

State of Colorado
Energy & Carbon Management Commission

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Document Number:
404083588
Receive Date:
02/11/2025
Report taken by:
RICK ALLISON

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: <u>BAYSWATER EXPLORATION & PRODUCTION LLC</u>	Operator No: <u>10261</u>	Phone Numbers
Address: <u>730 17TH ST STE 500</u>	City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Phone: <u>(303) 893-2503</u>
Contact Person: <u>Brad Rogers</u>	Email: <u>brogers@bayswater.us</u>	Mobile: <u>()</u>

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: 34906 Initial Form 27 Document #: 403730354

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>123-40353</u>	County Name: <u>WELD</u>
Facility Name: <u>WAAG 9</u>	Latitude: <u>40.561444</u>	Longitude: <u>-104.706965</u>	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: <u>SENW</u>	Sec: <u>19</u>	Twp: <u>7N</u>	Range: <u>65W</u> Meridian: <u>6</u> Sensitive Area? <u>Yes</u>

Facility Type: <u>WELL</u>	Facility ID: _____	API #: <u>123-40356</u>	County Name: <u>WELD</u>
Facility Name: <u>WAAG 6</u>	Latitude: <u>40.561670</u>	Longitude: <u>-104.706960</u>	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: <u>SENW</u>	Sec: <u>19</u>	Twp: <u>7N</u>	Range: <u>65W</u> Meridian: <u>6</u> Sensitive Area? <u>Yes</u>

Facility Type: WELL	Facility ID: _____	API #: 123-40357	County Name: WELD
Facility Name: WAAG 8	Latitude: 40.561520	Longitude: -104.706964	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: SENW	Sec: 19	Twp: 7N	Range: 65W Meridian: 6 Sensitive Area? Yes

Facility Type: WELL	Facility ID: _____	API #: 123-40360	County Name: WELD
Facility Name: WAAG 11	Latitude: 40.561291	Longitude: -104.706966	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: SENW	Sec: 19	Twp: 7N	Range: 65W Meridian: 6 Sensitive Area? Yes

Facility Type: WELL	Facility ID: _____	API #: 123-40361	County Name: WELD
Facility Name: WAAG 12	Latitude: 40.561214	Longitude: -104.706968	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: SENW	Sec: 19	Twp: 7N	Range: 65W Meridian: 6 Sensitive Area? Yes

Facility Type: WELL	Facility ID: _____	API #: 123-40362	County Name: WELD
Facility Name: WAAG 10	Latitude: 40.561367	Longitude: -104.706964	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: SENW	Sec: 19	Twp: 7N	Range: 65W Meridian: 6 Sensitive Area? Yes

Facility Type: WELL	Facility ID: _____	API #: 123-40364	County Name: WELD
Facility Name: WAAG 7	Latitude: 40.561600	Longitude: -104.706960	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: SENW	Sec: 19	Twp: 7N	Range: 65W Meridian: 6 Sensitive Area? Yes

Facility Type: SPILL OR RELEASE	Facility ID: 488362	API #: _____	County Name: WELD
Facility Name: WAAG 9 Historic Release	Latitude: 40.561444	Longitude: -104.706965	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: SENW	Sec: 19	Twp: 7N	Range: 65W Meridian: 6 Sensitive Area? Yes

SITE CONDITIONS

General soil type - USCS Classifications SM Most Sensitive Adjacent Land Use crop land
 Is domestic water well within 1/4 mile? No 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

irrigation ditch 1000' NNE

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 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
UNDETERMINED	GROUNDWATER	NA	lab analysis if encountered
Yes	SOILS	TBD	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.

No work has been completed since previously approved SF27 document number 403955599 was submitted on 10/22/24. In response to ECMC comment on denied SF27 document number 404058882, Bayswater proposes a remediation start date of 3/15/25, in conjunction with WAAG North pad project number 34900 decommission work as submitted on SF27 document number 404082961, which is related to this form.

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):

The remaining 2 wellhead cut and caps (WAAG 6 and WAAG 7) and offsite flowline corridor removal decommission assessments per approved IF27 document number 403730354 will occur. Excavation for removal of impacted soil (closed Spill ID 488362) at WH02-FS-01@6.5' (WAAG 9) will occur in which horizontal and vertical delineation grab confirmation soil samples will be collected and submitted to Origins Laboratory in Denver, Colorado for full ECMC Table 915-1 analysis per COA #1 on approved SF27 document number 403955599.

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 assessment, a grab groundwater sample will be collected and analyzed for Table 915-1 Organic Compounds in Groundwater.

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):

Field staff will use a PID to field screen any excavations opened for flowline removal to determine if laboratory confirmation sampling is required. If any potential impacts are observed in any flowline removal excavation, grab soil samples from the potentially impacted excavation(s) will be submitted to Origins for full 915-1 analysis. The ECMC Wellhead and Flowline Closure Checklists will be completed during the assessment and submitted with a subsequent SF27.

SITE INVESTIGATION REPORT

SAMPLE SUMMARY

Soil

NA / ND

Number of soil samples collected 5

-- Highest concentration of TPH (mg/kg) 1051

Number of soil samples exceeding 915-1 1 -- Highest concentration of SAR 5.38

Was the areal and vertical extent of soil contamination delineated? No BTEX > 915-1 No

Approximate areal extent (square feet) 1 Vertical Extent > 915-1 (in feet) 7

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

0 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?

On 6/19/24, background grab soil samples were collected at 0.5', 4' and 6.5' bgs from 2 locations outside of the offsite wellhead pad, as well as from 2 locations outside of the tank battery location (remediation project number 34900) in the same field.

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?

See Proposed Sampling Plan

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.

Wells have been P&A'd.

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.

Excavation for offsite disposal will occur.

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.

UNAVAILABLE

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 _____

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

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: _____

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 or landowner direction.

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. 05/19/2023

Actual Spill or Release date, or date of discovery. 07/03/2024

SITE INVESTIGATION DATES

Date of Initial Actions described in Site Investigation Plan (start date). 06/19/2024

Proposed site investigation commencement. 06/19/2024

Proposed completion of site investigation. 04/30/2025

REMEDIAL ACTION DATES

Proposed start date of Remediation. 03/15/2025

Proposed date of completion of Remediation. 04/30/2025

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

No work has been completed since previously approved SF27 document number 403955599 was submitted on 10/22/24. In response to ECMC comment on denied SF27 document number 404058882, Bayswater proposes a remediation start date of 3/15/25, in conjunction with WAAG North pad project number 34900 decommission work as submitted on SF27 document number 404082961, which is related to this form.

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

Signed: David Castro

Title: Senior Project Scientist

Submit Date: 02/11/2025

Email: dcastro@eagle-enviro.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: 34906

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**

404083588	FORM 27 DENIED
404092711	FORM 27-SUPPLEMENTAL-SUBMITTED

Total Attach: 2 Files

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

Environmental	<p>This form is denied because the Operator has not provided a basis for the change in the implementation schedule.</p> <p>ECMC acknowledges the Operators planned implementation schedule, but does not approve of any extension to execute the original Site Investigation and Remediation Workplan on Document #s 403730354, 403833066 and 403955599 without justification.</p>	02/13/2025
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Total: 1 comment(s)