

State of Colorado
Energy & Carbon Management Commission

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Document Number:
404210666
Receive Date:
05/20/2025

Report taken by:
Kari Brown

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>CRESTONE PEAK RESOURCES OPERATING LLC</u>	Operator No: <u>10633</u>	Phone Numbers Phone: <u>(303) 8293811</u> Mobile: <u>(303) 8293811</u>
Address: <u>555 17TH STREET SUITE 3700</u>		
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>Jacob Evans</u>	Email: <u>jevans@civiresources.com</u>	

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: 35962 Initial Form 27 Document #: 403824815

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>WELL</u>	Facility ID: _____	API #: <u>123-33886</u>	County Name: <u>WELD</u>
Facility Name: <u>NORTH RINN 2-4-9</u>		Latitude: <u>40.149245</u>	Longitude: <u>-105.013533</u>
** correct Lat/Long if needed: Latitude: _____ Longitude: _____			
QtrQtr: <u>SWSW</u>	Sec: <u>9</u>	Twp: <u>2N</u>	Range: <u>68W</u> Meridian: <u>6</u> Sensitive Area? <u>Yes</u>

Facility Type: <u>WELL</u>	Facility ID: _____	API #: <u>123-33890</u>	County Name: <u>WELD</u>
Facility Name: <u>NORTH RINN 0-8-9</u>		Latitude: <u>40.149103</u>	Longitude: <u>-105.013537</u>
** correct Lat/Long if needed: Latitude: _____ Longitude: _____			
QtrQtr: <u>SWSW</u>	Sec: <u>9</u>	Twp: <u>2N</u>	Range: <u>68W</u> Meridian: <u>6</u> Sensitive Area? <u>Yes</u>

Facility Type: WELL	Facility ID: _____	API #: 123-33891	County Name: WELD
Facility Name: NORTH RINN 0-6-9	Latitude: 40.149164	Longitude: -105.013535	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: SWSW	Sec: 9	Twp: 2N	Range: 68W Meridian: 6 Sensitive Area? Yes
Facility Type: WELL	Facility ID: _____	API #: 123-33892	County Name: WELD
Facility Name: NORTH RINN 13-9	Latitude: 40.149219	Longitude: -105.013533	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: SWSW	Sec: 9	Twp: 2N	Range: 68W Meridian: 6 Sensitive Area? Yes
Facility Type: WELL	Facility ID: _____	API #: 123-33893	County Name: WELD
Facility Name: NORTH RINN 0-4-9	Latitude: 40.149189	Longitude: -105.013534	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: SWSW	Sec: 9	Twp: 2N	Range: 68W Meridian: 6 Sensitive Area? Yes
Facility Type: WELL	Facility ID: _____	API #: 123-33894	County Name: WELD
Facility Name: NORTH RINN 2-6-9	Latitude: 40.149133	Longitude: -105.013538	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: SWSW	Sec: 9	Twp: 2N	Range: 68W Meridian: 6 Sensitive Area? Yes
Facility Type: WELL	Facility ID: _____	API #: 123-33895	County Name: WELD
Facility Name: NORTH RINN 14-9	Latitude: 40.149049	Longitude: -105.013540	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: SWSW	Sec: 9	Twp: 2N	Range: 68W Meridian: 6 Sensitive Area? Yes
Facility Type: WELL	Facility ID: _____	API #: 123-33896	County Name: WELD
Facility Name: NORTH RINN 24-9	Latitude: 40.149077	Longitude: -105.013538	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: SWSW	Sec: 9	Twp: 2N	Range: 68W Meridian: 6 Sensitive Area? Yes
Facility Type: OFF-LOCATION FLOWLINE	Facility ID: 473566	API #: _____	County Name: WELD
Facility Name: Wellhead Line	Latitude: 40.149588	Longitude: -105.008949	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: SESW	Sec: 9	Twp: 2N	Range: 68W Meridian: 6 Sensitive Area? Yes
Facility Type: OFF-LOCATION FLOWLINE	Facility ID: 473567	API #: _____	County Name: WELD
Facility Name: Wellhead Line	Latitude: 40.149588	Longitude: -105.008889	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: SESW	Sec: 9	Twp: 2N	Range: 68W Meridian: 6 Sensitive Area? Yes
Facility Type: OFF-LOCATION FLOWLINE	Facility ID: 473568	API #: _____	County Name: WELD
Facility Name: Wellhead Line	Latitude: 40.149589	Longitude: -105.008941	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: SESW	Sec: 9	Twp: 2N	Range: 68W Meridian: 6 Sensitive Area? Yes
Facility Type: OFF-LOCATION FLOWLINE	Facility ID: 473569	API #: _____	County Name: WELD
Facility Name: Wellhead Line	Latitude: 40.149587	Longitude: -105.008945	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: SESW	Sec: 9	Twp: 2N	Range: 68W Meridian: 6 Sensitive Area? Yes

Facility Type: OFF-LOCATION FLOWLINE	Facility ID: 473570	API #:	County Name: WELD
Facility Name: Wellhead Line	Latitude: 40.149589	Longitude: -105.008901	
** correct Lat/Long if needed: Latitude:		Longitude:	
QtrQtr: SESW	Sec: 9	Twp: 2N	Range: 68W Meridian: 6 Sensitive Area? Yes

Facility Type: OFF-LOCATION FLOWLINE	Facility ID: 473571	API #:	County Name: WELD
Facility Name: Wellhead Line	Latitude: 40.149588	Longitude: -105.008884	
** correct Lat/Long if needed: Latitude:		Longitude:	
QtrQtr: SESW	Sec: 9	Twp: 2N	Range: 68W Meridian: 6 Sensitive Area? Yes

