

State of Colorado  
Energy & Carbon Management Commission

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Document Number:  
403571720  
Receive Date:  
10/25/2023

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

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: 32761 Initial Form 27 Document #: 403571720

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

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

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.

# 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	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

<b>Soil</b>	<b>NA / ND</b>
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.

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.

# 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: \$ 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: 10/25/2023

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: Chris Sanchez

Date: 11/22/2023

Remediation Project Number: 32761

**COA Type****Description**

	This Form 27 Supplemental is being approved as submitted. However, the next Form 27 Supplemental must be populated with the Adequacy of Operator's General Liability Insurance and Financial Assurance data field under the Remediation Progress Update tab to describe how Operator's Financial Assurance meets the requirements of Rule 703.b. and General Liability Insurance meets the requirements of Rule 705.b.
	Operator shall submit a Form 44 Pre-abandonment notice pursuant to Rule 1105.d.A Form 44 will be filed prior to starting flowline abandonment, and will be included in the Related Forms in a supplemental Form 27. Abandonment will occur per the requirements of Rule 1105. During flowline abandonment, any liquids evacuated from the flowline will be contained and disposed per the requirements of Rule 905.
	If encountered operator will analyze groundwater samples for Table 915-1 Groundwater Inorganic Parameters (total dissolved solids, sulfate, chloride) in addition to Organic Compounds
	In addition to samples for Table 915-1, TPH, Organic Compounds in Soils, and Soil Suitability for Reclamation the Operator shall also Sample for Table 915-1 Metals in Soils.
	Once the well is Plugged and Abandon the Operator shall submit Quarterly Updates for this remediation project every 90 days as required by Rule 913.e. Quarterly updates shall include a current map of the subject location including current excavation limits and/or sample locations, proposed/actual soil boring locations and monitoring well locations. GPS data used to create the map must comply with ECMC Rule 216. Operator will include historical and recent soil analytical data in a table format in Quarterly updates. Operator shall submit field notes of all field activities reported during a Quarterly Update.
	Per Rule 911.b. If an Operator discovers a Spill or Release during closure operations, the Operator will report the Spill or Release on a Form 19, Spill/Release Report, pursuant to Rule 912.
	Operators will collect and submit for laboratory analysis a soil sample collected from the areas most likely to have been impacted during the operational life of the flowline. These areas include, but are not limited to: where Flowlines connect to the wellhead, surface equipment, risers, valves, or manifolds; where Flowlines bend or were repaired in the past and at joints and hammer unions; where Flowlines connect to Flowlines or equipment of different material; and where Flowlines crossed drainages or surface water or are in contact with shallow groundwater.
	ECMC noted there is an open Remediation Project # 22996 for a historical spill identified on the location. The original form 27 Document # 403028967 was filed on 4/27/2022. There has been no follow up correspondents to the Document per Rule 913.e.. The Operator shall commence remediation activities and communications for Project 22996. Operator shall adopt a Quarterly Reporting schedule for the project and will provide explanation for late report on the next Form 27 Supplemental including actions implemented to prevent late reporting in the future.

8 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.

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
403571720	INVESTIGATION/REMEDATION WORKPLAN (INITIAL)
403571759	SITE MAP
403571761	SOIL SAMPLE LOCATION MAP
403571763	SOIL SAMPLE LOCATION MAP
403571764	SOIL SAMPLE LOCATION MAP
403571765	SOIL SAMPLE LOCATION MAP
403604429	FORM 27-INITIAL-SUBMITTED

Total Attach: 7 Files

### **General Comments**

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

Total: 0 comment(s)