

State of Colorado  
Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:  
404359739  
Receive Date:  
09/18/2025  
Report taken by:  
Chris Sanchez

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 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: EVERGREEN NATURAL RESOURCES LLC	Operator No: 10705	Phone Numbers	
Address: 1775 SHERMAN ST. #2775	Phone: (719) 2204330		
City: DENVER	State: CO	Zip: 80203	Mobile: ( )
Contact Person: Timothy Fernandez	Email: timothy.fernandez@enrllc.com		

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: \_\_\_\_\_ Initial Form 27 Document #: 404359739

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: PIT	Facility ID: 301105	API #: _____	County Name: LAS ANIMAS
Facility Name: MUFFINS 14-18	Latitude: 37.251370	Longitude: -104.719900	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: SWSW	Sec: 18	Twp: 32S	Range: 65W Meridian: 6 Sensitive Area? Yes

SITE CONDITIONS

General soil type - USCS Classifications SC Most Sensitive Adjacent Land Use Non-Crop Land  
 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

## 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	TBD	TBD

### INITIAL ACTION SUMMARY

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

In response to INSP#716301357, ENR intends to close the pit at the Muffins 14-18 well location, FAC ID:301105. The pit liner was determined to be compromised and soil sampling is required to determine if soil was impacted.

### 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 ):

Three soil samples will be collected within the pit. SS1 will be collected from the area of highest impact where the pit liner was compromised and analyzed for Full 915-1 analytes. Two other soil samples will be collected within the pit and analyzed for Table 915-1 Soil Suitability and Metals. Analyte list will be expanded at these two sites if impacts of TPH and Organics are detected at SS1.

#### 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**

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.

Natural Attenuation

**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 samples will determine if source removal methods are necessary. If they are, natural attenuation will be used. If necessary, impacted soil will be removed and properly disposed of at the Trinidad Landfill, pending approval.

**Soil Remediation Summary**

In Situ

Ex Situ

No Bioremediation ( or enhanced bioremediation )

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

No Chemical oxidation

\_\_\_\_\_ If Yes: Estimated Volume (Cubic Yards) \_\_\_\_\_

No Air sparge / Soil vapor extraction

\_\_\_\_\_ Name of Licensed Disposal Facility or ECMC Facility ID # \_\_\_\_\_

Yes Natural Attenuation  
 No Other \_\_\_\_\_

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 Soil \_\_\_\_\_

## 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.

Operator does not have site-specific financial assurance for this project, however Operator has inactive well, blanket and surface bonding, as well as commercial general liability and/or umbrella/excess insurance meeting the requirements of 705.b. Operator does not anticipate making an insurance claim for this report. Assessment activities as outlined herein are proposed. Costs included herein are estimates only and they may change over time base on numerous factors. Accordingly, Operator makes no guarantee as to the accuracy of such cost estimates, thus providing that estimate for the next year below.

Operator anticipates the remaining cost for this project to be: \$ 1600 \_\_\_\_\_

## 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.

The pit is currently lined. The liner will be removed and properly disposed of according to ECMC rules. Clean soil source: If back berm of pit exists, this material will be utilized to backfill pit. Native fill material may be collected from recontouring slopes. Clean fill material will be brought onsite if needed. The area will be seeded with approved seed mix.

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? No

If YES, does the seed mix comply with local soil conservation district recommendations? \_\_\_\_\_

Did the local soil conservation district provide the seed mix? Yes

## SITE RECLAMATION DATES

Proposed date of commencement of Reclamation. 10/27/2025

Proposed date of completion of Reclamation. 10/31/2025

## 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). 09/18/2025

Proposed site investigation commencement. 09/18/2025

Proposed completion of site investigation. 10/27/2025

### REMEDIAL ACTION DATES

Proposed start date of Remediation. 09/18/2025

Proposed date of completion of Remediation. 10/27/2025

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**

In response to INSP#716301357, ENR intends to close the pit at the Muffins 14-18 well location, FAC ID:301105. The pit liner was determined to be compromised and soil sampling is required to determine if soil was impacted. Soil samples will be collected and results reported via Form 27 as soon as received.

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

Signed: Timothy Fernandez

Title: Regulatory Supervisor

Submit Date: 09/18/2025

Email: timothy.fernandez@enrllc.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**

0 COA	
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**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**

404359739	FORM 27-INITIAL-SUBMITTED
404359790	SOIL SAMPLE LOCATION MAP

Total Attach: 2 Files

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

		Stamp Upon Approval
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Total: 0 comment(s)