

State of Colorado
Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



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Report taken by:
KRIS NEIDEL

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 ECOM 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>SCOUT ENERGY MANAGEMENT LLC</u>	Operator No: <u>10779</u>	Phone Numbers
Address: <u>13800 MONTFORT DRIVE SUITE 100</u>		Phone: <u>(970) 620-3456</u>
City: <u>DALLAS</u> State: <u>TX</u> Zip: <u>75240</u>		Mobile: <u>(970) 501-5157</u>
Contact Person: <u>Chris Patterson</u>	Email: <u>chris.patterson@scoutep.com</u>	

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: 35102 Initial Form 27 Document #: 403645099

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: <u>SPILL OR RELEASE</u>	Facility ID: <u>483896</u>	API #: _____	County Name: <u>RIO BLANCO</u>
Facility Name: <u>Mcl Unit A-1 lateral</u>	Latitude: <u>40.148301</u>	Longitude: <u>-108.911416</u>	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: <u>NWNW</u>	Sec: <u>13</u>	Twps: <u>2N</u>	Range: <u>103W</u> Meridian: <u>6</u> Sensitive Area? <u>No</u>

SITE CONDITIONS

General soil type - USCS Classifications CL Most Sensitive Adjacent Land Use Non Crop Land
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 surface water within 1/4 mile is actually a dry ephemeral drainage located approximately 0.22 miles to the south.

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
Yes	SOILS	Surface and subsurface soils	Visual, sampling and field screening

INITIAL ACTION SUMMARY

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

Depth of impact (line failure) was approximately 5' below grade Soil samples will be taken to show vertical and horizontal delineation. Additional soil samples will also be taken along spill path and areas. All standing liquids were removed with a vac-truck. Area will be water washed with fresh, clean water from the main water plant.

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):

Preliminary soil samples were collected from beneath the repaired flowline on 2/8/2023 and beneath a 3-way valve on 2/9/2023. Preliminary soil samples were also collected from along the spill path on 7/11/2023. A total of nine (9) grab samples analyzed for Table 915-1 parameters were collected at depths ranging from 1 to 5 feet below ground surface. Two (2) background samples were also collected from a depth of 1 foot and analyzed for a shortened list of Table 915-1 parameters. Results indicate elevated levels of SAR, EC and HSB above background levels within the impacted area.

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

Number of soil samples collected 9
Number of soil samples exceeding 915-1 1
Was the areal and vertical extent of soil contamination delineated? No
Approximate areal extent (square feet) 144

NA / ND

-- Highest concentration of TPH (mg/kg) 139
-- Highest concentration of SAR 41.8
BTEX > 915-1 No
Vertical Extent > 915-1 (in feet) 5

Groundwater

Number of groundwater samples collected 0
Was extent of groundwater contaminated delineated? Yes
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?

Two (2) background samples were collected from undisturbed areas adjacent to the spill. Historical background samples associated with nearby past releases were also used 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.

At this time no source removal is planned.

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.

The SAR, EC and HSB concentrations will be monitored for natural attenuation by collecting additional samples in the spring of 2024. Scout requests approval of a reduced analyte list on all future samples consisting of SAR, EC and HSB only.

Soil Remediation Summary

In Situ

Ex Situ

_____ Bioremediation (or enhanced bioremediation)
_____ Chemical oxidation
_____ Air sparge / Soil vapor extraction

_____ Excavate and offsite disposal
If Yes: Estimated Volume (Cubic Yards) _____
Name of Licensed Disposal Facility or ECOM 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&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.

The policies described below afford industry standard terms and conditions for said policy types, noting that Scout's pollution coverage is broadened pollution legal liability which does not dictate cover based on gradual pollution or sudden or accidental pollution losses. The coverage is intended to respond if a loss occurs during the policy period as respects to a particular property (owned, leased, operated). Note that all layers of excess coverage shown act in excess of the general liability policy, and note that only the Lead \$10M Umbrella Policy is afforded in excess of pollution coverage.

Operator anticipates the remaining cost for this project to be: \$ 2000 _____

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.

Reclamation and reseeding will occur when remediation is completed where applicable and will follow the 1000 series regulations.

Is the described reclamation complete? No _____

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. 01/31/2023

SITE INVESTIGATION DATES

Date of Initial Actions described in Site Investigation Plan (start date). 02/08/2023

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

Scout requests approval of a reduced analyte list on all future samples consisting of SAR, EC and HSB.

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

Signed: Chris PattersonTitle: Senior HSE CoordinatorSubmit Date: 01/08/2024Email: chris.patterson@scoutep.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: KRIS NEIDELDate: 04/22/2024Remediation Project Number: 35102**COA Type****Description**

	This Site Investigation and Remediation Workplan (Form 27) is conditionally approved; however, additional information or activities may be required during the course of remediation.
	A Form 19 supplemental should be submitted with approval of this form, requesting closure of spill 483896.
	The area of sample id MCL UIT A1-SS6 should be fully delineated with the full 915-1 Table. It is reported that the spill occurred 5' below ground.
3 COAs	

ATTACHMENT 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**

403645099	INVESTIGATION/REMEDATION WORKPLAN (INITIAL)
403645290	ANALYTICAL RESULTS
403764614	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)