

**State of Colorado
Energy & Carbon Management Commission**

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Document Number:

404005288

Receive Date:

Report taken by:

Site Investigation and Remediation Workplan (Initial 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: <u>EXTRACTION OIL & GAS INC</u>	Operator No: <u>10459</u>	Phone Numbers
Address: <u>555 17TH STREET SUITE 3700</u>		Phone: <u>(303) 294-7864</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>Jacob Evans</u>		Mobile: <u>()</u>
Email: <u>jevans@civiresources.com</u>		

PROJECT, PURPOSE & SITE INFORMATION**PROJECT INFORMATION**Remediation Project #: _____ Initial Form 27 Document #: 404005288**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 INFORMATIONYes Multiple Facilities

Facility Type: <u>WELL</u>	Facility ID: _____	API #: <u>123-41417</u>	County Name: <u>WELD</u>
Facility Name: <u>Walton J-25HN</u>		Latitude: <u>40.550104</u>	Longitude: <u>-104.832880</u>
		** correct Lat/Long if needed: Latitude: _____	Longitude: _____
QtrQtr: <u>NENE</u>	Sec: <u>25</u>	Twp: <u>7N</u>	Range: <u>67W</u>
		Meridian: <u>6</u>	Sensitive Area? <u>Yes</u>
Facility Type: <u>WELL</u>	Facility ID: _____	API #: <u>123-41423</u>	County Name: <u>WELD</u>
Facility Name: <u>Walton K-25HC</u>		Latitude: <u>40.550063</u>	Longitude: <u>-104.832881</u>
		** correct Lat/Long if needed: Latitude: _____	Longitude: _____
QtrQtr: <u>NENE</u>	Sec: <u>25</u>	Twp: <u>7N</u>	Range: <u>67W</u>
		Meridian: <u>6</u>	Sensitive Area? <u>Yes</u>

Facility Type: OFF-LOCATION FLOWLINE		Facility ID: 463193	API #: _____	County Name: WELD	
Facility Name: Walton 25-E Facility		Latitude: 40.547995		Longitude: -104.833038	
** correct Lat/Long if needed: Latitude: _____ Longitude: _____					
QtrQtr: SENE	Sec: 25	Twp: 7N	Range: 67W	Meridian: 6	Sensitive Area? Yes

Facility Type: OFF-LOCATION FLOWLINE		Facility ID: 463195	API #: _____	County Name: WELD	
Facility Name: Walton 25-E Facility		Latitude: 40.547980		Longitude: -104.833038	
** correct Lat/Long if needed: Latitude: _____ Longitude: _____					
QtrQtr: SENE	Sec: 25	Twp: 7N	Range: 67W	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? No

Other Potential Receptors within 1/4 mile

The Un-named River is 15-ft to the W.
 The Residential Well (DWR Receipt 3669148, Permit 297456-) approx 260-ft to the NE is the nearest permitted water well. This well was constructed to 24-ft, static water level recorded at 11-ft. Residential Well (DWR Receipt 10037499, Permit 335851-) is approx 440-ft to the SW. This well was constructed to 100-ft, no static water level recorded.
 Groundwater less than 20 ft is not expected at the disturbance location.
 This location is not within a HPH area. CPW consultation not required.

SITE INVESTIGATION PLAN

TYPE OF WASTE:

- ☐ E&P Waste ☐ Other E&P Waste ☒ Non-E&P Waste
- ☐ Produced Water ☐ Workover Fluids ☐ No waste has been generated to date
- ☐ 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	SOILS	N/A	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 Walton 25-D Pad (441528) oil and gas location pertaining to the cut/cap of the WALTON J-25HN (05-123-41417) and WALTON K-25HC (05-123-41423), as well as decommission of the WALTON J-25HN (12341417FL) and WALTON K-25HC (12341423FL) WH lines. All other wells and equipment will remain active. 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):

Grab confirmation soil samples will be collected from beneath the wellheads and flowline start/end points. Potholes will be dug every 250 feet along the flowline path. These observation points will be photographed and field screened. Additional soil samples will be collected when flowline repairs are observed, changes in flow direction, or when there is a change in the flowline material type. Soil samples will be analyzed by a certified laboratory for TPH (total volatile [C6-C10] and extractable [C10-C36] hydrocarbons), organic compounds in soil per COGCC Table 915-1, and EC, SAR, pH, metals, and boron. All samples collected will be analyzed by a certified laboratory using approved COGCC laboratory analysis methods.

Proposed Groundwater Sampling

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

If groundwater is encountered during the site investigation a grab groundwater sample will be collected and analyzed for all organic and inorganic compounds per ECMC Table 915-1.

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):

Visual inspection of the location will occur during decommission activities. Field personnel will field screen all disturbed areas using visual and olfactory senses to determine if laboratory confirmation sampling is required. The COGCC Flowline Closure and Wellhead Closure Checklists will be utilized and filled out during the decommission process. A photolog will be submitted on the Subsequent Form 27.

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

SOURCE REMOVAL SUMMARY

Describe how source is to be removed.

N/A

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.

N/A

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 ECOM 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

Operator requests annual reporting schedule until fieldwork commences, at which point quarterly reports will be filed within 90-day of work being initiated

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.

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: \$ 20000

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:

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 COGCC 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. 11/13/2024

Actual Spill or Release date, or date of discovery. _____

SITE INVESTIGATION DATES

Date of Initial Actions described in Site Investigation Plan (start date). 01/03/2025

Proposed site investigation commencement. 01/06/2025

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 27 Intent is submitted prior to decommissioning the following assets:

- Cut/cap of the WALTON J-25HN (05-123-41417)
- Cut/cap of the WALTON K-25HC (05-123-41423)
- Decommission of off-location flowline WALTON J-25HN (12341417FL) WH line
- Decommission of off-location flowline WALTON K-25HC (12341423FL) WH line
- The 12341417FL and 12341423FL do not have any associated spill/releases reported on a Form 19.

Please see related flowline pre-abandonment notice for specifics on planned field operations

All other wellheads, equipment, and flowlines associated with this location will remain active.

See attached Site Map for details.

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

Signed: Stephany Olsen

Title: Sr Regulatory Analyst

Submit Date: _____

Email: regulatory@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: _____

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**

404014581	SITE MAP
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Total Attach: 1 Files

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

		Stamp Upon Approval
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Total: 0 comment(s)