

# State of Colorado Oil and Gas Conservation Commission

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Document Number:

403068551

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: <u>EXTRACTION OIL &amp; GAS INC</u>	Operator No: <u>10459</u>	<b>Phone Numbers</b>
Address: <u>370 17TH STREET SUITE 5200</u>		Phone: <u>(303) 829-3811</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>Jacob Evans</u>	Email: <u>jevans@civiresources.com</u>	Mobile: <u>( )</u>

### PROJECT, PURPOSE & SITE INFORMATION

#### PROJECT INFORMATION

Remediation Project #: \_\_\_\_\_ Initial Form 27 Document #: 403068551

#### 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: <u>PIT</u>	Facility ID: <u>103547</u>	API #: _____	County Name: <u>WELD</u>
Facility Name: <u>GRANT BROTHERS 43-23</u>		Latitude: <u>40.122317</u>	Longitude: <u>-104.963465</u>
		** correct Lat/Long if needed: Latitude: _____	Longitude: _____
QtrQtr: <u>NESE</u>	Sec: <u>23</u>	Twp: <u>2N</u>	Range: <u>68W</u>
		Meridian: <u>6</u>	Sensitive Area? <u>No</u>

#### SITE CONDITIONS

General soil type - USCS Classifications SP

Most Sensitive Adjacent Land Use Residential

Is domestic water well within 1/4 mile? Yes

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**

None

**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	GROUNDWATER	N/A	Laboratory Analytical
UNDETERMINED	SOILS	N/A	Laboratory Analytical

**INITIAL ACTION SUMMARY**

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

A site investigation will be conducted pursuant to COGCC rule 911 at the GRANT BROTHERS 43-23 pit. The pit was historically back-filled. Soil samples will be taken and analyzed per Table 915-1 to ensure that this pit does not require any remediation prior to final reclamation on this location.

**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 ):

One grab soil sample will be collected at the highest PID field screening location in the soil bore and analyzed by a certified laboratory for TPH C6-36, organics, pH, EC, and SAR.

**Proposed Groundwater Sampling**

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

If groundwater is encountered the soil bore will be converted to a monitoring well. A groundwater sample will be collected for analysis by a certified laboratory for BTEX, naphthalene, 1,2,4-trimethylbenzene, and 1,3,5-trimethylbenzene.

**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**

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?

☐ 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?

A site assessment will be completed at this location. A soil bore will be advanced to approximately 20' bgs. A grab soil sample will be collected at the highest PID field screening location and will be documented on a bore log.

## **REMEDIAL ACTION PLAN**

### **SOURCE REMOVAL SUMMARY**

Describe how source is to be removed.

N/A

### **REMEDATION 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.

N/A

### **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  
\_\_\_\_\_ Natural Attenuation  
\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Name of Licensed Disposal Facility or COGCC Facility ID # \_\_\_\_\_

\_\_\_\_\_ 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

### 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 General Liability coverage within the Civitas Resources insurance program includes coverage for bodily injury, property damage, and pollution clean-up costs arising from qualifying pollution events of a sudden and accidental nature subject to a \$1,000,000 per occurrence limit and \$2,000,000 aggregate limit. The Civitas Resources insurance program includes Excess Liability coverage of \$110,000,000 per occurrence and in the aggregate which sits over the sudden and accidental pollution within the General Liability coverage. It is the opinion of Civitas Resources that this total tower of limit is adequate to address the costs of remediation associated with any qualifying pollution event.

Operator anticipates the remaining cost for this project to be: \$ 5000

### 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.

If disturbance occurs reclamation will be in accordance with 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. 02/07/2023

Actual Spill or Release date, or date of discovery. \_\_\_\_\_

### **SITE INVESTIGATION DATES**

Date of Initial Actions described in Site Investigation Plan (start date). 02/13/2023

Proposed site investigation commencement. \_\_\_\_\_

Proposed completion of site investigation. 05/14/2023

### **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 is being submitted to properly close out the pit located on the Grant Bros – 62N68W 23NESE (Loc ID 317823) location. The pit was historically back-filled without subsequent closure paperwork.

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

Signed: Ashley Noonan

Title: Sr. Regulatory Analyst

Submit Date:

Email: regulatory@civiresources.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**

403116243	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)