

State of Colorado
Energy & Carbon Management Commission

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



Document Number:
403935263

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: CRESTONE PEAK RESOURCES OPERATING LLC | Operator No: 10633 | Phone Numbers |
| Address: 555 17TH STREET SUITE 3700 | | |
| City: DENVER | State: CO | Zip: 80202 |
| Contact Person: Jacob Evans | Email: jevans@civiresources.com | |
| | Phone: (303) 8293811 | |
| | Mobile: (303) 8293811 | |

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: 33025 Initial Form 27 Document #: 403607060

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 #: 123-08614 | County Name: WELD |
| Facility Name: SALISBURY 1 | Latitude: 40.149382 | Longitude: -104.976291 | |
| ** correct Lat/Long if needed: Latitude: _____ | | Longitude: _____ | |
| QtrQtr: SWSW | Sec: 11 | Twp: 2N | Range: 68W Meridian: 6 Sensitive Area? Yes |

| | | | |
|--|---------------------|------------------------|--|
| Facility Type: WELL | Facility ID: _____ | API #: 123-26243 | County Name: WELD |
| Facility Name: SALISBURY 13-11 | Latitude: 40.149395 | Longitude: -104.976291 | |
| ** correct Lat/Long if needed: Latitude: _____ | | Longitude: _____ | |
| QtrQtr: SWSW | Sec: 11 | Twp: 2N | Range: 68W Meridian: 6 Sensitive Area? Yes |

| | | | |
|--|---------------------|------------------------|--|
| Facility Type: LOCATION | Facility ID: 336366 | API #: _____ | County Name: WELD |
| Facility Name: SALISBURY 14-11 | Latitude: 40.149395 | Longitude: -104.976291 | |
| ** correct Lat/Long if needed: Latitude: _____ | | Longitude: _____ | |
| QtrQtr: SWSW | Sec: 11 | Twp: 2N | Range: 68W Meridian: 6 Sensitive Area? Yes |

| | | | |
|--|---------------------|------------------------|--|
| Facility Type: WELL | Facility ID: _____ | API #: 123-31924 | County Name: WELD |
| Facility Name: SALISBURY 2-4-11 | Latitude: 40.149440 | Longitude: -104.976283 | |
| ** correct Lat/Long if needed: Latitude: _____ | | Longitude: _____ | |
| QtrQtr: SWSW | Sec: 11 | Twp: 2N | Range: 68W Meridian: 6 Sensitive Area? Yes |

| | | | |
|--|---------------------|------------------------|--|
| Facility Type: WELL | Facility ID: _____ | API #: 123-31926 | County Name: WELD |
| Facility Name: SALISBURY 14-11 | Latitude: 40.149340 | Longitude: -104.976280 | |
| ** correct Lat/Long if needed: Latitude: _____ | | Longitude: _____ | |
| QtrQtr: SWSW | Sec: 11 | Twp: 2N | Range: 68W Meridian: 6 Sensitive Area? Yes |

| | | | |
|--|---------------------|------------------------|--|
| Facility Type: OFF-LOCATION FLOWLINE | Facility ID: 473314 | API #: _____ | County Name: WELD |
| Facility Name: SALISBURY 14-11 | Latitude: 40.149295 | Longitude: -104.976773 | |
| ** correct Lat/Long if needed: Latitude: _____ | | Longitude: _____ | |
| QtrQtr: SWSW | Sec: 11 | Twp: 2N | Range: 68W Meridian: 6 Sensitive Area? Yes |

| | | | |
|--|---------------------|------------------------|--|
| Facility Type: OFF-LOCATION FLOWLINE | Facility ID: 473315 | API #: _____ | County Name: WELD |
| Facility Name: SALISBURY 14-11 | Latitude: 40.149295 | Longitude: -104.976741 | |
| ** correct Lat/Long if needed: Latitude: _____ | | Longitude: _____ | |
| QtrQtr: SWSW | Sec: 11 | Twp: 2N | Range: 68W Meridian: 6 Sensitive Area? Yes |

