

State of Colorado
Energy & Carbon Management Commission

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Document Number:
404150880

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 ECOM 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: CITATION OIL & GAS CORP	Operator No: 17180	Phone Numbers
Address: 14077 CUTTEN RD		
City: HOUSTON	State: TX	Zip: 77069
Contact Person: Bob Redweik	Email: bredweik@cogc.com	Phone: (281) 891-1550
		Mobile: (713) 702-7534

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: _____ Initial Form 27 Document #: 404150880

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 #: 017-06728	County Name: CHEYENNE
Facility Name: ARAPAHOE UNIT 121(23-32)	Latitude: 38.788807	Longitude: -102.046582	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: NESW	Sec: 31	Twp: 14S	Range: 41W
Meridian: 6	Sensitive Area? Yes		

SITE CONDITIONS

General soil type - USCS Classifications ML Most Sensitive Adjacent Land Use Agriculture crop land

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

The closest water well is an irrigation well, approximately 0.36 miles northwest of the site, with a depth to water of 120 feet. There are no CPW HPH's or occupied buildings within a 1/4-mile radius of the site.

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	Unknown	Determine upon approval of Form 271 and sample results.

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 form serves as notification for the decommissioning of the Arapahoe Unit 121 (23-32) wellhead. The ground and subsurface shall be inspected for hydrocarbon impacts during equipment removal. At a minimum, soil sampling shall be conducted in the proposed locations discussed below and shown on the attached proposed soil sample location map.

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):

One (1) discrete grab soil sample will be collected as shown in the proposed sample location diagram, adjacent to the capped well casing. Four (4) field screening surface soil samples be collected in each cardinal direction surrounding the wellhead and one (1) background sample will be collected from an adjacent, upgradient location. If a flow line is present, one (1) discrete grab sample will be taken at the flowline riser. The grab samples will be analyzed for full Table 915-1 listed constituents. The background sample will be analyzed for EC, SAR, pH, boron, and metals.

Proposed Groundwater Sampling

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

Should groundwater be encountered, a sample will be collected as soon as practical and shall be submitted for laboratory analysis of Table 915-1 Inorganic Parameters and 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):

[Empty text box for surface water sampling details]

Additional Investigative Actions

Additional alternative investigative actions described in attached Site Investigation Plan (summary):

Soil on location will be field screened with a photoionization device (PID).

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

SOURCE REMOVAL SUMMARY

Describe how source is to be removed.

Pending results of the site investigation.

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.

Remediation activities for substantial impacts, if required, will likely involve the excavation of impaired soils for transport to an approved disposal facility. Following excavation and removal of any impacted soils, confirmation sampling will be conducted to confirm successful remediation. Excavated areas will then be backfilled with clean soil as necessary and seeding of the remediated area to re-establish a proper seedbed will be conducted.

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
_____ 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.

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.

Citation carries general liability insurance of \$2,000,000, with excess liability insurance of \$35,000,000. Citation also carries pollution/waste liability insurance of \$20,000,000, and environmental related liability insurance of \$3,000,000 for all active wells and \$1,000,000 for all plugged and abandoned wells. Citation maintains \$1,135,000 in surety bonds with the COGCC. There is no site-specific financial assurance associated with this remediation project. Citation does not intend to file an insurance claim for this remediation project.

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: _____

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.

A reclamation plan will be prepared pending the outcome of the site investigation.

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. _____

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

SITE INVESTIGATION DATES

Date of Initial Actions described in Site Investigation Plan (start date). 04/04/2025

Proposed site investigation commencement. 04/04/2025

Proposed completion of site investigation. 06/30/2025

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 serves as the notification of the closure of the Arapahoe Unit 121(23-32) wellhead. Implementation will occur upon approval, as anticipated and designated in the implementation schedule.

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

Signed: Joel Mason

Title: Agent

Submit Date: _____

Email: joel.mason@absarokasolutions.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**

<u>COA Type</u>	<u>Description</u>
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**

<u>Att Doc Num</u>	<u>Name</u>
404155948	SOIL SAMPLE LOCATION MAP

Total Attach: 1 Files

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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)