_____ Air sparge / Soil vapor extraction

_____ Natural Attenuation

_____ Excavate and offsite disposal

_____ If Yes: Estimated Volume (Cubic Yards) _____

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

_____ Excavate and onsite remediation

Other _____

Land Treatment

Bioremediation (or enhanced bioremediation)

Chemical oxidation

Other _____

Groundwater Remediation Summary

No Bioremediation (or enhanced bioremediation)

No Chemical oxidation

No Air sparge / Soil vapor extraction

No Natural Attenuation

No 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.

NA

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.

Mull Drilling is currently up to date on Financial Assurance payments to State of Colorado through assurance bonds, etc as required.

Operator anticipates the remaining cost for this project to be: \$ 30000

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.

Please look at the location Investigation and Sampling Plan attached.

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. 06/01/2023

Proposed date of completion of Reclamation. 12/31/2025

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. 08/01/2022

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

SITE INVESTIGATION DATES

Date of Initial Actions described in Site Investigation Plan (start date). 09/01/2022

Proposed site investigation commencement. 11/14/2022

Proposed completion of site investigation. 03/31/2023

REMEDIAL ACTION DATES

Proposed start date of Remediation. 03/31/2023

Proposed date of completion of Remediation. 08/01/2023

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: James Beilman

Title: Director, Safety & Env.

Submit Date: _____

Email: Jbeilman@mulldrilling.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**

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**

403204627	SITE INVESTIGATION PLAN
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Total Attach: 1 Files

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

		Stamp Upon Approval
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Total: 0 comment(s)