

State of Colorado
Oil and Gas Conservation Commission

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Document Number:
403305755
Receive Date:
01/30/2023
Report taken by:
CHRIS CANFIELD

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>PETROSHARE CORPORATION</u> | Operator No: <u>10454</u> | Phone Numbers |
| Address: <u>9635 MAROON CIRCLE #400</u> | | Phone: <u>(303) 894-2100 x5181</u> |
| City: <u>ENGLEWOOD</u> State: <u>CO</u> Zip: <u>80112</u> | | Mobile: <u>(303) 905-5341</u> |
| Contact Person: <u>James Hix - East OWP EPS</u> | Email: <u>james.hix@state.co.us</u> | |

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: 27475 Initial Form 27 Document #: 403305755

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>LOCATION</u> | Facility ID: <u>320345</u> | API #: _____ | County Name: <u>ADAMS</u> |
| Facility Name: <u>AMBUSH-62S64W 22SWSE</u> | Latitude: <u>39.857152</u> | Longitude: <u>-104.533860</u> | |
| ** correct Lat/Long if needed: Latitude: _____ | | Longitude: _____ | |
| QtrQtr: <u>SWSE</u> | Sec: <u>22</u> | Twp: <u>2S</u> | Range: <u>64W</u> Meridian: <u>6</u> Sensitive Area? <u>Yes</u> |

SITE CONDITIONS

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

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 checked="" 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 | UNKNOWN | VISUALLY, FIELD SCREENING, 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.

This oil and gas Location is in the COGCC Orphaned Well Program. This initial Form 27 is submitted for site investigation activities performed during decommissioning of Oil and Gas Facilities.

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):

Grab soil samples will be collected from areas most likely to exhibit E&P Waste impacts. Soil samples will be submitted for analysis of Table 915-1 parameters.

Proposed Groundwater Sampling

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

Groundwater samples are not expected to be collected as part of this investigation.

Proposed Surface Water Sampling

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

Surface water samples are not expected to be collected as part of this investigation.

Additional Investigative Actions

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

No additional alternative investigative actions are expected to be conducted as part of this site investigation.

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.

If E&P Waste impacts are encountered during decommissioning of Oil and Gas Facilities, impacted soils will be excavated, temporarily stockpiled on location, and hauled to a commercial disposal facility.

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.

If E&P Waste impacted soils are encountered the soils will be excavated and removed. If the horizontal and vertical extent of the E&P Waste impacts cannot be defined or removed during this initial action, then additional site investigation and remediation will be performed at a later date under a supplemental Form 27. Site data will be evaluated and remediation technologies implemented to meet Table 915-1 soil residential screening levels, protection of groundwater screening levels, or Table 915-1 groundwater and WQCC Regulation 41 numeric and narrative levels as applicable to site conditions.

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
_____ 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 _____

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: _____

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.

This oil and gas location will be reclaimed in accordance with 1000 Series Rules. This will be performed under a separate scope of work.

Is the described reclamation complete? _____

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. 01/31/2023

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

The Petroshare Corp. AMBUSH #34-22 (OWP) oil and gas well location is in the COGCC Orphaned Well Program. This initial Form 27 describes site investigation activities to be performed during the AMBUSH #34-22 (OWP) well plugging and abandonment (PA) and related AMBUSH-62S64W/22SWSE tank battery decommissioning.

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

Signed: James Hix _____

Title: East OWP EPS _____

Submit Date: 01/30/2023 _____

Email: james.hix@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: CHRIS CANFIELD _____

Date: 02/15/2023 _____

Remediation Project Number: 27475 _____

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**

| | |
|-----------|---------------------------|
| 403305755 | FORM 27-INITIAL-SUBMITTED |
| 403305781 | MAP |
| 403305782 | SITE MAP |

Total Attach: 3 Files

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

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

Total: 0 comment(s)