

State of Colorado  
Energy & Carbon Management Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:

404031001

Receive Date:

12/16/2024

Report taken by:

Steven Arauza

## 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	Phone Numbers
Address: 1001 17TH STREET #1600		Phone: (970) 778-2314
City: DENVER	State: CO	Zip: 80202
Contact Person: Jake Janicek	Email: jjanicek@qb-energy.com	Mobile: (970) 778-2314

## PROJECT, PURPOSE &amp; SITE INFORMATION

## PROJECT INFORMATION

Remediation Project #: 36102 Initial Form 27 Document #: 403815800

## 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: PIT	Facility ID: 101728	API #: _____	County Name: RIO BLANCO
Facility Name: CORRAL CREEK 4512	Latitude: 39.940059	Longitude: -108.582235	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: NWNE	Sec: 26	Twp: 1S	Range: 100W Meridian: 6 Sensitive Area? Yes

Facility Type: PIT	Facility ID: 117406	API #: _____	County Name: RIO BLANCO
Facility Name: 69-016755A	Latitude: 39.925656	Longitude: -108.561078	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: NENE	Sec: 36	Twp: 1S	Range: 100W Meridian: 6 Sensitive Area? Yes

Facility Type: WELL		Facility ID: _____		API #: 103-08183		County Name: RIO BLANCO	
Facility Name: CORRAL CREEK 4512				Latitude: 39.925480		Longitude: -108.560838	
** correct Lat/Long if needed: Latitude: _____ Longitude: _____							
QtrQtr: NENE	Sec: 36	Twp: 1S	Range: 100W	Meridian: 6	Sensitive Area? Yes		

Facility Type: LOCATION		Facility ID: 315262		API #: _____		County Name: RIO BLANCO	
Facility Name: CORRAL CREEK DAK-MOR FED-61S100W 36NENE				Latitude: 39.925750		Longitude: -108.560564	
** correct Lat/Long if needed: Latitude: _____ Longitude: _____							
QtrQtr: NENE	Sec: 36	Twp: 1S	Range: 100W	Meridian: 6	Sensitive Area? Yes		

## **SITE CONDITIONS**

General soil type - USCS Classifications OH \_\_\_\_\_ Most Sensitive Adjacent Land Use Rangeland \_\_\_\_\_

Is domestic water well within 1/4 mile? No \_\_\_\_\_ 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**

## 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	SOILS	To be Determined	Field investigation and soil sampling

### INITIAL ACTION SUMMARY

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

Multiple site assessment events have been conducted from 8/19/2024 through 12/10/2024 including mechanical removal of impacted soil, pit impact delineation, and background soil boring. Results of these events are being combined into a report and will be presented in a future Form 27.

### 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 ):

#### 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

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

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?

Background samples were collected from areas north of the location. Results of these samples will be presented in a future Form 27.

☐ 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.

All impacts are being considered historical. Therefore, a source cannot be identified.

### 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.

Once the impacts have been delineated, a remediation plan will be developed and presented in a future Form 27.

### 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

## 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

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 3Q 2024 Status 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: \$ 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?

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 completed once all site closure assessments and remediation, if necessary, activities are completed.

Is the described reclamation complete? \_\_\_\_\_

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. \_\_\_\_\_

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

### SITE INVESTIGATION DATES

Date of Initial Actions described in Site Investigation Plan (start date). 08/01/2024

Proposed site investigation commencement. 08/01/2024

Proposed completion of site investigation. \_\_\_\_\_

### REMEDIAL ACTION DATES

Proposed start date of Remediation. 09/18/2024

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**

--

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

Signed: Jake Janicek

Title: EHS Specialist

Submit Date: 12/16/2024

Email: jjanicek@qb-energy.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: Steven Arauza

Date: 02/05/2025

Remediation Project Number: 36102

**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**

404031001	FORM 27-SUPPLEMENTAL-SUBMITTED
-----------	--------------------------------

Total Attach: 1 Files

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

Environmental	Comply with outstanding COAs.	02/05/2025
---------------	-------------------------------	------------

Total: 1 comment(s)