

State of Colorado  
Energy & Carbon Management Commission

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Document Number:  
404137777

Receive Date:

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Report taken by:

**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>P O &amp; G OPERATING LLC</u>	Operator No: <u>10634</u>	<b>Phone Numbers</b>
Address: <u>5847 SAN FELIPE SUITE 3200</u>		
City: <u>HOUSTON</u>	State: <u>TX</u>	Zip: <u>77057</u>
Contact Person: <u>Rick Eggleston</u>	Email: <u>rick_eggleston@pogresources.com</u>	
		Phone: <u>(346) 220-8355</u>
		Mobile: <u>(720) 641-8661</u>

**PROJECT, PURPOSE & SITE INFORMATION**

**PROJECT INFORMATION**

Remediation Project #: 34664 Initial Form 27 Document #: 403683254

**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>063-06186</u>	County Name: <u>KIT CARSON</u>
Facility Name: <u>LOWE 1-B</u>	Latitude: <u>39.093720</u>	Longitude: <u>-102.528110</u>	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: <u>SWNE</u>	Sec: <u>14</u>	Twp: <u>11S</u>	Range: <u>46W</u> Meridian: <u>6</u> Sensitive Area? <u>Yes</u>
Facility Type: <u>LOCATION</u>	Facility ID: <u>324937</u>	API #: _____	County Name: <u>KIT CARSON</u>
Facility Name: <u>LOWE-611S46W 14SWNE</u>	Latitude: <u>39.093720</u>	Longitude: <u>-102.528110</u>	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: <u>SWNE</u>	Sec: <u>14</u>	Twp: <u>11S</u>	Range: <u>46W</u> Meridian: <u>6</u> Sensitive Area? <u>Yes</u>

**SITE CONDITIONS**

General soil type - USCS Classifications ML \_\_\_\_\_

Most Sensitive Adjacent Land Use Agriculture  
(cropland) \_\_\_\_\_

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**

Location is not within HPH.

# 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	None	Laboratory analysis if needed
UNDETERMINED	SOILS	Soil Impacted	Laboratory analysis if needed

## **INITIAL ACTION SUMMARY**

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

The Lowe 1-B wellhead and associated flowline will be assessed per ECMC Rule 911.a., soil and groundwater (if present) samples will be collected and submitted for laboratory analysis to determine if concentrations and values are in compliance with ECMC Table 915-1. Visual inspection and field screening of soils around the WH and associated FL will be conducted during sampling activities. The Topographic Site Location Map showing the geographic setting of the site is provided.

## **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 ):

Following the wellhead cut and cap operations, soil will be field screened at the wellhead excavation and adjacent to the flowline endpoint riser. Samples will be collected if indications of impacts to soil or groundwater are present. If impacted soils are encountered, a soil sample will be collected from the area exhibiting the highest degree of impact based on visual, olfactory, and/or field screening observations. In the absence of apparent impacts, a soil sample will be collected from the base of the excavation adjacent to the wellhead and adjacent to the separator riser. Soil samples will be submitted to an accredited laboratory for analysis using standard methods appropriate for detecting the target analytes in ECMC Table 915-1. Proposed soil sample and screening locations are provided.

### **Proposed Groundwater Sampling**

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

If groundwater is encountered during facility decommissioning activities, a minimum of one grab sample will be collected. Groundwater samples will be submitted to an accredited laboratory for analysis of benzene, toluene, ethylbenzene, total xylenes (BTEX), naphthalene, 1,2,4-trimethylbenzene, and 1,3,5-trimethylbenzene, using standard methods appropriate for detecting the target analytes in 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 ):

# SITE INVESTIGATION REPORT

## **SAMPLE SUMMARY**

**Soil**

Number of soil samples collected 6  
Number of soil samples exceeding 915-1 1  
Was the areal and vertical extent of soil contamination delineated? Yes  
Approximate areal extent (square feet) 100

