

State of Colorado  
Energy & Carbon Management Commission

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Document Number:  
404161522

Receive Date:

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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: <u>PDC ENERGY INC</u>	Operator No: <u>69175</u>	Phone Numbers Phone: <u>(303) 2284000</u> Mobile: <u>( )</u>
Address: <u>1099 18TH STREET SUITE 1500</u>		
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>Lauren Hoff</u>	Email: <u>denverregulatory@chevron.onmicrosoft.com</u>	

PROJECT, PURPOSE & SITE INFORMATION

**PROJECT INFORMATION**

Remediation Project #: \_\_\_\_\_ Initial Form 27 Document #: 404161522

**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: <u>LOCATION</u>	Facility ID: <u>333035</u>	API #: _____	County Name: <u>WELD</u>
Facility Name: <u>Kodak North FD Pad 28-002HN</u>	Latitude: <u>40.459390</u>	Longitude: <u>-104.863360</u>	
	** correct Lat/Long if needed: Latitude: <u>40.458740</u>	Longitude: <u>-104.864441</u>	
QtrQtr: <u>SENW</u>	Sec: <u>26</u>	Twps: <u>6N</u>	Range: <u>67W</u> Meridian: <u>6</u> Sensitive Area? <u>Yes</u>

**SITE CONDITIONS**

General soil type - USCS Classifications SW      Most Sensitive Adjacent Land Use Industrial

Is domestic water well within 1/4 mile? Yes      Is surface water within 1/4 mile? Yes

Is groundwater less than 20 feet below ground surface? No

**Other Potential Receptors within 1/4 mile**

Riverine 0.11m S, 0.18mi W, 0.22mi SE  
Industrial Complex 0.08mi W, 0.16mi NW, 0.24mi SE

**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	GROUNDWATER	NA	Lab analysis if encountered
UNDETERMINED	SOILS	NA	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.

A site investigation will be conducted pursuant to ECMC Rule 911 at the KODAK NORTH FD 26 SEC Facility around the area of the Partially Buried Vessel being removed.

**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 ):

Grab confirmation soil sample will be collected from the partially buried vessel(s) excavation. Soil samples will be analyzed by a certified laboratory for the full extent of Table 915-1, including but not limited to: TPH (total volatile [C6-C10] and extractable [C10-C36] hydrocarbons) organic compounds in soil per ECMC Table 915-1, and EC, SAR, pH, metals, and boron. All samples collected will be analyzed by a certified laboratory using approved ECMC laboratory analysis methods.

**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 investigation a grab groundwater will be collected and analyzed for all organic and inorganic compounds per ECMC Table 915-1; this sample analysis includes, but is not limited to BTEX, naphthalene, 1,2,4-trimethylbenzene (TMB), and 1,3,5-TMB by EPA Method 8260, chloride and sulfate anions by EPA Method 300.0, and total dissolved solids (TDS) by Method SM 2540C.

**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 ):

Visual inspection at the partially buried vessel area will occur during abandonment activities. Field personnel will field screen all disturbed areas using visual and olfactory senses to determine if laboratory confirmation sampling is required. A photolog will be submitted on the Subsequent Form 27.

**SITE INVESTIGATION REPORT**

**SAMPLE SUMMARY**

**Soil**

**NA / ND**

Number of soil samples collected     0    

     Highest concentration of TPH (mg/kg)     

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.

**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.

**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    90 days from decom activities, the first SF27 will be submitted.

### 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    Supplemental Form 27

## 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.

PDC intends to directly address the costs of remediation at the locations as part of our asset retirement obligation process and operations. PDC has general liability insurance (policies MWZZ316714 and MWZX316724) and financial assurance in compliance with ECMC rules. Records are available on the ECMC's website.

Operator anticipates the remaining cost for this project to be: \$ 0 \_\_\_\_\_

## 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: \_\_\_\_\_

# 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.

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). \_\_\_\_\_

Proposed site investigation commencement. 05/01/2025 \_\_\_\_\_

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**

SO Notice date is not required for this activity. There are no associated pre-activity forms required for this Form 27 Initial.

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

Signed: Lauren Hoff \_\_\_\_\_

Title: HSE Reg Affairs \_\_\_\_\_

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

Email: rbueuf27@chevron.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**

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**

404161533	SITE MAP
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Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)