

State of Colorado
Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203

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Document Number:

403846178

Receive Date:

Report taken by:

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: MULL DRILLING COMPANY INC | Operator No: 61250 | Phone Numbers |
| Address: 1700 N WATERFRONT PKWY B#1200 | | Phone: (316) 895-1596 |
| City: WICHITA | State: KS | Zip: 67206-6637 |
| Contact Person: Dustin Damme | Email: dustin@mullcompanies.com | Mobile: () |

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: 27401 Initial Form 27 Document #: 403295381

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 #: 017-07151 | County Name: CHEYENNE |
| Facility Name: NORTHWEST ARAPAHOE UNIT 37 | Latitude: 38.880570 | Longitude: -102.143270 | |
| ** correct Lat/Long if needed: Latitude: _____ | | Longitude: _____ | |
| QtrQtr: SWNW | Sec: 32 | Twp: 13S | Range: 42W Meridian: 6 Sensitive Area? Yes |

| | | | |
|---|---------------------|------------------------|--|
| Facility Type: LOCATION | Facility ID: 321848 | API #: _____ | County Name: CHEYENNE |
| Facility Name: NORTHWEST ARAPAHOE UNIT-613S42W 32SWNW | Latitude: 38.880570 | Longitude: -102.143270 | |
| ** correct Lat/Long if needed: Latitude: _____ | | Longitude: _____ | |
| QtrQtr: SWNW | Sec: 32 | Twp: 13S | Range: 42W Meridian: 6 Sensitive Area? Yes |

SITE CONDITIONS

General soil type - USCS Classifications SM

Most Sensitive Adjacent Land Use Pasture Land

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

Cattle

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 | GROUNDWATER | TBD | Lab analysis if encountered |
| Yes | SOILS | TBD | Lab 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.

Sampling was conducted on 2/29/2024. Soil samples were taken at SP2 (3' and 4' bgs), and BG-01 (3' and 4' bgs). Background samples collected at BG-01 indicate that Arsenic Clean-Up Levels are 8.25mg/kg (1.25xBG (6.6 mg/kg) = 8.25 mg/kg). All background samples are within ECMC Table 915-1 for pH standards. SP5 (background) soil sample collected on 10/26/2023 is above Table 915-1 pH standards. A reclamation plan is attached to address the elevated pH at SP5. No further sampling is necessary. Operator respectfully requests No Further Action.

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):

Proposed Groundwater Sampling

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

If encountered, a minimum of one grab sample will be collected as soon as practical. Groundwater sample(s) will be analyzed for Table 915-1 Groundwater Inorganic Parameters (total dissolved solids, sulfate, chlorides) and organic compounds in water.

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 15

-- Highest concentration of TPH (mg/kg) 109.1

Number of soil samples exceeding 915-1 1

-- Highest concentration of SAR 1.25

Was the areal and vertical extent of soil contamination delineated? No

BTEX > 915-1 No

Approximate areal extent (square feet) 1

Vertical Extent > 915-1 (in feet) 4

Groundwater

Number of groundwater samples collected 0

NA Highest concentration of Benzene (µg/l)

Was extent of groundwater contaminated delineated? No

NA Highest concentration of Toluene (µg/l)

Depth to groundwater (below ground surface, in feet)

NA Highest concentration of Ethylbenzene (µg/l)

Number of groundwater monitoring wells installed

NA Highest concentration of Xylene (µg/l)

Number of groundwater samples exceeding 915-1

NA 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?

Yes, background samples were taken at SP5 at 1', 3' and 4' bgs; SP6 (Background) was taken at 1' bgs; BG-01 was taken at 3' and 4' bgs. Based on analytical results, Arsenic Clean-Up Levels are 8.25mg/kg (1.25xBG (6.6 mg/kg) = 8.25 mg/kg).

☐ 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.

No source removed.

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.

None

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

No Bioremediation (or enhanced bioremediation)

No Chemical oxidation

No Air sparge / Soil vapor extraction

No Natural Attenuation

No 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.

NA

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.

Operator is in compliance with Rule 705 insurance requirements as well as Rule 702 Financial Assurance. The estimated cost below will cover additional excavation, sampling, and analytical towards closure.

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?

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.

Please see attached Reclamation Plan.

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? No

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

Did the local soil conservation district provide the seed mix? Yes

SITE RECLAMATION DATES

Proposed date of commencement of Reclamation. 08/01/2024

Proposed date of completion of Reclamation. 08/01/2025

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). 01/19/2023

Proposed site investigation commencement. 11/01/2023

Proposed completion of site investigation. 06/30/2024

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:

Remedial Actions are not needed.

OPERATOR COMMENT

| |
|--|
| |
|--|

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

Signed: Jessica Donahue

Title: Compliance Specialist

Submit Date:

Email: jdonahue@ardorenivronmental.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:

Date:

Remediation Project Number: 27401

COA Type**Description**

| | |
|-------|--|
| | |
| 0 COA | |

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**

| | |
|-----------|---------------------------|
| 403846187 | SITE INVESTIGATION REPORT |
| 403846415 | RECLAMATION PLAN |

Total Attach: 2 Files

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

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

Total: 0 comment(s)