

State of Colorado
Energy & Carbon Management Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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Document Number:

403644419

Receive Date:

01/04/2024

Report taken by:

Laurel Anderson

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: KP KAUFFMAN COMPANY INC	Operator No: 46290	Phone Numbers
Address: 1700 LINCOLN ST STE 4550		Phone: (720) 8689848 x0110
City: DENVER	State: CO	Zip: 80203
Contact Person: John Peterson	Email: jpeterson@kpk.com	Mobile: (303) 5508872

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: 33565 Initial Form 27 Document #: 403644419

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: LOCATION	Facility ID: 318264	API #: _____	County Name: WELD
Facility Name: MCCANNON UNIT-61N67W 4NWSE	Latitude: 40.077840	Longitude: -104.893310	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: NWSE	Sec: 4	Twp: 1N	Range: 6W Meridian: 6 Sensitive Area? Yes

SITE CONDITIONS

General soil type - USCS Classifications CL

Most Sensitive Adjacent Land Use not applicable

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? Yes

Other Potential Receptors within 1/4 mile

Not applicable

SITE INVESTIGATION PLAN**TYPE OF WASTE:**☐ E&P Waste☐ Other E&P Waste☒ Non-E&P Waste☐ Produced Water☐ Workover Fluids

unknown cause of stressed vegetation, but not associated with E&P activities

☐ 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
No	VEGETATION	0	site inspection

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 Form 27 has been provided at the direction of the ECMC to provide exculpatory information about KPK in relation to a complaint doc #403563168 and a suspected leaking flowline and observed stressed vegetation.

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):

Not Applicable

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

Not Applicable

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

Not Applicable

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

Not Applicable

SITE INVESTIGATION REPORT**SAMPLE SUMMARY**

Soil

NA / ND

Number of soil samples collected 0

Number of soil samples exceeding 915-1 0

Was the areal and vertical extent of soil contamination delineated? _____

Approximate areal extent (square feet) 0

NA Highest concentration of TPH (mg/kg) _____

NA Highest concentration of SAR _____

BTEX > 915-1 No _____

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 _____

NA Highest concentration of Benzene (µg/l) _____

NA Highest concentration of Toluene (µg/l) _____

NA Highest concentration of Ethylbenzene (µg/l) _____

NA Highest concentration of Xylene (µg/l) _____

NA Highest concentration of Methane (mg/l) _____

Surface Water

0 Number of surface water samples collected

0 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.

Not applicable

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.

Not Applicable

Soil Remediation Summary

☐ In Situ

☐ Ex Situ

Bioremediation (or enhanced bioremediation)

Chemical oxidation

Air sparge / Soil vapor extraction

Natural Attenuation

Excavate and offsite disposal

If Yes: Estimated Volume (Cubic Yards) _____

Name of Licensed Disposal Facility or COGCC Facility ID # _____

Excavate and onsite remediation

Other _____

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.

Not applicable

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.

not applicable

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). 12/19/2023

Proposed site investigation commencement. 12/19/2023

Proposed completion of site investigation. 12/19/2023

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

KPK is in receipt of the Warning Letter (Doc 403627720) citing a suspected flowline leak and request for submittal of a Form 27. KPK does not believe submittal of a Form 27 is needed as we have verification that a release from the flowline would be implausible to create stressed vegetation in the location cited.

KPK has submitted this Form 27 at the request of the ECMC despite such form not being required under the rules based on the circumstances of the complaint #403563168.

The attached response explains how the stressed vegetation identified in the complaint is unrelated to KPK operations.

KPK is requesting closure of this Form 27 immediately.

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

Signed: John Peterson

Title: Director EHS

Submit Date: 01/04/2024

Email: jpeterson@kpk.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: Laurel Anderson

Date: 01/08/2024

Remediation Project Number: 33565

COA Type

Description

	Operator shall submit a Form 27 Supplemental Requesting Closure and providing a map of the correct flowline alignment and reference the Form 44 Realignment Document Number that provides accurate mapping for this flowline.
	Under Operator comments Operator indicates "KPK is requesting closure of this Form 27 immediately." Remediation projects must be closed out via Form 27 Supplementals and cannot be closed via comments.
2 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

403644419	INVESTIGATION/REMEDATION WORKPLAN (INITIAL)
403644468	CORRESPONDENCE
403647230	FORM 27-INITIAL-SUBMITTED

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)