

State of Colorado  
Energy & Carbon Management Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
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403935355

Receive Date:

10/17/2024

Report taken by:

John Heil

## 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: PDC ENERGY INC	Operator No: 69175	Phone Numbers Phone: (303) 318-6106 Mobile: ( )
Address: 1099 18TH STREET SUITE 1500		
City: DENVER	State: CO Zip: 80202	
Contact Person: Karen Olson	Email: Karen.Olson@chevron.com	

## PROJECT, PURPOSE &amp; SITE INFORMATION

## PROJECT INFORMATION

Remediation Project #: 35814 Initial Form 27 Document #: 403765108

## 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

No Multiple Facilities

Facility Type: WELL	Facility ID: _____	API #: 001-07109	County Name: ADAMS
Facility Name: FARNER 1		Latitude: 39.919710	Longitude: -104.792998
		** correct Lat/Long if needed: Latitude: _____	Longitude: _____
QtrQtr: NESE	Sec: 32	Twp: 1S	Range: 66W Meridian: 6 Sensitive Area? Yes

## SITE CONDITIONS

General soil type - USCS Classifications SW Most Sensitive Adjacent Land Use Grassland

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**

Aquatic Native Species Conservation Waters HPH 0.04mi N  
Bald Eagle Roost or Communal Roost HPH 0.23mi NE  
Riverine 0.07/0.14mi N, 0.07mi S  
Residential 0.06mi W, 0.13mi SW, 0.17/0.18/0.21/0.24mi S, 0.14/0.19mi SE  
Farm Structure 0.04/0.1/0.12/0.14/0.16/0.22mi S, 0.11/0.12/0.14/0.19mi SE

**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	NA	Lab analysis if encountered
UNDETERMINED	SOILS	NA	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.

This work is in reference to the Re-entry of the Farner 1 well. Pursuant to ECOM Rule 911 a site investigation will be conducted pertaining to the secondary Farner 1 wellhead cut and cap. The wellhead will be cut and capped per ECOM rules. Additionally, soil samples will be field screened at the N-E-S-W sides of the wellhead.

**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 ):

A grab soil sample will be collected at the base of the excavation or the area showing the highest degree of impact during field screening activities at the wellhead excavation. Additionally, soil samples will be field screened at the N-E-S-W sides of the wellhead. Soil samples will be analyzed by a certified laboratory for the full extent of Table 915-1, including but not limited to: TPH (total volatile [C6-C10] and extractable [C10-C36] hydrocarbons) organic compounds in soil per ECOM Table 915-1, and EC, SAR, pH, metals, and boron. All samples collected will be analyzed by a certified laboratory using approved ECOM 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 compounds and inorganic parameters per ECOM 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 wellhead areas will occur during abandonment activities. Field personnel will field screen all disturbed areas using visual and olfactory senses to determine if laboratory confirmation sampling is required. 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

Was the areal and vertical extent of soil contamination delineated? \_\_\_\_\_

Approximate areal extent (square feet) \_\_\_\_\_

### NA / ND

\_\_\_\_\_ Highest concentration of TPH (mg/kg) \_\_\_\_\_

\_\_\_\_\_ Highest concentration of SAR \_\_\_\_\_

\_\_\_\_\_ BTEX > 915-1 \_\_\_\_\_

\_\_\_\_\_ Vertical Extent > 915-1 (in feet) \_\_\_\_\_

### Groundwater

Number of groundwater samples collected 0

Was extent of groundwater contaminated delineated? No \_\_\_\_\_

Depth to groundwater (below ground surface, in feet) \_\_\_\_\_

Number of groundwater monitoring wells installed \_\_\_\_\_

Number of groundwater samples exceeding 915-1 \_\_\_\_\_

\_\_\_\_\_ Highest concentration of Benzene (µg/l) \_\_\_\_\_

\_\_\_\_\_ Highest concentration of Toluene (µg/l) \_\_\_\_\_

\_\_\_\_\_ Highest concentration of Ethylbenzene (µg/l) \_\_\_\_\_

\_\_\_\_\_ Highest concentration of Xylene (µg/l) \_\_\_\_\_

\_\_\_\_\_ 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.

No source has been generated at this time.

## 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.

NA

## Soil Remediation Summary

☐ In Situ

☐ Ex Situ

\_\_\_\_\_ Bioremediation ( or enhanced bioremediation )  
\_\_\_\_\_ Chemical oxidation  
\_\_\_\_\_ Air sparge / Soil vapor extraction  
\_\_\_\_\_ Natural Attenuation  
\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Excavate and offsite disposal  
\_\_\_\_\_ If Yes: Estimated Volume (Cubic Yards) \_\_\_\_\_  
\_\_\_\_\_ 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.

## REMEDIATION PROGRESS UPDATE

### PERIODIC REPORTING

#### Approved Reporting Schedule:

☐ Quarterly☐ Semi-Annually☐ Annually☐ Other

#### ☒ Request Alternative Reporting Schedule:

☐ Semi-Annually☐ Annually☒ Other

Annually and/or if work commences, SF27 90 days after Cap and Cut / Flowline activities unless a reportable release is discovered

#### 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 Supplemental Form 27

### 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 does not have site-specific financial assurance for this project; however, Operator has inactive well, blanket, and surface bonding including Surety IDs 106077122, 106473808, and 106473820, as well as commercial general liability and/or umbrella/excess insurance meeting the requirements of Rule 705.b. Operator does not anticipate making an insurance claim for this project. Further soil investigation/delineation is required. Costs included herein are estimates only and may change over time based on numerous factors. Accordingly, Operator makes no guarantees as to the accuracy of such cost estimates, thus providing an estimate for the next year below.

Operator anticipates the remaining cost for this project to be: \$ 15000

### 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?

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.

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. 12/03/2025

Proposed date of completion of Reclamation. 04/08/2026

## 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. 11/16/2023

Actual Spill or Release date, or date of discovery. \_\_\_\_\_

### SITE INVESTIGATION DATES

Date of Initial Actions described in Site Investigation Plan (start date). 10/10/2025

Proposed site investigation commencement. 12/03/2025

Proposed completion of site investigation. 04/08/2026

### 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 is requesting additional time to commence site investigation activities. Site investigation activities will commence on or before the date specified in the "Proposed site investigation commencement." section.

**OPERATOR COMMENT**

This Supplemental Form 27 is being submitted as a Q4 2024 Timeline Update with operational changes to the Job Start Date and/or requested changes to the Reporting Schedule. Pending location landowner approval and/or crew availability, decommissioning of the site infrastructure will be completed as outlined in this proposed remediation workplan. Supplemental Form 27s will be prepared on an annual basis until decommissioning of the site infrastructure is complete. Following decommissioning activities, a Supplemental Form 27 will be prepared within 90 days of field activities unless a reportable release is discovered.

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

Signed: Kayla White, P.E.

Title: Environmental Consultant

Submit Date: 10/17/2024

Email: kwhite@cdhconsult.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: John Heil

Date: 12/18/2024

Remediation Project Number: 35814

**COA Type****Description**

	Operator shall report annually AND within 90 days of work BEGINNING.
	ECMC has processed this form as an update; no analytical was attached thus approval of this form does not imply any agreement with comments on completion of site investigation. All ongoing/unaddressed comments/COAs from previous Forms remain applicable.
2 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**

403935355	INVESTIGATION/REMEDATION WORKPLAN (SUPPLEMENTAL)
404033771	FORM 27-SUPPLEMENTAL-SUBMITTED

Total Attach: 2 Files

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

		Stamp Upon Approval
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Total: 0 comment(s)