

State of Colorado Oil and Gas Conservation Commission

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Report taken by:

John Heil

Site Investigation and Remediation Workplan (Supplemental 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>UTAH GAS OP LTD DBA UTAH GAS CORP</u>	Operator No: <u>10539</u>	Phone Numbers
Address: <u>760 HORIZON DRIVE STE 400</u>		Phone: <u>(970) 629-0308</u>
City: <u>GRAND JUNCTION</u>	State: <u>CO</u>	Zip: <u>81506</u>
Contact Person: <u>Dana Pollack</u>	Email: <u>dpollack@utahgascorp.com</u>	Mobile: <u>()</u>

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: 25974 Initial Form 27 Document #: 403135413

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: <u>WELL</u>	Facility ID: _____	API #: <u>103-05149</u>	County Name: <u>RIO BLANCO</u>
Facility Name: <u>DRAGON TRAIL UNIT 1006</u>		Latitude: <u>39.861703</u>	Longitude: <u>-108.868615</u>
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: <u>SENW</u>	Sec: <u>20</u>	Twp: <u>2S</u>	Range: <u>102W</u>
Meridian: <u>6</u>		Sensitive Area? <u>Yes</u>	
Facility Type: <u>LOCATION</u>	Facility ID: <u>314320</u>	API #: _____	County Name: <u>RIO BLANCO</u>
Facility Name: <u>DRAGON TRAIL UNIT-62S102W 20SENW</u>		Latitude: <u>39.861479</u>	Longitude: <u>-108.869383</u>
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: <u>SENW</u>	Sec: <u>20</u>	Twp: <u>2S</u>	Range: <u>102W</u>
Meridian: <u>6</u>		Sensitive Area? <u>Yes</u>	

Facility Type: SPILL OR RELEASE	Facility ID: 483319	API #:	County Name: RIO BLANCO
Facility Name: Well Head/Surface Equipment	Latitude: 39.861703	Longitude: -108.868615	
** correct Lat/Long if needed: Latitude:		Longitude:	
QtrQtr: SENW	Sec: 20	Twp: 2S	Range: 102W Meridian: 6 Sensitive Area? Yes

SITE CONDITIONS

General soil type - USCS Classifications GC 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

SITE INVESTIGATION PLAN

TYPE OF WASTE:

- | | | |
|--|--|---|
| <input type="checkbox"/> E&P Waste | <input type="checkbox"/> Other E&P Waste | <input checked="" type="checkbox"/> Non-E&P Waste |
| <input type="checkbox"/> Produced Water | <input type="checkbox"/> Workover Fluids | TBD - facility decommission soil investigation |
| <input 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	Sampling will take place prior to final reclamation.

INITIAL ACTION SUMMARY

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

Per rule 911, facility decommissioning results in soil investigation of site after equipment is removed.

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):

The wellhead, dry stack, meter and tank will be sampled. Each will be grab samples analyzed for components under 915 rules. There will also be three background samples to be tested for pH, arsenic, electrical conductivity, and sodium adsorption ratio.

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):

SITE INVESTIGATION REPORT

SAMPLE SUMMARY

Soil

Number of soil samples collected 9

Number of soil samples exceeding 915-1 4

Was the areal and vertical extent of soil contamination delineated? No

Approximate areal extent (square feet) 25

NA / ND

Highest concentration of TPH (mg/kg)

Highest concentration of SAR

BTEX > 915-1 No

Vertical Extent > 915-1 (in feet) 1

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?

Background samples were collected as part of this site investigation. 5 background samples were collected with exceedances in arsenic, hexavalent chromium, and pH per Table 915 Rules.

☐ 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?

Additional samples will be taken from the wellhead to clear exceedances in arsenic. Additional background samples will be taken for arsenic comparison.

REMEDIAL ACTION PLAN

Does this Supplemental Form 27A include changes to a previously approved Remedial Action Plan? No _____

SOURCE REMOVAL SUMMARY

Describe how source is to be removed.

TBD - at this moment, no source removal is projected.

REMEDIAL 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 no impacts are identified; project will be closed within 1 months time of soil sampling date. If impacts are discovered; timeline will be delayed and project will have updated timeframe to reach NFA adjusted remediation scope.

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

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:

REMEDIATION COMPLETION REPORT

REMEDIATION COMPLETION SUMMARY

Is this a Final Closure Request for this Remediation Project? No

If YES:

☐ Compliant with Rule 913.h.(1).☐ Compliant with Rule 913.h.(2).☐ Compliant with Rule 913.h.(3).

Do all soils meet Table 915-1 standards?

Does the previous reply indicate consideration of background concentrations?

Does Groundwater meet Table 915-1 standards?

Is additional groundwater monitoring to be conducted? _____

Operator shall comply with the COGCC 1000-Series Reclamation Requirements for all impacted and disturbed areas.

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.

A reclamation plan is being drafted for the landowner and will be presented when onsite and plan is completed.

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. 10/15/2023

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). 09/12/2022

Proposed site investigation commencement. 09/12/2022

Proposed completion of site investigation. 09/30/2023

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

UGC is taking additional soil samples from this well pad on 5/4/2023. Samples will be sent to lab immediately following collection, and sample results will be communicated in the following supplemental form 27.

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

Signed: Dana Pollack

Title: Environmental Specialist

Submit Date: 05/03/2023

Email: dpollack@utahgascorp.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: John Heil

Date: 05/23/2023

Remediation Project Number: 25974

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**

403392910	INVESTIGATION/REMEDATION WORKPLAN (SUPPLEMENTAL)
403410922	FORM 27-SUPPLEMENTAL-SUBMITTED

Total Attach: 2 Files

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

		Stamp Upon Approval
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Total: 0 comment(s)