

State of Colorado  
Energy & Carbon Management Commission

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403542439  
Receive Date:  
09/26/2023

Report taken by:  
Krystal Heibel

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>OWN RESOURCES OPERATING LLC</u>	Operator No: <u>10699</u>	Phone Numbers Phone: <u>(970) 332-3585</u> Mobile: <u>( )</u>
Address: <u>305 S RIDGE STREET #6279</u>		
City: <u>BRECKENRIDGE</u>	State: <u>CO</u>	Zip: <u>80424</u>
Contact Person: <u>Pat Dolezal</u>	Email: <u>pat.dolezal@ownresources.com</u>	

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: 17710 Initial Form 27 Document #: 402661028

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: P&A

SITE INFORMATION

Yes  Multiple Facilities

Facility Type: <u>LOCATION</u>	Facility ID: <u>338364</u>	API #: _____	County Name: <u>YUMA</u>
Facility Name: <u>STATE-61N46W 36NWSE</u>	Latitude: <u>40.008440</u>	Longitude: <u>-102.461080</u>	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: <u>NWSE</u>	Sec: <u>36</u>	Twp: <u>1N</u>	Range: <u>46W</u> Meridian: <u>6</u> Sensitive Area? <u>No</u>

Facility Type: <u>LOCATION</u>	Facility ID: <u>466278</u>	API #: _____	County Name: _____
Facility Name: _____	Latitude: _____	Longitude: _____	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: _____	Sec: _____	Twp: _____	Range: _____ Meridian: _____ Sensitive Area? <u>No</u>

Facility Type: OFF-LOCATION FLOWLINE Facility ID: 466283 API #: \_\_\_\_\_ County Name: YUMA  
Facility Name: Wellhead Line 36-10 Latitude: 40.007864 Longitude: -102.454268  
\*\* correct Lat/Long if needed: Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
QtrQtr: NWSE Sec: 36 Twp: 1N Range: 46W Meridian: 6 Sensitive Area? No

**SITE CONDITIONS**

General soil type - USCS Classifications SM \_\_\_\_\_ Most Sensitive Adjacent Land Use non irrigatged  
pasture \_\_\_\_\_  
Is domestic water well within 1/4 mile? No \_\_\_\_\_ 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**

\_\_\_\_\_

# 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             | No known E&P Waste _____                          |
| <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 before analysis	Unknown before analysis

## INITIAL ACTION SUMMARY

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

n/a

## 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 taken around well head, with one background sample. One sample will be taken at off location flowline riser

### 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

### NA / ND

Number of soil samples collected 3

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

Number of soil samples exceeding 915-1 0

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

Was the areal and vertical extent of soil contamination delineated? \_\_\_\_\_

BTEX > 915-1 \_\_\_\_\_

Approximate areal extent (square feet) 0

Vertical Extent > 915-1 (in feet) 0

**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?

\_\_\_\_\_

**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.

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.

see attached

**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.

Own Resources Operating is following the minimum insurance requirements of Rule 705.b and these insurances are registered with the ECMC as per Rules 705.d and 705.e. The ECMC requires a minimum of \$5M of liability coverage, which exceeds Remediation Costs.

Operator anticipates the remaining cost for this project to be: \$ 0 \_\_\_\_\_

## 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.

see attached, location will have EC readings taken and gypsum applied if necessary

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). 05/01/2021

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**

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

Signed: Pat Dolezal

Title: Regulatory Specialist

Submit Date: 09/26/2023

Email: pat.dolezal@ownresources.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: Krystal Heibel

Date: 11/02/2023

Remediation Project Number: 17710

**COA Type****Description**

	Operator shall submit reports of site investigation including all laboratory analytical results for all samples collected, per Rule 913.h.(4).A.. Analytical results shall be submitted within an analytical results summary table. Operator shall update the Form 27 and submit this data no later than December 25, 2023, which is 90 days from the receipt of this Form 27 Supplemental.
	Operator shall submit a revised "Soil Sampling Location Map" that includes: a scale, an aerial photograph that shows the location of field screenings (sidewall and bottom hole), sample(s), and background sample(s). Operator shall update the Form 27 and submit this data no later than December 25, 2023, which is 90 days from the receipt of this Form 27 Supplemental.
	Operator shall fully populate the Form to include all relevant fields in the following sections: Site Investigation Plan & Remedial Action Plan.  Operator shall update the Form 27 and submit this no later than December 25, 2023, which is 90 days from the receipt of this Form 27 Supplemental.
	This Form 27 Supplemental is being approved as submitted. However, the next Form Supplemental must be populated with the Adequacy of Operator's General Liability Insurance and Financial Assurance data field under the Remediation Progress Update tab as required by Rules 703.b. and 705.b. Note: Based on the scope of work proposed ECMC does not believe Operator anticipated the remaining cost for this project is adequate.
	Operator shall add the wellhead to a "Facility Type" within the next Form 27 submittal.
	All COAs from Doc# 403276000 still apply to this Form 27 submittal. Operator shall submit all required information previously requested from Doc# 403276000 no later than December 25, 2023, which is 90 days from the receipt of this Form 27 Supplemental.
6 COAs	

**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**

403542439	INVESTIGATION/REMEDATION WORKPLAN (SUPPLEMENTAL)
403542442	REMEDATION PROGRESS REPORT
403582476	FORM 27-SUPPLEMENTAL-SUBMITTED

Total Attach: 3 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
		Stamp Upon Approval

Total: 0 comment(s)