

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:
Chris Sanchez

Site Investigation and Remediation Workplan (Supplemental 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: CITATION OIL & GAS CORP	Operator No: 17180	Phone Numbers Phone: (281) 891-1550 Mobile: (713) 702-7534
Address: 14077 CUTTEN RD		
City: HOUSTON	State: TX	Zip: 77069
Contact Person: Bob Redweik	Email: BRedweik@cogc.com	

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: 31978 Initial Form 27 Document #: 403547482

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: Plug and Abandonment of Well

SITE INFORMATION

Yes Multiple Facilities

Facility Type: WELL	Facility ID:	API #: 017-07047	County Name: CHEYENNE
Facility Name: HARKER 34-35 1X	Latitude: 38.960794	Longitude: -102.192264	
** correct Lat/Long if needed: Latitude:		Longitude:	
QtrQtr: SWSE	Sec: 35	Twp: 12S	Range: 43W Meridian: 6 Sensitive Area? Yes
Facility Type: LOCATION	Facility ID: 321821	API #:	County Name: CHEYENNE
Facility Name: HARKER 34-35-612S43W 35SWSE	Latitude: 38.960794	Longitude: -102.192264	
** correct Lat/Long if needed: Latitude:		Longitude:	
QtrQtr: SWSE	Sec: 35	Twp: 12S	Range: 43W Meridian: 6 Sensitive Area? Yes

SITE CONDITIONS

General soil type - USCS Classifications SM

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

Surface water is present in the form of 3 FWS wetlands classified as a freshwater emergent wetlands located approximately 0.15, 0.18, and 0.3 miles N-NE of the location. Big Timber Creek is located approximately 0.3 miles E of the site and a riverine habitat is present 0.3 miles W of the site. The facility is located within CPW HPHs for Lesser Prairie Chicken Connectivity Zone and Estimated Occupied Range. There are no water wells, livestock, or occupied buildings within a 1-mile radius of the site. The closes well is approximately 1.05 miles N of the site and has a static WL of 112 feet bgs.

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	N/A	N/A

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 serves as notification for the decommissioning of the Harker 34-35 #1X wellhead. The ground and subsurface shall be inspected for hydrocarbon impacts during equipment removal. At a minimum, soil sampling shall be conducted in the proposed locations discussed below and shown on the attached proposed soil sample location map.

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):

One (1) grab soil sample will be collected as described in the shown proposed sample location diagram. Four (4) field screening surface soil samples shall be collected in each cardinal direction surrounding the wellhead and one (1) background sample will be collected from an adjacent, upgradient location. The grab sample will be utilized for full Table 915-1 listed constituents. The background sample will be analyzed for EC, SAR, pH, boron, and metals.

Proposed Groundwater Sampling

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

Should groundwater be encountered, a sample will be collected as soon as practical and shall be submitted for laboratory analysis of Table 915-1 Inorganic Parameters and Organic Compounds in Groundwater.

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):

Soil on location will be field screened with PID and EC probe.

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

Does this Supplemental Form 27A include changes to a previously approved Remedial Action Plan? No _____

SOURCE REMOVAL SUMMARY

Describe how source is to be removed.

Pending results of the site investigation.

REMEDIAL ACTION 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.

Remediation activities for substantial impacts, if required, will likely involve the excavation of impaired soils for transport to an approved disposal facility. Following excavation and removal of any impacted soils, confirmation sampling will be conducted to confirm successful remediation. Excavated areas will then be backfilled with clean soil as necessary and seeding of the remediated area to re-establish a proper seedbed will be conducted.

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 ECMC 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.

Citation carries general liability insurance of \$2,000,000, with excess liability insurance of \$35,000,000. Citation also carries pollution/waste liability insurance of \$20,000,000, and environmental related liability insurance of \$3,000,000 for all active wells and \$1,000,000 for all plugged and abandoned wells. Citation maintains \$1,135,000 in surety bonds with the COGCC. There is no site-specific financial assurance associated with this remediation project. Citation does not intend to file an insurance claim for this remediation project.

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 _____

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: _____

REMEDIATION COMPLETION REPORT

REMEDIATION COMPLETION SUMMARY

Is this a Final Closure Request for this Remediation Project? No _____

If YES:

- Compliant with Rule 913.h.(1).
- Compliant with Rule 913.h.(2).
- Compliant with Rule 913.h.(3).

Do all soils meet Table 915-1 standards? _____

Does the previous reply indicate consideration of background concentrations? _____

Does Groundwater meet Table 915-1 standards? _____

Is additional groundwater monitoring to be conducted? _____

Operator shall comply with the ECMC 1000-Series Reclamation Requirements for all impacted and disturbed areas.

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.

A reclamation plan will be prepared pending the outcome of the site investigation.

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. _____

SITE INVESTIGATION DATES

Date of Initial Actions described in Site Investigation Plan (start date). 11/06/2023

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

This form serves at the 1Q24 quarterly update for this location. Removal of facility infrastructure is in progress, and is planned to be completed along with sampling per Table 915-1 early 2024.

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

Signed: Randolph Moses

Title: Agent

Submit Date: 04/17/2024

Email: randolph.moses@absarokasolutions.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 Sanchez

Date: 04/24/2024

Remediation Project Number: 31978

COA Type**Description**

	In accordance with Rule 913.e.(3), Operator will adopt a quarterly reporting schedule (every 90 days). ECMC selected Quarterly under Remediation Progress Update.
	Operator shall continue Quarterly Reporting until the Site Assessment is completed and the remediation area demonstrates Compliance with Table 915-1 Standards.
2 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**

403730402	INVESTIGATION/REMEDATION WORKPLAN (SUPPLEMENTAL)
403730413	SITE MAP
403730414	SITE INVESTIGATION PLAN
403730415	MAP
403767675	FORM 27-SUPPLEMENTAL-SUBMITTED

Total Attach: 5 Files

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

		Stamp Upon Approval
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Total: 0 comment(s)