**NA / ND**

Highest concentration of TPH (mg/kg) \_\_\_\_\_  
Highest concentration of SAR \_\_\_\_\_  
BTEX > 915-1 No  
Vertical Extent > 915-1 (in feet) 4

**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 \_\_\_\_\_

NA Highest concentration of Benzene (µg/l) \_\_\_\_\_  
NA Highest concentration of Toluene (µg/l) \_\_\_\_\_  
NA Highest concentration of Ethylbenzene (µg/l) \_\_\_\_\_  
NA Highest concentration of Xylene (µg/l) \_\_\_\_\_  
NA 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?

Two background samples were collected at 2 ft. and 4ft.approximately55 ft NE of the well head

Was investigation derived waste (IDW) generated as part of this investigation?

Volume of solid waste (cubic yards) 15 Volume of liquid waste (barrels) 0

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.

Soil was excavated and moved to the Lowe 2B Tank Battery. The soil will be disposed of with the contaminated soil from the tank battery.

**REMEDATION 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.

Soil was excavated with a backhoe to 6 ft and then was resampled for PH. The PH impacted soil was moved to the Lowe 2B Tank Battery. It will be disposed of with the contaminated soil from the tank battery.

**Soil Remediation Summary**

In Situ

Ex Situ

\_\_\_\_\_ Bioremediation ( or enhanced bioremediation )

\_\_\_\_\_ Excavate and offsite disposal

\_\_\_\_\_ Chemical oxidation

If Yes: Estimated Volume (Cubic Yards) 14

\_\_\_\_\_ Air sparge / Soil vapor extraction  
\_\_\_\_\_ Natural Attenuation  
\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ 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.

N/a

# REMEDIATION PROGRESS UPDATE

## PERIODIC REPORTING

### Approved Reporting Schedule:

Quarterly     Semi-Annually     Annually     Other    90 days after receipt of analytical

### 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    Progress of site investigation and remediation

## 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.

PO&G has complied with General Liability Insurance requirements per Rule 705 and is fully bonded per Rule 702 to fully address the anticipated costs of remediation. This is the initial assessment for WH/FL closure the costs represent the estimated cost for labor and analytical samples.

Operator anticipates the remaining cost for this project to be: \$ 5000

## WASTE DISPOSAL INFORMATION

Was E&P waste generated as part of this remediation?    Yes

Describe beneficial use, if any, of E&P Waste derived from this remediation project:

N/A

Volume of E&P Waste (solid) in cubic yards    14

E&P waste (solid) description    Soil

ECMC Disposal Facility ID #, if applicable: \_\_\_\_\_

Non-ECMC Disposal Facility:    Waste Management

Volume of E&P Waste (liquid) in barrels    0

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?    Yes

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?    Yes

Does the previous reply indicate consideration of background concentrations?    No

Does Groundwater meet Table 915-1 standards?    Yes

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.

The site will be reclaimed in accordance with ECMC 1000 Series Reclamation Rules or per surface owner 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. 11/02/2025

Proposed date of completion of Reclamation. 11/17/2025

## 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). 03/13/2024

Proposed site investigation commencement. 03/13/2024

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

### **REMEDIAL ACTION DATES**

Proposed start date of Remediation. 03/13/2024

Proposed date of completion of Remediation. 03/13/2025

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**

Request for remediation final closure on the Lowe 1B SWD well head location and flowline.

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

Signed: Rick Eggleston

Title: EHS&amp;R Project Coordinator

Submit Date: \_\_\_\_\_

Email: rick\_eggleston@pogresources.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: 34664

**COA Type****Description**

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**

404137778	ANALYTICAL RESULTS
404137780	ANALYTICAL RESULTS
404137781	ANALYTICAL RESULTS
404137782	PHOTO DOCUMENTATION
404137783	SOIL SAMPLE LOCATION MAP

Total Attach: 5 Files

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

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)