

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:
404040273

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>CRESTONE PEAK RESOURCES OPERATING LLC</u>	Operator No: <u>10633</u>	Phone Numbers
Address: <u>555 17TH STREET SUITE 3700</u>	City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Phone: <u>(303) 294-7864</u>
Contact Person: <u>Jacob Evans</u>	Email: <u>jevans@civiresources.com</u>	Mobile: <u>()</u>

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: _____ Initial Form 27 Document #: 404040273

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: <u>WELL</u>	Facility ID: _____	API #: <u>014-20657</u>	County Name: <u>BROOMFIELD</u>
Facility Name: <u>BAKER 32-27</u>	Latitude: <u>40.024045</u>	Longitude: <u>-104.987729</u>	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: <u>SWNE</u>	Sec: <u>27</u>	Twp: <u>1N</u>	Range: <u>68W</u> Meridian: <u>6</u> Sensitive Area? <u>Yes</u>

Facility Type: <u>WELL</u>	Facility ID: _____	API #: <u>014-20658</u>	County Name: <u>BROOMFIELD</u>
Facility Name: <u>BAKER 31-27</u>	Latitude: <u>40.024040</u>	Longitude: <u>-104.987762</u>	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: <u>SWNE</u>	Sec: <u>27</u>	Twp: <u>1N</u>	Range: <u>68W</u> Meridian: <u>6</u> Sensitive Area? <u>Yes</u>

Facility Type: WELL	Facility ID: _____	API #: 014-20694	County Name: BROOMFIELD
Facility Name: BAKER 4-2-27	Latitude: 40.024034	Longitude: -104.987795	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: SWNE	Sec: 27	Twp: 1N	Range: 68W Meridian: 6 Sensitive Area? Yes

Facility Type: WELL	Facility ID: _____	API #: 014-20695	County Name: BROOMFIELD
Facility Name: BAKER 6-4-27	Latitude: 40.024028	Longitude: -104.987832	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: SWNE	Sec: 27	Twp: 1N	Range: 68W Meridian: 6 Sensitive Area? Yes

Facility Type: OFF-LOCATION FLOWLINE	Facility ID: 473601	API #: _____	County Name: BROOMFIELD
Facility Name: BAKER C UNIT-61N68W 27SENE	Latitude: 40.025646	Longitude: -104.983961	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: SENE	Sec: 27	Twp: 1N	Range: 68W Meridian: 6 Sensitive Area? Yes

Facility Type: OFF-LOCATION FLOWLINE	Facility ID: 473602	API #: _____	County Name: BROOMFIELD
Facility Name: BAKER C UNIT-61N68W 27SENE	Latitude: 40.025646	Longitude: -104.984007	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: SENE	Sec: 27	Twp: 1N	Range: 68W Meridian: 6 Sensitive Area? Yes

Facility Type: FLOWLINE SYSTEM	Facility ID: 485466	API #: _____	County Name: WELD
Facility Name: CPR Flowline System	Latitude: 40.154619	Longitude: -104.892886	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: SENE	Sec: 9	Twp: 2N	Range: 67W Meridian: 6 Sensitive Area? Yes

SITE CONDITIONS

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

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

No surface water within 1/4 of a mile.
 The Monitoring Well (DWR Receipt 0023688, Permit 23688-MH) approx 80-ft to the NW is the nearest permitted water well. This well was never constructed.
 The planned construction depth was 20-ft, no static water level recorded. Residential Well (DWR Receipt 0202996, Permit 113861-) is approx 475-ft to the SE.
 This well was constructed to 790-ft, static water level recorded at 200-ft. Commercial Well (DWR Receipt 9061560, Permit 13369-F) approx 760-ft to the NW.
 This well was constructed to 675-ft, static water level recorded at 200-ft.
 Groundwater less than 20 ft is not expected at the disturbance location.
 This location is not within a HPH area. CPW consultation not required.

Number of soil samples exceeding 915-1 _____

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 ECMC 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.

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. 12/11/2024

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

SITE INVESTIGATION DATES

Date of Initial Actions described in Site Investigation Plan (start date). 01/31/2025

Proposed site investigation commencement. 02/03/2025

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 BAKER 6-4-27 (05-014-20695)
- Cut/cap of the BAKER 4-2-27 (05-014-20694)
- Cut/cap of the BAKER 31-27 (05-014-20658)
- Cut/cap of the BAKER 32-27 (05-014-20657)
- Decommission of off-location flowlines BAKER 6-4-27 (01420695_FL), BAKER 4-2-27 (01420694_FL), BAKER 31-27 (01420658_FL) and BAKER 32-27 (01420657_FL) WH lines.
Please see related flowline pre-abandonment notices for specifics on planned field operations
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	
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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

404045302	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)