

State of Colorado  
Energy & Carbon Management Commission

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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>	<b>Phone Numbers</b>
Address: <u>555 17TH STREET SUITE 3700</u>	City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Phone: <u>(303) 829-3811</u>
Contact Person: <u>Jacob Evans</u>	Email: <u>jevans@civiresources.com</u>	Mobile: <u>( )</u>

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: 43431 Initial Form 27 Document #: 404404755

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>123-19748</u>	County Name: <u>WELD</u>
Facility Name: <u>HERMAN 34-8</u>	Latitude: <u>40.147676</u>	Longitude: <u>-104.798143</u>	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: <u>SWSE</u>	Sec: <u>8</u>	Twp: <u>2N</u>	Range: <u>66W</u> Meridian: <u>6</u> Sensitive Area? <u>Yes</u>

Facility Type: <u>WELL</u>	Facility ID: _____	API #: <u>123-30104</u>	County Name: <u>WELD</u>
Facility Name: <u>IONE 6-8-8</u>	Latitude: <u>40.147736</u>	Longitude: <u>-104.798002</u>	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: <u>SWSE</u>	Sec: <u>8</u>	Twp: <u>2N</u>	Range: <u>66W</u> Meridian: <u>6</u> Sensitive Area? <u>Yes</u>

Facility Type: OFF-LOCATION FLOWLINE Facility ID: 473662 API #: \_\_\_\_\_ County Name: WELD  
 Facility Name: IONE 4-6-8 Latitude: 40.149162 Longitude: -104.795977  
 \*\* correct Lat/Long if needed: Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
 QtrQtr: NESE Sec: 8 Twp: 2N Range: 66W Meridian: 6 Sensitive Area? Yes

Facility Type: OFF-LOCATION FLOWLINE Facility ID: 473663 API #: \_\_\_\_\_ County Name: WELD  
 Facility Name: IONE 4-6-8 Latitude: 40.149162 Longitude: -104.795974  
 \*\* correct Lat/Long if needed: Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
 QtrQtr: NESE Sec: 8 Twp: 2N Range: 66W 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**

Platteville Ditch is 500-ft to the NW.  
 The Domestic Well (DWR Receipt 325668B, Permit 160720—A) is approx. 815-ft to the SW. This well was constructed to 580-ft and static water level was recorded at 348-ft.  
 The Domestic Well (DWR Receipt C620082, Permit 82-WCB) is approx. 950-ft to the SE. This well was constructed to 37-ft and static water level was recorded at 10-ft.  
 The Monitoring Hole (DWR Receipt 04001720, Permit 4001720-MH) is approx. 970-ft to the SW. this well was constructed to 11-ft and static water level was recorded at 5-ft.  
 Groundwater less than 20 ft is expected at the disturbance location.  
 This location is not within a HPH area. 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 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
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 IONE/4-6-8 MULTI PAD (330843) oil and gas location pertaining to the cut/cap of the HERMAN 34-8 (05-123-19748) , the IONE 6-8-8 (05-123-30104), and decommission of the off-location HERMAN 34-8 (12319748\_FL) and IONE 6-8-8 (12330104\_FL) 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 ):

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

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

**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.

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. 10/29/2025

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

### SITE INVESTIGATION DATES

Date of Initial Actions described in Site Investigation Plan (start date). 12/02/2025

Proposed site investigation commencement. 12/05/2025

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 decommission sampling is scheduled.

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

Signed: Seth RobinsonTitle: Environmental SpecialistSubmit Date: 04/23/2026Email: 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: Kari BrownDate: 04/30/2026Remediation Project Number: 43431**COA Type****Description**

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**

Att Doc Num	Name
404632813	FORM 27-SUPPLEMENTAL-SUBMITTED

Total Attach: 1 Files

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

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.	04/30/2026

Total: 1 comment(s)