

State of Colorado  
Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203

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Document Number:

403697350

Receive Date:

Report taken by:

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

## PROJECT, PURPOSE &amp; SITE INFORMATION

## PROJECT INFORMATION

Remediation Project #: Initial Form 27 Document #: 403697350

## 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: 468486	API #:	County Name: YUMA
Facility Name: Brophy J 04-05		Latitude: 40.262951	Longitude: -102.547378
** correct Lat/Long if needed: Latitude:		Longitude:	
QtrQtr: NWNW	Sec: 5	Twp: 3N	Range: 46W
Meridian: 6	Sensitive Area? Yes		

## SITE CONDITIONS

General soil type - USCS Classifications SM

Most Sensitive Adjacent Land Use Irrigated farm ground

Is domestic water well within 1/4 mile? Yes

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**

designated groundwater management area, designated basin, no high priority habitats

**SITE INVESTIGATION PLAN**

**TYPE OF WASTE:**

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

☒ **Produced Water** ☐ **Workover Fluids**

☐ **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	unknown	soil 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.

Buried produced water tank will be excavated and completely removed from location. Produced water line will be plumbed to existing half buried produced water tank on location.

**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 ):

After tank removed, four sidewalls and four floor quadrants will be screened. One sample will be taken at highest soil screening location, or highest visible staining location, or at inlet to tank. One background sample will be taken. Both samples will be sent for full Table 915-1 analysis.

**Proposed Groundwater Sampling**

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

Groundwater samples will only be taken if groundwater encountered during excavation

**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 \_\_\_\_\_ 0  
Number of soil samples exceeding 915-1 \_\_\_\_\_  
Was the areal and vertical extent of soil contamination delineated? \_\_\_\_\_  
Approximate areal extent (square feet) \_\_\_\_\_

**NA / ND**

\_\_\_\_\_ Highest concentration of TPH (mg/kg) \_\_\_\_\_  
\_\_\_\_\_ Highest concentration of SAR \_\_\_\_\_  
\_\_\_\_\_ BTEX > 915-1 \_\_\_\_\_  
\_\_\_\_\_ Vertical Extent > 915-1 (in feet) \_\_\_\_\_

**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****SOURCE REMOVAL SUMMARY**

Describe how source is to be removed.

no known source to be removed

**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.

no remediation summary to submit at this time

**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  
\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Excavate and onsite remediation  
\_\_\_\_\_ 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.

## 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&amp;M Report

☒

Other remediation

### 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: \_\_\_\_\_

# 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.

All disturbed areas affected will be reclaimed as early and as close to their original condition or their final land use as designated by the surface owner and shall be maintained to minimize erosion. In crop lands, where necessary, added topsoil will be added to the depression and the surface will be left as close to its original contour as possible. The area shall be treated if necessary and practical to prevent invasion of undesirable species and noxious weeds, and to control erosion.

Non crop land will be contoured as close to original as possible to control erosion. The disturbed area will be reseeded in the first favorable season, if necessary. Reclamation of all disturbed areas no longer in use shall be considered complete when all surface is stabilized to minimize erosion and a uniform vegetative cover of at least eighty percent (80%).

Excavation area will mainly be inside of fenced location with multiple meter sheds. Reclamation will be completed on day of filling excavated area

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. 04/01/2024

Proposed date of completion of Reclamation. 04/01/2024

## 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. 02/01/2024

Actual Spill or Release date, or date of discovery. \_\_\_\_\_

## SITE INVESTIGATION DATES

Date of Initial Actions described in Site Investigation Plan (start date). 04/01/2024

Proposed site investigation commencement. 04/01/2024

Proposed completion of site investigation. 04/01/2024

## REMEDIAL ACTION DATES

Proposed start date of Remediation. 04/01/2024

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: \_\_\_\_\_

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: \_\_\_\_\_

Date: \_\_\_\_\_

Remediation Project Number: \_\_\_\_\_

**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**

403697394	AERIAL IMAGE
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Total Attach: 1 Files

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

		Stamp Upon Approval
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Total: 0 comment(s)