

State of Colorado
Energy & Carbon Management Commission

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Report taken by:
Abdul Elnajdi

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>HIGHPOINT OPERATING CORPORATION</u>	Operator No: <u>10071</u>	Phone Numbers
Address: <u>555 17TH ST STE 3700</u>		
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>Seth Robinson</u>	Email: <u>srobinson@civiresources.com</u>	Phone: <u>(907) 888-6089</u>
		Mobile: <u>()</u>

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: 43451 Initial Form 27 Document #: 404367744

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>123-36144</u>	County Name: <u>WELD</u>
Facility Name: <u>Peterson CX GH 30-14D</u>	Latitude: <u>40.373735</u>	Longitude: <u>-104.477890</u>	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: <u>SWNE</u>	Sec: <u>30</u>	Twp: <u>5N</u>	Range: <u>63W</u> Meridian: <u>6</u> Sensitive Area? <u>Yes</u>

Facility Type: <u>WELL</u>	Facility ID: _____	API #: <u>123-36149</u>	County Name: <u>WELD</u>
Facility Name: <u>Peterson CX GH 30-41D</u>	Latitude: <u>40.373785</u>	Longitude: <u>-104.477827</u>	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: <u>SWNE</u>	Sec: <u>30</u>	Twp: <u>5N</u>	Range: <u>63W</u> Meridian: <u>6</u> Sensitive Area? <u>Yes</u>

Facility Type: WELL	Facility ID: _____	API #: 123-36151	County Name: WELD
Facility Name: Peterson CX GH 30-26D	Latitude: 40.373842	Longitude: -104.477825	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: SWNE	Sec: 30	Twp: 5N	Range: 63W Meridian: 6 Sensitive Area? Yes

Facility Type: WELL	Facility ID: _____	API #: 123-36152	County Name: WELD
Facility Name: Peterson CX GH 30-40D	Latitude: 40.373731	Longitude: -104.477829	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: SWNE	Sec: 30	Twp: 5N	Range: 63W Meridian: 6 Sensitive Area? Yes

Facility Type: WELL	Facility ID: _____	API #: 123-36170	County Name: WELD
Facility Name: Peterson CX GH 30-28D	Latitude: 40.373790	Longitude: -104.477890	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: SWNE	Sec: 30	Twp: 5N	Range: 63W 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? No

Other Potential Receptors within 1/4 mile

Empire Intake Canal is 1220-ft to the NE.
 The Irrigation Well (SWR Receipt 0014535A, Permit 11866-R-R) is approx. 1060-ft to the SW. his well was constructed to 100-ft. Static water level was recorded at 27-ft.
 The Residential Well (DWR Receipt 9062814, Permit (20769-) is approx. 1245-ft to the NW. This well was constructed to 60-ft. Static water level was recorded at 11-ft.
 Groundwater less than 20 ft is not expected at the disturbance location.
 This location is within a HPH Mule Deer Severe Winter Range / Mule Deer Winter Concentration Area. Per NTO from Jan. 4, 2023, titled "CPW Consultation Process for Operations in Wildlife Habitats at Existing Oil and Gas Locations," CPW consultation not required.

SITE INVESTIGATION PLAN

TYPE OF WASTE:

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> E&P Waste | <input type="checkbox"/> Other E&P Waste | <input checked="" type="checkbox"/> Non-E&P Waste |
| <input checked="" type="checkbox"/> Produced Water | <input type="checkbox"/> Workover Fluids | No waste has been generated to date. |
| <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
UNDETERMINED	SOILS	N/A	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 ECMC rule 911 at the PETERSON CX GH PAD/30-14D (430376) oil and gas location pertaining to the cut/cap of the PETERSON CX GH 30-14D (05-123-36144), PETERSON CX GH 30-28D (05-123-36170), PETERSON CX GH 30-26D (05-123-36151), PETERSON CX GH 30-41D (05-123-36149), PETERSON CX GH 30-40D (05-123-36152) and decommission of associated, off-location flowlines, including the Peterson_5N-63W-30_SWNE_05056330ca_05056330ca_04M, Peterson_5N-63W-30_SWNE_05056330ca_05056330ca_05M, Peterson_5N-63W-30_SWNE_05056330ca_05056330ca_03M, Peterson_5N-63W-30_SWNE_05056330ca_05056330ca_02M, and Peterson_5N-63W-30_SWNE_05056330ca_05056330ca_01M 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):

Complete "Proposed Soil Sampling" information is provided in the "Operator Comments and Submittal" section.

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 ECMC 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):

Visual inspection of the location will occur during decommission activities. Field personnel will field screen all disturbed areas using visual and olfactory senses to determine if laboratory confirmation sampling is required. The ECMC Flowline Closure and Wellhead Closure Checklists will be utilized and filled out during the decommission process. A photolog will be submitted on the Subsequent Form 27.

SITE INVESTIGATION REPORT

SAMPLE SUMMARY

Soil	NA / ND
Number of soil samples collected <u> 0 </u>	<u> </u> Highest concentration of TPH (mg/kg) <u> </u>
Number of soil samples exceeding 915-1 <u> </u>	<u> </u> Highest concentration of SAR <u> </u>

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.

N/A

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.

N/A

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.

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: \$ 20000 _____

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: _____

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 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. 09/29/2025

Actual Spill or Release date, or date of discovery. _____

SITE INVESTIGATION DATES

Date of Initial Actions described in Site Investigation Plan (start date). 01/22/2026

Proposed site investigation commencement. 01/22/2026

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

Initial confirmation sampling has been scheduled.

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

Signed: Seth RobinsonTitle: Senior Env SpecialistSubmit Date: 01/21/2026Email: srobinson@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: _____

Date: 01/30/2026Remediation Project Number: 43451**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**

404514779	FORM 27-SUPPLEMENTAL-SUBMITTED
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Total Attach: 1 Files

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

Environmental	ECMC has processed this form as an update without technical review; no data was attached thus approval of this form does not imply any agreement with comments on completion of site investigation or alteration of site plan. All ongoing/unaddressed comments/COAs from previous Forms remain applicable. Operator shall not delay execution of remedial or investigative actions while waiting for ECMC approval and may request expedited review if necessary.	01/30/2026
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Total: 1 comment(s)