Facility Type: OFF-LOCATION FLOWLINE	Facility ID: 473572	API #:	County Name: WELD
Facility Name: Wellhead Line	Latitude: 40.149589	Longitude: -105.008935	
** correct Lat/Long if needed: Latitude:		Longitude:	
QtrQtr: SESW	Sec: 9	Twp: 2N	Range: 68W Meridian: 6 Sensitive Area? Yes

Facility Type: OFF-LOCATION FLOWLINE	Facility ID: 473573	API #:	County Name: WELD
Facility Name: Wellhead Line	Latitude: 40.149589	Longitude: -105.008895	
** correct Lat/Long if needed: Latitude:		Longitude:	
QtrQtr: SESW	Sec: 9	Twp: 2N	Range: 68W Meridian: 6 Sensitive Area? Yes

Facility Type: SPILL OR RELEASE	Facility ID: 488154	API #:	County Name: WELD
Facility Name: North Rinn 2-4-9	Latitude: 40.149233	Longitude: -105.013569	
** correct Lat/Long if needed: Latitude:		Longitude:	
QtrQtr: SWSW	Sec: 9	Twp: 2N	Range: 68W Meridian: 6 Sensitive Area? Yes

SITE CONDITIONS

General soil type - USCS Classifications SM Most Sensitive Adjacent Land Use Cropland

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? Yes

Other Potential Receptors within 1/4 mile

The Boulder Creek is 675-ft to the W.
 The Residential Well (DWR Receipt C620697, Permit 697-WCB) approx 715-ft to the SE is the nearest permitted water well. This well was constructed to 22-ft, static water level recorded at 5-ft. The Residential Well (DWR Receipt 9063722, Permit 34027-) approx 805-ft to the SE. This well was constructed to 30-ft, static water level recorded at 4-ft. The Monitoring Well (DWR Receipt 3647331A, Permit 284116-) approx 1225-ft to the SE. This well was constructed to 23-ft, static water level recorded at 5-ft.
 Groundwater less than 20 ft is expected at the disturbance location.
 This location is within a HPH Eagle Active Nest Site - Half Mile and Bald Eagle Roost Site. Please see the attached correspondence for the HPH CPW consultation

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 checked="" type="checkbox"/> Oil | <input type="checkbox"/> Tank Bottoms | |
| <input checked="" 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
No	GROUNDWATER	NA	Laboratory Analytical if Encountered
Yes	SOILS	60' X 90' X 5' bgs	Laboratory Analytical

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 COGCC rule 911 at the NORTH RINN SWSW MULTI WELL PAD#1 (424105) oil and gas location pertaining to the cut/cap of the NORTH RINN 2-4-9 (05-123-33886), NORTH RINN 13-9 (05-123-33892), NORTH RINN 0-4-9 (05-123-33893), NORTH RINN 0-6-9 (05-123-33891), NORTH RINN 2-6-9 (05-123-33894), NORTH RINN 0-8-9 (05-123-33890), NORTH RINN 24-9 (05-123-33896), and NORTH RINN 14-9 (05-123-33895), and decommission of the associated off-location wellhead lines. See site map exhibit for details.

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):

Twenty-three (23) grab soil samples were collected from the decommissioned facilities. All soil samples were submitted to a certified laboratory for analysis of Table 915-1 metals and organic compounds, TPH C6-36, EC, SAR, pH, and boron.

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 sample will be collected and analyzed for all organic and inorganic compounds per ECOM Table 915-1.

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 23

-- Highest concentration of TPH (mg/kg) 1159

Number of soil samples exceeding 915-1 12 -- Highest concentration of SAR 17.3

Was the areal and vertical extent of soil contamination delineated? No BTEX > 915-1 Yes

Approximate areal extent (square feet) 5400 Vertical Extent > 915-1 (in feet) 5

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?

Eight background soil samples were collected from homogenous soil horizons and/or corresponding excavation confirmation soil sample depths.

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.

The source will be removed through mechanical excavation. Grab confirmation soil samples will be collected and submitted to a certified laboratory for analysis of Table 915-1 metals and organic compounds, TPH C6-36, EC, SAR, pH, and boron to determine the lateral and vertical extent of impacts. Background samples will be collected from homogenous soil horizons and/or corresponding excavation sample depths. The location lies within a HPH for Bald Eagles. Source removal will begin after July 31, 2025.

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.

Subsequent to source removal, the estimated timeframe to achieve a no further action will be January 31, 2026.

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

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 _____

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: \$ 300000

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? No

Does the previous reply indicate consideration of background concentrations? _____

Does Groundwater meet Table 915-1 standards? Yes

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.

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. 10/01/2024

Actual Spill or Release date, or date of discovery. 09/30/2024

SITE INVESTIGATION DATES

Date of Initial Actions described in Site Investigation Plan (start date). 07/21/2024

Proposed site investigation commencement. 07/24/2024

Proposed completion of site investigation. 12/17/2024

REMEDIAL ACTION DATES

Proposed start date of Remediation. 12/18/2024

Proposed date of completion of Remediation. 01/31/2026

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:

Location is in a HPH Bald Eagles

OPERATOR COMMENT

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

Signed: Jacob Evans

Title: Environmental Advisor

Submit Date: 05/20/2025

Email: jevans@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: Kari Brown

Date: 10/21/2025

Remediation Project Number: 35962

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**

404210666	INVESTIGATION/REMEDATION WORKPLAN (SUPPLEMENTAL)
404398530	FORM 27-SUPPLEMENTAL-SUBMITTED

Total Attach: 2 Files

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

		Stamp Upon Approval
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Total: 0 comment(s)