

State of Colorado  
Energy & Carbon Management Commission

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Document Number:  
404447492

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: AMERICAN HELIUM LLC	Operator No: 10841	<b>Phone Numbers</b>
Address: 23501 CINCO RANCH BLVD, B244		Phone: (970) 428-2742
City: KATY State: TX Zip: 77494		Mobile: ( )
Contact Person: Neil Hankins	Email: nhankins@americanhelium.us	

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: \_\_\_\_\_ Initial Form 27 Document #: 404447492

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: WELL	Facility ID: _____	API #: 113-06150	County Name: SAN MIGUEL
Facility Name: ANDY'S MESA 62	Latitude: 38.024030	Longitude: -108.611260	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: SWSW	Sec: 35	Twp: 44N	Range: 16W Meridian: N Sensitive Area? Yes

SITE CONDITIONS

General soil type - USCS Classifications GP Most Sensitive Adjacent Land Use

Elk Severe  
winter  
range/concentrat  
ion/Gunnison  
sage grouse  
area/Mule deer  
winter  
range/concentrat  
ion

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 type="checkbox"/> E&P Waste       | <input checked="" type="checkbox"/> Other E&P Waste        | <input checked="" type="checkbox"/> Non-E&P Waste |
| <input type="checkbox"/> Produced Water  | <input type="checkbox"/> Workover Fluids                   | Production Equipment _____                        |
| <input type="checkbox"/> Oil             | <input checked="" 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	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.

Remove equipment and complete sampling of soil as indicated in attached soil sample map.

## 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 ):

Samples will be taken as indicated in attached equipment removal plan

### 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 4

Number of soil samples exceeding 915-1 0

Was the areal and vertical extent of soil contamination delineated?         

Approximate areal extent (square feet) 0

### NA / ND

\_\_\_\_\_ Highest concentration of TPH (mg/kg) \_\_\_\_\_

\_\_\_\_\_ Highest concentration of SAR \_\_\_\_\_

BTEX > 915-1         

Vertical Extent > 915-1 (in feet) 0

**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.

Equipment 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.

If Table 915-1 is exceeded, soil will be removed.  
\_\_\_\_\_

**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.

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

### WASTE DISPOSAL INFORMATION

Was E&P waste generated as part of this remediation? \_\_\_\_\_

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 not be executed as this well is co-located.

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. 07/12/2025

Actual Spill or Release date, or date of discovery. \_\_\_\_\_

### **SITE INVESTIGATION DATES**

Date of Initial Actions described in Site Investigation Plan (start date). 10/21/2025

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**

Andy's Mesa 62 - plug and abandon.

This location is co-located with AM 61, which will not be plugged. AM 62 equipment will be removed and sampling completed. FAN for AM 62 will be applied for when all work is complete.

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

Signed: Trish Harrison

Title: Consultant

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

Email: trish.harrison@coolskyenergy.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**

404447524	OTHER
404447525	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)