

State of Colorado  
Energy & Carbon Management Commission

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Document Number:  
403894677

Receive Date:

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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: CAERUS PICEANCE LLC	Operator No: 10456	<b>Phone Numbers</b>
Address: 1001 17TH STREET #1600		Phone: (970) 285-2925
City: DENVER State: CO Zip: 80202		Mobile: (970) 640-6919
Contact Person: Blair Rollins	Email: brollins@caerusoilandgas.com	

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: 24192 Initial Form 27 Document #: 403087304

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: FLOWLINE	Facility ID: 425805	API #: _____	County Name: GARFIELD
Facility Name: NPR H15-596	Latitude: 39.616619	Longitude: -108.146697	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: SENE	Sec: 15	Twp: 5S	Range: 96W Meridian: 6 Sensitive Area? Yes
Facility Type: WELL	Facility ID: _____	API #: 045-21089	County Name: GARFIELD
Facility Name: NPR 22C-15-596	Latitude: 39.615945	Longitude: -108.146357	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: SENE	Sec: 15	Twp: 5S	Range: 96W Meridian: 6 Sensitive Area? Yes

**SITE CONDITIONS**

General soil type - USCS Classifications GC

Most Sensitive Adjacent Land Use Riparian Area

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**

# SITE INVESTIGATION PLAN

## TYPE OF WASTE:

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> E&P Waste   | <input checked="" 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 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 checked="" type="checkbox"/> Other (as described by EPA) _____ Impacts associated with this P&A have not been identified |   |  |

## DESCRIPTION OF IMPACT

Impacted?	Impacted Media	Extent of Impact	How Determined
UNDETERMINED	SOILS	To be determined	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.

Please see ECMC Documents 403087304, 403471798, 403620648, and 403735160 for a summary of activities completed prior to the second and third quarters of 2024.

No work has been completed in the second and third quarters of 2024.

## 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 ):

Please see ECMC document #403735160 for this information.

### 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 \_\_\_\_\_ 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? No

BTEX > 915-1 Yes

Approximate areal extent (square feet) 150

Vertical Extent > 915-1 (in feet) 6

**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) 75

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?

Please see ECMC document #403735160 for this information.

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?

Caerus will continue to assess impacts in support of this project.

**REMEDIAL ACTION PLAN**

Does this Supplemental Form 27A include changes to a previously approved Remedial Action Plan? Yes

**SOURCE REMOVAL SUMMARY**

Describe how source is to be removed.

Caerus is in the process of determining the extent of contamination associated with the project. Caerus will provide analytical results and plans for source removal once the extent of contamination can be determined.

**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.

Caerus is in the process of determining the extent of contamination associated with the project. Caerus will provide analytical results and plans for source removal once the extent of contamination can be determined.

**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.

Groundwater is not expected to be encountered at the site. If groundwater is identified, Caerus will attempt to collect a sample for analysis and will provide these results to the ECMC under Supplemental eForm 27.

# 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 Q1, Q2, and Q3 2024 REM update

## 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.

Per Rule 705.b, and in line with guidance laid out in the SBAP, Caerus has general liability insurance in the amount of \$1M, and Caerus has umbrella insurance, which sits over the general liability insurance in the amount of \$75M. The umbrella and general liability insurance covers property damage, bodily injury to third parties, and sudden or accidental pollution under a combined \$76M.

Operator anticipates the remaining cost for this project to be: \$ 12500

## 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.

Caerus plans to return the disturbed area to the active working surface of the well pad for continued operation.

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? Yes

### **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). \_\_\_\_\_

Proposed site investigation commencement. 07/15/2022

Proposed completion of site investigation. 07/01/2024

### **REMEDIAL ACTION DATES**

Proposed start date of Remediation. 07/01/2024

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**

Additional soil samples will be collected adjacent to the 22C wellhead when an excavation can be completed safely. Due to the presence of nearby underground flowlines in the vicinity of the 22C wellhead, it is currently infeasible to excavate adjacent to and south of the wellhead to achieve vertical and horizontal delineation of impacts.

To meet the current expectation submittal timeline ECMC has requested, this Supplemental Form 27 is being submitted for the second and third quarters of 2024 to comply with ECMC 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." Additional reporting, remediation plans and progress update details will be submitted in future Supplemental Form 27s. This project is being evaluated to determine if a request for a modified reporting frequency is appropriate. If a modified reporting frequency is determined appropriate, then the request will be included in a future Supplemental Form 27 submittal.

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

Signed: Blair Rollins \_\_\_\_\_

Title: EHS Specialist \_\_\_\_\_

Submit Date: \_\_\_\_\_

Email: brollins@caerusoilandgas.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: 24192 \_\_\_\_\_

**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**

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Total Attach: 0 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)