

State of Colorado  
Energy & Carbon Management Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:

403553527

Receive Date:

10/18/2023

Report taken by:

Chris Sanchez

## 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: MURFIN DRILLING COMPANY INC	Operator No: 61650	Phone Numbers
Address: 250 N WATER ST STE 300		Phone: (316) 858-8664
City: WICHITA	State: KS	Zip: 67202
Contact Person: Cristina Goodrich	Email: cgoodrich@murfininc.com	Mobile: ( )

## PROJECT, PURPOSE &amp; SITE INFORMATION

## PROJECT INFORMATION

Remediation Project #: Initial Form 27 Document #: 403553527

## 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: WELL	Facility ID:	API #: 017-06031	County Name: CHEYENNE
Facility Name: UPRR 1-1	Latitude: 38.689281	Longitude: -102.408843	
** correct Lat/Long if needed: Latitude:		Longitude:	
QtrQtr: SWSE	Sec: 1	Twp: 16S	Range: 45W Meridian: 6 Sensitive Area? Yes

  

Facility Type: LOCATION	Facility ID: 321546	API #:	County Name: CHEYENNE
Facility Name: UPRR-616S45W 1SWSE	Latitude: 38.689281	Longitude: -102.408843	
** correct Lat/Long if needed: Latitude:		Longitude:	
QtrQtr: SWSE	Sec: 1	Twp: 16S	Range: 45W Meridian: 6 Sensitive Area? Yes

Facility Type:	OFF-LOCATION FLOWLINE	Facility ID:	461952	API #:		County Name:	CHEYENNE
Facility Name:	LOWE-616S45W 12NENW	Latitude:	38.682260	Longitude:	-102.411330		
		** correct Lat/Long if needed: Latitude:		Longitude:			
QtrQtr:	NENW	Sec:	12	Twp:	16S	Range:	45W
		Meridian:	6	Sensitive Area?		Yes	

### **SITE CONDITIONS**

General soil type - USCS Classifications CL 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**

The location is within Lesser Prairie Chicken Estimated Occupied Range.

**DENIED**

## SITE INVESTIGATION PLAN

### TYPE OF WASTE:

☐ E&P Waste ☐ Other E&P Waste ☒ Non-E&P Waste

☐ Produced Water ☐ Workover Fluids ☐ No waste is anticipated

☐ 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	inspection/soil samples/laboratory 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.

Pursuant to ECMC Rule 911 a site investigation will be conducted pertaining to the UPRR 1-1 wellhead cut and cap, on-location flowlines, production facilities, and off-location flowline removal.

### 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 ):

A grab soil sample will be collected at the base of the excavation or the area showing the highest degree of impact during field screening activities at the wellhead excavation, beneath the ASTs footprint, and beneath the separator. Soil samples will be analyzed by a certified laboratory for TPH (total volatile [C6-C10] and extractable [C10-C36] hydrocarbons), organic compounds in soil per ECMC Table 915-1, and EC, SAR, pH, and boron. All samples collected will be analyzed by a certified laboratory using approved ECMC laboratory methods.

#### 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 ):

Visual inspection of the wellhead, tank battery area and flowlines will occur during abandonment activities. Field personnel will field screen all disturbed areas using a photoionization detector to determine if laboratory confirmation soil sampling is required. Flowlines will be removed; if impacts are identified then samples will be taken along the flowline in the impacted areas. A photolog will be submitted in the subsequent Form 27.

## 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? \_\_\_\_\_

#### NA / ND

\_\_\_\_\_ Highest concentration of TPH (mg/kg) \_\_\_\_\_

\_\_\_\_\_ Highest concentration of SAR \_\_\_\_\_

\_\_\_\_\_ 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.

No source has been generated.

### 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.

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

\_\_\_\_\_ 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.

DENIED

## 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 is in compliance with Rule 705 insurance requirements as well as Rule 702 Financial Assurance.

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.

Reclamation will be completed in accordance with ECMC 1000 Series Rules or as agreed upon with the Surface Owner.

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. 04/22/2024

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). 11/15/2023

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**

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

Signed: Jessica Donahue

Title: Compliance Specialist

Submit Date: 10/18/2023

Email: jdonahue@ardorenvironmental.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**

	The form is being denied, ECMC noted the mapping for the project is inaccurate. There is a map associated with the location which references a spill location on the K.P. Kauffman lease. The location ID is 478843; Pete Montoya B1- #2. Operator shall update the maps for the project to reflect the correct location.
1 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**

403553527	FORM 27-INITIAL-SUBMITTED
403564715	SITE MAP
403564717	SOIL SAMPLE LOCATION MAP
403564720	SOIL SAMPLE LOCATION MAP
403564721	SOIL SAMPLE LOCATION MAP
403564818	SOIL SAMPLE LOCATION MAP

Total Attach: 6 Files

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

		Stamp Upon Approval
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Total: 0 comment(s)