

State of Colorado  
Energy & Carbon Management Commission

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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>IMPETRO RESOURCES LLC</u>	Operator No: <u>10690</u>	Phone Numbers Phone: <u>(361) 935-5633</u> Mobile: <u>( )</u>
Address: <u>558 CASTLE PINES PKWY UNIT B-4</u>		
City: <u>CASTLE PINES</u>	State: <u>CO</u>	Zip: <u>80108</u>
Contact Person: <u>Brent Bongers</u>	Email: <u>bbongers@impetroresources.com</u>	

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: 10743 Initial Form 27 Document #: 401466248

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>104595</u>	API #: _____	County Name: <u>WASHINGTON</u>
Facility Name: <u>PACHNER</u>	Latitude: <u>39.855085</u>	Longitude: <u>-103.354417</u>	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: <u>NWNE</u>	Sec: <u>30</u>	Twp: <u>2S</u>	Range: <u>53W</u> Meridian: <u>6</u> Sensitive Area? <u>No</u>
Facility Type: <u>PIT</u>	Facility ID: <u>104596</u>	API #: _____	County Name: <u>WASHINGTON</u>
Facility Name: <u>PACHNER</u>	Latitude: <u>39.854646</u>	Longitude: <u>-103.354383</u>	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: <u>NWNE</u>	Sec: <u>30</u>	Twp: <u>2S</u>	Range: <u>53W</u> Meridian: <u>6</u> Sensitive Area? <u>Yes</u>

Facility Type: PIT	Facility ID: 104597	API #:	County Name: WASHINGTON
Facility Name: PACHNER	Latitude: 39.855017	Longitude: -103.354589	
** correct Lat/Long if needed: Latitude:		Longitude:	
QtrQtr: NWNE	Sec: 30	Twp: 2S	Range: 53W Meridian: 6 Sensitive Area? Yes

Facility Type: PIT	Facility ID: 117638	API #:	County Name: WASHINGTON
Facility Name: PACHNER 2-30	Latitude: 39.854680	Longitude: -103.355035	
** correct Lat/Long if needed: Latitude:		Longitude:	
QtrQtr: NENE	Sec: 30	Twp: 2S	Range: 53W Meridian: 6 Sensitive Area? Yes

**SITE CONDITIONS**

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

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**

Surface drainage to the west  
 Nearest depth to groundwater reported at 46 feet bgs on September 8, 1961 (Domestic Water Well Permit #9671)  
 The location is not within any registered High Priority Habitats



Number of soil samples exceeding 915-1 4 -- Highest concentration of SAR 20.6

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

Approximate areal extent (square feet) 1200 Vertical Extent > 915-1 (in feet) 2

**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?

Three background samples located away from oil and gas operations were collected and analyzed for the ECMC Table 915-1 metals and inorganic parameters. Arsenic concentrations from all samples collected were above the Table 915-1 residential soil screening standard and are attributed to background levels.

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?

Lab data indicates that additional soil removal and delineation of impacts is 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.

Based on review of the ECMC database and records search, it appears that the previous operator performed excavation remediation and some type of bioremediation. However, Impetro has been unable to gather additional information beyond what was submitted to the ECMC and uploaded to the database.

Any hydrocarbon-impacted material found during this investigation will be transported off-site to a licensed disposal facility in accordance with Rules 905 and 906.

**REMEDIAL ACTION 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.

Remediation of impacted material will be assessed subsequent to the supplemental investigation activities described herein and if E&P waste impacts above Series 900 Rules Table 915-1 regulatory standards are identified.

**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.

# 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 Pit closure report

## 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 carries general liability insurance of \$1,000,000.00 per occurrence and \$4,000,000.00 in excess. Operator carries \$25,000.00 blanket surface surety bond. Operator's Financial Assurance meets the requirements of Rule 703.b. and General Liability Insurance meets the requirements of Rule 705.b.

Operator anticipates the remaining cost for this project to be: \$ 10000

## 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.

Reclamation and/or interim reclamation activities will be evaluated and presented to the CECMC for approval subsequent to additional investigation activities or successful remediation

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? No

### 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. 11/11/2015

### SITE INVESTIGATION DATES

Date of Initial Actions described in Site Investigation Plan (start date). 11/11/2015

Proposed site investigation commencement. 11/20/2016

Proposed completion of site investigation. 09/30/2025

### REMEDIAL ACTION DATES

Proposed start date of Remediation. 08/20/2017

Proposed date of completion of Remediation. 03/31/2026

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:

\_\_\_\_\_

**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: Lauren Glazier

Title: lglazier@cgrs.com

Submit Date: 06/19/2025

Email: lglazier@cgrs.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: 12/08/2025

Remediation Project Number: 10743

**COA Type****Description**

	<p>If groundwater is encountered during the site investigation, Operator shall sample for Organic and Inorganic Parameters (Table 915-1).</p> <p>"The results will be compared to residential soil screening levels per the approved Form 27 Doc #403646749.:</p>
	<p>Operator shall conduct an environmental investigation to confirm the presence or absence of impacts adjacent to the flowline at a minimum of every 250'.</p>
	<p>Additional soil sample locations will be required than as observed on the Proposed Soil Sample Location Map.</p> <p>Operators will collect and submit for laboratory analysis a soil sample collected from the areas most likely to have been impacted during the operational life of the flowline. These areas include, but are not limited to: where Flowlines connect to the wellhead, surface equipment, risers, valves, or manifolds; where Flowlines bend or were repaired in the past and at joints and hammer unions; where Flowlines connect to Flowlines or equipment of different material; and where Flowlines crossed drainages or surface water or are in contact with shallow groundwater.</p>
	<p>Operator shall fully populate the implementation schedule in accordance with Rule 913.d on the subsequent Supplemental Form 27. The "Date of Surface Owner notification/consultation" information is missing.</p>
4 COAs	

**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**

404161823	FORM 27-SUPPLEMENTAL-SUBMITTED
404225183	SITE MAP

Total Attach: 2 Files

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

		Stamp Upon Approval
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Total: 0 comment(s)