

State of Colorado
Oil and Gas Conservation Commission

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Document Number:
403254761

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: RED MESA HOLDINGS/O&G LLC | Operator No: 10254 | Phone Numbers |
| Address: 5619 DTC PARKWAY - STE 800 | | Phone: (970) 903-4072 |
| City: GREENWOOD VILLAGE State: CO Zip: 80111 | | Mobile: () |
| Contact Person: Jim Hughes | Email: jimo.hughes@state.co.us | |

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: _____ Initial Form 27 Document #: 403254761

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 #: 067-09773 | County Name: LA PLATA |
| Facility Name: TURNER (OWP) 4 | Latitude: 37.080440 | Longitude: -108.129930 | |
| ** correct Lat/Long if needed: Latitude: _____ | | Longitude: _____ | |
| QtrQtr: NENE | Sec: 27 | Twp: 33N | Range: 12W Meridian: N Sensitive Area? Yes |

SITE CONDITIONS

General soil type - USCS Classifications MH Most Sensitive Adjacent Land Use Agriculture

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

Third Canyon to the west.

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 | TBD | Field screening and analytical results |

INITIAL ACTION SUMMARY

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

The COGCC Orphan Well Program will be plugging the Turner (OWP) #4 well and decommissioning any associated on location flow lines and/or production equipment. Soil samples will be collected in accordance with COGCC Rule 915.e(2)B. Samples will be collected from the wellhead excavation, flow line path(s), as well as any other areas likely to have been impacted. Samples will be submitted for laboratory analysis of Table 915-1 constituents.

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):

Soil samples will be collected for laboratory analysis of Table 915-1 constituents from areas most likely to have been impacted. Visual inspection and field screening of soils will be conducted in the areas surrounding the flow line(s) if present, and the well head. Based on these observations, soil samples may be collected and submitted for laboratory analysis of Table 915-1 constituents. Discrete soil samples will be collected for confirmation of compliance with Table 915-1.

Proposed Groundwater Sampling

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

If a pathway to groundwater is discovered or groundwater is encountered during remediation activities, a sample(s) will be collected and analyzed for Table 915-1 constituents and notice given to COGCC EPS staff.

Proposed Surface Water Sampling

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

[Empty text box for surface water sampling details]

Additional Investigative Actions

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

[Empty text box for additional investigative actions]

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?

Background soil conditions will be determined by the analysis of a sample(s) collected from nearby, non-impacted native soil to establish background concentrations.

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.

The Turner (OWP) #4 well will be plugged and abandoned. Any/all production equipment associated with this well on the Oil and Gas Location will be removed or decommissioned.

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.

Impacted material discovered during the scope of this work plan will be removed and disposed of as E&P waste at an approved facility.

Soil Remediation Summary

In Situ

Ex Situ

_____ Bioremediation (or enhanced bioremediation)

Yes _____ Excavate and offsite disposal

_____ Chemical oxidation

If Yes: Estimated Volume (Cubic Yards) 10

_____ Air sparge / Soil vapor extraction

Name of Licensed Disposal Facility or COGCC Facility ID # _____ 0

____ Natural Attenuation
____ Other _____

____ 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.

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 Plug and abandon well and decommission on site production equipment and flow line(s). _____

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.

The scope of work described in this Initial Site Investigation and Remediation Workplan will be completed by the COGCC Orphaned Well Program. The COGCC is not an oil and gas operator. This document will be used, in part, to bid out various phases of this facility closure.

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

WASTE DISPOSAL INFORMATION

Was E&P waste generated as part of this remediation? No

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 will be in accordance with COGCC 1000 Series Rules, and will be addressed during a separate phase of the OWP work.

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). 03/15/2023

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 Site Investigation and Remediation Work Plan is being submitted by the COGCC Orphaned Well Program.

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

Signed: Jim Hughes _____

Title: OWP Western Region EPS _____

Submit Date: _____

Email: jimo.hughes@state.co.us _____

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**

| 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**

| | |
|-----------|--------------------------|
| 403254792 | SOIL SAMPLE LOCATION MAP |
|-----------|--------------------------|

Total Attach: 1 Files

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

| User Group | Comment | Comment Date |
|------------|---------|---------------------|
| | | Stamp Upon Approval |

Total: 0 comment(s)