

State of Colorado
Energy & Carbon Management Commission

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404239762
Receive Date:
06/13/2025
Report taken by:
Krystal Heibel

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>HIGHPOINT OPERATING CORPORATION</u>	Operator No: <u>10071</u>	Phone Numbers Phone: <u>(720) 315-8934</u> Mobile: <u>()</u>
Address: <u>555 17TH ST STE 3700</u>		
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>Luke Kelly</u>	Email: <u>LKelly@Civiresources.com</u>	

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: 38549 Initial Form 27 Document #: 403866241

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: Exploratory assessment of the Laramie Fox Hills aquifer

SITE INFORMATION

No Multiple Facilities

Facility Type: <u>WELL</u>	Facility ID: _____	API #: <u>123-42583</u>	County Name: <u>WELD</u>
Facility Name: <u>Fox Creek 501-3403H</u>	Latitude: <u>40.971872</u>	Longitude: <u>-104.412219</u>	
	** correct Lat/Long if needed: Latitude: <u>40.960127</u>	Longitude: <u>-104.411972</u>	
QtrQtr: <u>NENE</u>	Sec: <u>34</u>	Twp: <u>12N</u>	Range: <u>63W</u> Meridian: <u>6</u> Sensitive Area? <u>No</u>

SITE CONDITIONS

General soil type - USCS Classifications SM Most Sensitive Adjacent Land Use Rangeland
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? No

Other Potential Receptors within 1/4 mile

NA

SITE INVESTIGATION PLAN

TYPE OF WASTE:

- X E&P Waste
Other E&P Waste
Non-E&P Waste
Produced Water
Workover Fluids
Oil
Tank Bottoms
Condensate
Pigging Waste
X Drilling Fluids
Rig Wash
Drill Cuttings
Spent Filters
Pit Bottoms
Other (as described by EPA)

DESCRIPTION OF IMPACT

Table with 4 columns: Impacted?, Impacted Media, Extent of Impact, How Determined. Row 1: UNDETERMINED, GROUNDWATER, NA, Laboratory 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.

Highpoint Operating Company proposes to conduct an exploratory assessment of potential oil and gas related impacts to the Laramie Fox Hills aquifer near the ECMC-approved plugged and abandoned Peters 16-34 vertical well (API No. 05-123-07723) and will utilize a groundwater monitoring well to conduct such assessment.

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):

Empty text box for soil sampling details.

Proposed Groundwater Sampling

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

Yes, One (1) observation well will be constructed to the base of the LFH aquifer and quarterly samples will be collected. The well will be screened and cased in a manor that it could be used as a supply well for local residents following the assessment. HPR will pursue options in an attempt to site the well within 50' of the Peters well, as practicable. Please see the attached work plan for a detailed description of the proposed sampling and analysis plan.

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):

Empty text box for additional investigative actions.

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) 865
Number of groundwater monitoring wells installed _____
Number of groundwater samples exceeding 915-1 0

_____ 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

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.

NA

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.

NA

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.

NA

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.

The General Liability coverage within the Civitas Resources insurance program includes coverage for bodily injury, property damage, and pollution clean-up costs arising from qualifying pollution events of a sudden and accidental nature subject to a \$1,000,000 per occurrence limit and \$2,000,000 aggregate limit. The Civitas Resources insurance program includes Excess Liability coverage of \$110,000,000 per occurrence and in the aggregate which sits over the sudden and accidental pollution within the General Liability coverage. It is the opinion of Civitas Resources that this total tower of limit is adequate to address the costs of remediation associated with any qualifying pollution event.

Operator anticipates the remaining cost for this project to be: \$ 650000 _____

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.

The well will be drilled on or immediately adjacent to an oil and gas location. If reclamation is required it will be conducted in compliance with the ECMC 1000 series

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). 07/01/2025

Proposed site investigation commencement. _____

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

This form is being submitted as a quarterly update. Civitas is currently working with the surface owner to obtain access to the Peters 16-34 location. An updated timeline will be provided when access is secured.

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

Signed: Luke Kelly

Title: Env. Advisor

Submit Date: 06/13/2025

Email: LKelly@Civiresources.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: Krystal Heibel

Date: 07/22/2025

Remediation Project Number: 38549

COA Type**Description**

	ECMC has processed this form as an update; no analytical was attached thus approval of this form does not imply any agreement with comments on completion of site investigation. All ongoing/unaddressed comments/COAs from previous Forms remain applicable.
1 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**

404239762	FORM 27-SUPPLEMENTAL-SUBMITTED
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Total Attach: 1 Files

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

		Stamp Upon Approval
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Total: 0 comment(s)