| | | | |
|--|---------------------|------------------------|--|
| Facility Type: OFF-LOCATION FLOWLINE | Facility ID: 473316 | API #: _____ | County Name: WELD |
| Facility Name: SALISBURY 14-11 | Latitude: 40.149298 | Longitude: -104.976742 | |
| ** correct Lat/Long if needed: Latitude: _____ | | Longitude: _____ | |
| QtrQtr: SWSW | Sec: 11 | Twp: 2N | Range: 68W Meridian: 6 Sensitive Area? Yes |

| | | | |
|--|---------------------|------------------------|--|
| Facility Type: OFF-LOCATION FLOWLINE | Facility ID: 473317 | API #: _____ | County Name: WELD |
| Facility Name: SALISBURY 14-11 | Latitude: 40.149253 | Longitude: -104.976753 | |
| ** correct Lat/Long if needed: Latitude: _____ | | Longitude: _____ | |
| QtrQtr: SWSW | Sec: 11 | Twp: 2N | Range: 68W Meridian: 6 Sensitive Area? Yes |

| | | | |
|--|---------------------|------------------------|--|
| Facility Type: SPILL OR RELEASE | Facility ID: 486107 | API #: _____ | County Name: WELD |
| Facility Name: Salisbury 1 & 2-4-11 | Latitude: 40.149382 | Longitude: -104.976291 | |
| ** correct Lat/Long if needed: Latitude: _____ | | Longitude: _____ | |
| QtrQtr: SWSW | Sec: 11 | Twp: 2N | Range: 68W Meridian: 6 Sensitive Area? Yes |

SITE CONDITIONS

General soil type - USCS Classifications SM Most Sensitive Adjacent Land Use Cropland

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? Yes

Other Potential Receptors within 1/4 mile

A Seasonal Ditch is 990-ft to the S.
 The Stock Well (DWR Receipt 9058652, Permit 1084-) approx 1065-ft to the SE is the nearest permitted water well. This well was constructed to 155-ft, static water level recorded at 19-ft. Monitoring Well (DWR Receipt 0055548, Permit 55548-MH) is approx 1230-ft to the NE. This well was constructed to 34-ft, static water level recorded at 10-ft. Residential Well (DWR Receipt #9064030, Permit 37712-) is approx 1420-ft SW. This well was constructed to 22-ft, static water level recorded at 7-ft.
 Groundwater less than 20 ft is expected at the disturbance location.
 This location is not within a HPH area. CPW consultation not required.

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 checked="" 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 |
|-----------|----------------|----------------------|-----------------------|
| Yes | GROUNDWATER | Base of Excavation | Laboratory Analytical |
| Yes | SOILS | 200' X 100' X 7' bgs | Laboratory Analytical |

INITIAL ACTION SUMMARY

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

A site investigation will be conducted pursuant to COGCC rule 911 at the SALISBURY 14-11 (336366) oil and gas location pertaining to the cut/cap of the SALISBURY 2-4-11 (05-123-31924), SALISBURY 1 (05-123-08614), SALISBURY 13-11 (05-123-26243), SALISBURY 14-11 (05-123-31926), decommission of the SALISBURY 2-4-11 (12331924_FL), SALISBURY 1 (12308614_FL), SALISBURY 13-11 (12326243_FL), SALISBURY 14-11 (12331926_FL) wellhead lines, and decommission of production facilities. See site map exhibit for details.

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):

Twenty grab soil samples were collected from the decommissioned wellheads, flowlines, and tank battery, and four composite soil sample were collected from the stockpiled overburden. All soil samples were submitted to a certified laboratory for analysis of Table 915-1 metals and organic compounds, TPH C6-36, EC, SAR, pH, and boron. Ten soil samples did not have chromium (VI) analyzed due to the soil samples being out of the approved hold time. These locations will either be excavated or resampled.

Proposed Groundwater Sampling

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

A grab groundwater sample was collected from the base of the excavation and submitted to a certified laboratory for analysis of BTEX, naphthalene, 1,2,4-trimethylbenzene, 1,3,5-trimethylbenzene, chlorides, sulfates, TDS.

