

State of Colorado  
Energy & Carbon Management Commission

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Report taken by:  
John Heil

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>QB ENERGY OPERATING LLC</u>	Operator No: <u>10844</u>	<b>Phone Numbers</b>
Address: <u>1001 17TH STREET SUITE 1600</u>		
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>Jake Janicek</u>	Email: <u>jjanicek@qb-energy.com</u>	Phone: <u>(970) 778-2314</u>
		Mobile: <u>(970) 778-2314</u>

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: 42165 Initial Form 27 Document #: 404302896

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>PIT</u>	Facility ID: <u>116444</u>	API #: _____	County Name: <u>MESA</u>
Facility Name: <u>DIVIDE CREEK GAS UNIT 18</u>	Latitude: <u>39.307514</u>	Longitude: <u>-107.499826</u>	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: <u>NWNE</u>	Sec: <u>1</u>	Twp: <u>9S</u>	Range: <u>91W</u> Meridian: <u>6</u> Sensitive Area? <u>Yes</u>

Facility Type: <u>WELL</u>	Facility ID: _____	API #: <u>077-08812</u>	County Name: <u>MESA</u>
Facility Name: <u>DCU 35 (B1)</u>	Latitude: <u>39.308202</u>	Longitude: <u>-107.499996</u>	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: <u>NWNE</u>	Sec: <u>1</u>	Twp: <u>9S</u>	Range: <u>91W</u> Meridian: <u>6</u> Sensitive Area? <u>Yes</u>

Facility Type: LOCATION Facility ID: 312694 API #: County Name: MESA  
Facility Name: DCU-69S91W 1NWNE Latitude: 39.308054 Longitude: -107.500126  
\*\* correct Lat/Long if needed: Latitude: Longitude:  
QtrQtr: NWNE Sec: 1 Twp: 9S Range: 91W Meridian: 6 Sensitive Area? Yes

**SITE CONDITIONS**

General soil type - USCS Classifications OH Most Sensitive Adjacent Land Use Rangeland

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**

# 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 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	SOILS	To be Determined	Field investigation and soil sampling

## 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 the Initial Form 27 for this project was submitted. This form is only being submitted to address a COA listed on the Initial Form 27 concerning a pit operated by a former operator at this location.

## 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 samples will be collected from areas most likely to have been impacted in accordance with the following COGCC Rules:

1. COGCC Rule 913.b.(2)C
2. COGCC Rule 915.e.(1)
3. COGCC Rule 915.e.(2)B.
4. COGCC Rule 915.e.(2)C.

In general, the areas of interest tend to be where the lines transition from subsurface to above-ground at each end of a line and soil adjacent to the wellhead. Grab samples will be collected from soil vertically below these areas and submitted for laboratory analysis of all analytes listed in ECMC Table 915-1. Please see photos attached to this form for exact areas where samples are expected to be collected from.

### Proposed Groundwater Sampling

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

### 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

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**

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.

There is currently no source identified.

**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.

There are currently no plans for remediation.

**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.

# 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.

Per Rule 705.b, and in line with guidance laid out in the SBAP, QB Energy has general liability insurance in the amount of \$5M, and QB Energy has umbrella insurance, which sits over the general liability insurance in the amount of \$65M. The umbrella and general liability insurance covers property damage, bodily injury to third parties, and sudden or accidental pollution under a combined \$70M.

Operator anticipates the remaining cost for this project to be: \$ 20000 \_\_\_\_\_

## 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.

There are currently no plans for reclamation.

Is the described reclamation complete? \_\_\_\_\_

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. 09/01/2025

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**

In order to address the COA listed on the Initial Form 27 (ECMC Document ID 404302896) for this project that states "Operator shall include Pit Facility ID 116444 as part of this Rule 913.c.(9):Decommissioning of Oil and Gas Facilities.", the history of this pit and its use was reviewed. During the review, it was discovered that this pit was accidentally unearthed during the recovery of released fluids (ECMC Spill ID 1981068) at this location in 2007 by a previous operator. Throughout 2007 and 2008, approximately 1,000 cubic yards of impacted material was removed from the former pit footprint and transported offsite for disposal. Per ECMC Rule 915.f, ECMC Document 402646526 was submitted in 2021 to request closure of this Spill ID. The Spill ID was officially closed on 10/14/2021. Within this form was correspondence between a previous operator and the United States Forest Service (USFS) Rifle Ranger District detailing the cleanup efforts associated with this former pit including No Further Action (NFA) documentation. QB Energy requests that the ECMC review this documentation and administratively close the Pit identified by ECMC Location ID 116444 based on the USFS NFA designation and the remediation already completed by a previous operator.

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

Signed: Jake Janicek

Title: EHS Specialist

Submit Date: 08/27/2025

Email: jjanicek@qb-energy.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: John Heil

Date: 09/17/2025

Remediation Project Number: 42165

**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**

404332713	INVESTIGATION/REMEDATION WORKPLAN (SUPPLEMENTAL)
404357947	FORM 27-SUPPLEMENTAL-SUBMITTED

Total Attach: 2 Files

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

Environmental	Based on the Operators Comments ECMC staff approves the administrative closure of Pit Facility ID 116444.	09/17/2025
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Total: 1 comment(s)