

State of Colorado
Energy & Carbon Management Commission

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Document Number:
403700228
Receive Date:
02/27/2024
Report taken by:
CHRIS CANFIELD

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 ECMC 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: VERDAD RESOURCES LLC	Operator No: 10651	Phone Numbers
Address: 1125 17TH STREET SUITE 550		Phone: (720) 845-6901
City: DENVER State: CO Zip: 80202		Mobile: ()
Contact Person: Michael Cugnetti	Email: mcugnetti@verdadresources.com	

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: 34332 Initial Form 27 Document #: 403700228

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 #: 001-07415	County Name: ADAMS
Facility Name: BERGMAN 1	Latitude: 39.984253	Longitude: -104.684328	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: NWNE	Sec: 8	Twp: 1S	Range: 65W Meridian: 6 Sensitive Area? Yes
Facility Type: WELL	Facility ID: _____	API #: 001-09405	County Name: ADAMS
Facility Name: BERGMAN 32-8	Latitude: 39.981140	Longitude: -104.685485	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: SWNE	Sec: 8	Twp: 1S	Range: 65W Meridian: 6 Sensitive Area? Yes

Facility Type: LOCATION Facility ID: 319961 API #: County Name: ADAMS
Facility Name: GREAT WESTERN BERGMAN 1 Latitude: 39.984535 Longitude: -104.684226
** correct Lat/Long if needed: Latitude: Longitude:
QtrQtr: NWNE Sec: 8 Twp: 1S Range: 65W Meridian: 6 Sensitive Area? Yes

Facility Type: LOCATION Facility ID: 320471 API #: County Name: ADAMS
Facility Name: GREAT WESTERN BERGMAN 32-8 Latitude: 39.980960 Longitude: -104.685525
** correct Lat/Long if needed: Latitude: Longitude:
QtrQtr: SWNE Sec: 8 Twp: 1S Range: 65W Meridian: 6 Sensitive Area? Yes

Facility Type: OFF-LOCATION FLOWLINE Facility ID: 476208 API #: County Name: ADAMS
Facility Name: Wellhead Line 1 Latitude: 39.984535 Longitude: -104.684226
** correct Lat/Long if needed: Latitude: Longitude:
QtrQtr: NWNE Sec: 8 Twp: 1S Range: 65W Meridian: 6 Sensitive Area? Yes

SITE CONDITIONS

General soil type - USCS Classifications SC Most Sensitive Adjacent Land Use cropland
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? No

Other Potential Receptors within 1/4 mile

SITE INVESTIGATION PLAN

TYPE OF WASTE:

E&P Waste
 Other E&P Waste
 Non-E&P Waste

Produced Water

Workover Fluids

No anticipated waste impacts, confirmation for facility decommissioning

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	to be determined	visual, olfactory, PID and laboratory 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.

Existing equipment is being removed and 2 wells P&A'ed. No impacts are anticipated, but will be investigated. All removed equipment footprints and surrounding trenches including wellheads, tank battery, flowlines, separator, or other equipment on location will have visual, olfactory, PID inspection and oil tank, water tank, wellheads, separator, flowlines will have confirmation by laboratory analysis. Laboratory analysis will consist of TPH, EC, SAR, pH, Boron, BTEX, naphthalene, 1,2,4-trimethylbenzene and 1,3,5-trimethylbenzene. Photos will be taken and attached to a supplemental form 27 of areas under equipment once the equipment has been removed.

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):

Oil tank, water tank, wellheads, separator, dumpline, and wellhead flowlines will have confirmation by laboratory analysis. Laboratory analysis will consist of TPH, EC, SAR, pH, Boron, BTEX, naphthalene, 1,2,4-trimethylbenzene and 1,3,5-trimethylbenzene.

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 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 anticipated waste impacts, confirmation investigation for facility decommissioning.

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.

No anticipated waste impacts, confirmation investigation for facility decommissioning.

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

_____ 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&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.

Verdad has adequate general liability insurance. See attached certificate of insurance. Verdad currently has a \$1,740,000 plugging bond with the ECMC, surety ID 20230030.

Operator anticipates the remaining cost for this project to be: \$ 70000 _____

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 _____

ECMC Disposal Facility ID #, if applicable: _____

Non-ECMC Disposal Facility: _____

Volume of E&P Waste (liquid) in barrels _____

E&P waste (liquid) description _____

ECMC Disposal Facility ID #, if applicable: _____

Non-ECMC 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.

Site will be reclaimed per ECMC 1000 series rules. Access road and pad will be reclaimed. All culverts will be removed. Grade will be recontoured to match surrounding area. Area will be cross ripped and tilled to alleviate compaction. Landowner will select crop for reseeding.

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. 05/31/2024

Proposed date of completion of Reclamation. 06/07/2024

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. _____

Actual Spill or Release date, or date of discovery. _____

SITE INVESTIGATION DATES

Date of Initial Actions described in Site Investigation Plan (start date). 05/21/2024

Proposed site investigation commencement. 05/21/2024

Proposed completion of site investigation. 05/31/2024

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: Michael Cugnetti

Title: Director of EHS&R

Submit Date: 02/27/2024

Email: mcugnetti@verdadresources.com

Based on the information provided herein, this Application for Site Investigation and Remediation Workplan complies with ECMC Rules and applicable orders and is hereby approved.

ECMC Approved: CHRIS CANFIELD

Date: 03/08/2024

Remediation Project Number: 34332

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**

403700228	FORM 27-INITIAL-SUBMITTED
403700283	SOIL SAMPLE LOCATION MAP
403700514	OTHER
403700515	OTHER
403700516	OTHER

Total Attach: 5 Files

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

		Stamp Upon Approval
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Total: 0 comment(s)