

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

403778534

Receive Date:

05/03/2024

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 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: THOMAS L SPRING LLC | Operator No: 81480 | Phone Numbers |
| Address: 7400 E ORCHARD RD STE 106-S | | Phone: (303) 771-1889 |
| City: GREENWOOD VILLAGE | State: CO | Zip: 80111 |
| Contact Person: Kathleen Spring | Email: kathleenspring3@gmail.com | Mobile: () |

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: 33365 Initial Form 27 Document #: 403617131

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 #: 011-06172 | County Name: BENT |
| Facility Name: WOLLERT B 3 | Latitude: 38.225750 | Longitude: -102.764730 | |
| ** correct Lat/Long if needed: Latitude: _____ | | Longitude: _____ | |
| QtrQtr: SENE | Sec: 14 | Twp: 21S | Range: 48W Meridian: 6 Sensitive Area? No |

| | | | |
|--|---------------------|------------------------|---|
| Facility Type: LOCATION | Facility ID: 321240 | API #: _____ | County Name: BENT |
| Facility Name: WOLLERT B-621S48W 14SENE | Latitude: 38.225754 | Longitude: -102.764773 | |
| ** correct Lat/Long if needed: Latitude: _____ | | Longitude: _____ | |
| QtrQtr: SENE | Sec: 14 | Twp: 21S | Range: 48W Meridian: 6 Sensitive Area? No |

SITE CONDITIONS

General soil type - USCS Classifications SC

Most Sensitive Adjacent Land Use crop land

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
- ☐ 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 | SOILS | NA | Test soil if needed |
| Yes | VEGETATION | Ground compacted | Hard ground with no plants growing |

INITIAL ACTION SUMMARY

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

Thomas L. Spring, LLC has set the plug for the Wollert B-3 on 12/5/23. We plan on cutting and capping the well after this form is approved and between the 5-90 day guidelines set out by ECMC and following the ECMC 434 Abandonment rules. During that time the tank battery will also be removed. A site investigation, including pictures of the equipment and soil, in addition to visual and olfactory investigation will take place while work on the cut and cap and tank battery removal is performed. Signs of equipment corrosion or broken equipment will also be looked for and images taken.

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):

Unless soil is stained and/or visually impacted by a spill. If soil samples are collected, they will be tested by a certified laboratory and follow ECMC Rule 915.2 for collection and analysis.

Proposed Groundwater Sampling

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

Unless groundwater is encountered. If so, a sample will be taken and tested per the ECMC Table 915-1, following the 915.3 rules for sampling and analysis.

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):

A photolog will be submitted of the location and equipment. The tank battery and site closure checklists will also be included on the Form 27 Subsequent. If soil or groundwater samples are collected, the locations of collections will be indicated on a map of the location.

SITE INVESTIGATION REPORT

SAMPLE SUMMARY

Soil

Number of soil samples collected 0

Number of soil samples exceeding 915-1

NA / ND

Highest concentration of TPH (mg/kg)

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.

NA

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.

There have been no leaks associated with this well and we are working on reclamation.

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.

Our general liability insurance has been submitted via Form 1B, Doc #403718120, with our updated Cert of Liab Insur emailed to Teri on 5/2/24 due to prior insurance expiring between Form 1B submittal and expiration date. Our Form 3- FA plan was approved and can be found under Doc #403245711 and our Form 3A is in process on Doc #403515841.

Operator anticipates the remaining cost for this project to be: \$ 5000

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.

Our reclamation plan will be in accordance with the ECMC 1000-series rules and includes ripping the compacted ground on the location, water tank pad, and meter location. We will work with the landowner, as the land is farmland and used for Alfalfa crop. There is also the farmers silo that we will work around.

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? Yes

If YES, does the seed mix comply with local soil conservation district recommendations? Yes

Did the local soil conservation district provide the seed mix? No

SITE RECLAMATION DATES

Proposed date of commencement of Reclamation. 02/07/2024

Proposed date of completion of Reclamation. 02/08/2024

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). 02/07/2024

Proposed site investigation commencement. _____

Proposed completion of site investigation. _____

REMEDIAL ACTION DATES

Proposed start date of Remediation. 02/07/2024

Proposed date of completion of Remediation. 02/08/2024

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 is an update for the Wollert B3 site closer. Attached you'll find soil sample results, a sample location map, a photo log for the equipment removal process and plugging process, as well as, closure checklists.

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

Signed: Kathleen Spring

Title: Manager

Submit Date: 05/03/2024

Email: kathleenspring3@gmail.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: 05/31/2024

Remediation Project Number: 33365

COA Type**Description**

| | |
|--------|--|
| | Operator shall identify structure depicted in Photos # 8 and 9. |
| | Background sampling locations should be sufficiently away from the impacted area to reflect conditions not impacted by oil and gas activity, and should be obtained from similar depths and soil horizons or lithologic materials for comparison to confirmation soil samples. |
| | In accordance with Rule 913.e.(3), Operator will adopt a quarterly reporting schedule (every 90 days). ECMC selected Quarterly under Remediation Progress Update. |
| | Arsenic concentrations in confirmation soil samples exceed the Table 915-1 Residential Soil Screening Level Concentrations . Operator will provide additional data to characterize arsenic concentrations at the site and to determine its source. |
| 4 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**

| | |
|-----------|---|
| 403778534 | INVESTIGATION/REMEDIATION WORKPLAN (SUPPLEMENTAL) |
| 403778575 | OTHER |
| 403778576 | OTHER |
| 403778577 | SOIL SAMPLE LOCATION MAP |
| 403778578 | PHOTO DOCUMENTATION |
| 403778581 | ANALYTICAL RESULTS |
| 403809636 | FORM 27-SUPPLEMENTAL-SUBMITTED |

Total Attach: 7 Files

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

| | | |
|--|--|---------------------|
| | | Stamp Upon Approval |
|--|--|---------------------|

Total: 0 comment(s)