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 24 -- Highest concentration of TPH (mg/kg) 4370
 Number of soil samples exceeding 915-1 23 -- Highest concentration of SAR 2.33
 Was the areal and vertical extent of soil contamination delineated? No BTEX > 915-1 Yes
 Approximate areal extent (square feet) 20000 Vertical Extent > 915-1 (in feet) 7

Groundwater

Number of groundwater samples collected 1 -- Highest concentration of Benzene (µg/l) 17
 Was extent of groundwater contaminated delineated? No -- Highest concentration of Toluene (µg/l) 1.5
 Depth to groundwater (below ground surface, in feet) 7 -- Highest concentration of Ethylbenzene (µg/l) 5.3
 Number of groundwater monitoring wells installed 0 -- Highest concentration of Xylene (µg/l) 18
 Number of groundwater samples exceeding 915-1 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?
 Nineteen background samples were collected from homogenous soil horizons and/or corresponding excavation confirmation soil sample depths.
- 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.
 The source is currently being removed through mechanical excavation. Grab confirmation soil samples will be collected and submitted to a certified laboratory for analysis of Table 915-1 metals and organic compounds, TPH C6-36, EC, SAR, pH, and boron to determine the lateral and vertical extent of impacts. Additional background samples will be collected from homogenous soil horizons and/or corresponding excavation sample depths.

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.
 Subsequent to source removal, a groundwater site assessment will be scheduled to determine the extent of groundwater impacts above ECMC standards. The groundwater assessment will be scheduled prior to January 31, 2025 pending landowner access approval. The estimated timeframe to achieve a no further action will be December 31, 2026, taking into account source removal, monitoring well installation, possible active remediation, and four consecutive quarters of ECMC compliant groundwater.

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

_____ Natural Attenuation

_____ Other _____

_____ Name of Licensed Disposal Facility or ECMC Facility ID # _____

_____ 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.

A groundwater site assessment will be conducted. Groundwater samples will be collected on a quarterly basis and submitted to a certified laboratory for analysis of BTEX, naphthalene, 1,2,4-trimethylbenzene, 1,3,5-trimethylbenzene, chlorides, sulfates, TDS. A groundwater elevation figure and bore logs will be submitted on a supplemental form 27. Monitoring well installation will be scheduled prior to January 31, 2025, pending landowner access approval.

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 Decommission Data _____

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 General Liability coverage within the Civitas Resources insurance program includes coverage for bodily injury, property damage, and pollution clean-up costs arising from qualifying pollution events of a sudden and accidental nature subject to a \$1,000,000 per occurrence limit and \$2,000,000 aggregate limit. The Civitas Resources insurance program includes Excess Liability coverage of \$110,000,000 per occurrence and in the aggregate which sits over the sudden and accidental pollution within the General Liability coverage. It is the opinion of Civitas Resources that this total tower of limit is adequate to address the costs of remediation associated with any qualifying pollution event.

Operator anticipates the remaining cost for this project to be: \$ 250000 _____

WASTE DISPOSAL INFORMATION

Was E&P waste generated as part of this remediation? No _____

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? No _____

Does the previous reply indicate consideration of background concentrations? _____

Does Groundwater meet Table 915-1 standards? No

Is additional groundwater monitoring to be conducted? Yes

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.

Reclamation will be in accordance with ECMC 1000 Series Rules.

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. 02/14/2024

Actual Spill or Release date, or date of discovery. 02/13/2024

SITE INVESTIGATION DATES

Date of Initial Actions described in Site Investigation Plan (start date). 01/04/2024

Proposed site investigation commencement. 01/07/2024

Proposed completion of site investigation. 02/14/2024

REMEDIAL ACTION DATES

Proposed start date of Remediation. 02/15/2024

Proposed date of completion of Remediation. 12/31/2026

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

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

Signed: Jacob Evans

Title: Environmental Advisor

Submit Date: _____

Email: jevans@civiresources.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: 33025

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

| | |
|-----------|---------------------------|
| 403935331 | SITE INVESTIGATION REPORT |
|-----------|---------------------------|

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)