

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

401479445

Receive Date:

Report taken by:

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 COGCC 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.

Refer to Rules 340, 905, 906, 907, 908, 909, and 910

OPERATOR INFORMATION

Name of Operator: CRESTONE PEAK RESOURCES OPERATING LLC	Operator No: 10633	Phone Numbers Phone: (720) 2365525 Mobile: ()
Address: 1801 CALIFORNIA STREET #2500		
City: DENVER	State: CO Zip: 80202	
Contact Person: David Tewkesbury	Email: david.tewkesbury@crestonepr.com	

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: 5130

Initial Form 27 Document #: 2607953

PURPOSE INFORMATION

- | | |
|--|--|
| <input type="checkbox"/> 901.e. Sensitive Area Determination | <input checked="" type="checkbox"/> 909.c.(5), Rule 910.b.(4): Remediation of impacted ground water |
| <input type="checkbox"/> 909.c.(1), Rule 905: Pit or PW vessel closure | <input type="checkbox"/> Rule 909.e.(2)A.: Notice completion of remediation in accordance with Rule 909.b. |
| <input type="checkbox"/> 909.c.(2), Rule 906: Spill/Release Remediation | <input type="checkbox"/> Rule 909.e.(2)B.: Closure of remediation project |
| <input type="checkbox"/> 909.c.(3), Rule 907.e.: Land treatment of oily waste | <input type="checkbox"/> Rule 906.c.: Director request |
| <input type="checkbox"/> 909.c.(4), Rule 908.g.: Centralized E&P Waste Management Facility closure | <input type="checkbox"/> Other |

SITE INFORMATION

N Multiple Facilities (in accordance with Rule 909.c.)

Facility Type: WELL	Facility ID:	API #: 123-07455	County Name: WELD
Facility Name: IONE 4	Latitude: 40.171844	Longitude: -104.738473	
** correct Lat/Long if needed: Latitude:		Longitude:	
QtrQtr: NENE	Sec: 2	Twp: 2N	Range: 66W Meridian: 6 Sensitive Area? Yes

SITE CONDITIONS

General soil type - USCS Classifications SC

Most Sensitive Adjacent Land Use PASTURE

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

NONE.

SITE INVESTIGATION PLAN

TYPE OF WASTE:

☒ E&P Waste

☐ Other E&P Waste

☐ Non-E&P Waste

☐ Produced Water

☐ Workover Fluids

☐ Oil

☐ Tank Bottoms

☒ Condensate

☐ Pigging Waste

☐ Drilling Fluids

☐ Rig Wash

☐ Drill Cuttings

☐ Spent Filters

☐ Pit Bottoms

☐ Other (as described by EPA)

DESCRIPTION OF IMPACT

Impacted?	Impacted Media	Extent of Impact	How Determined
Yes	SOILS	40' L X 20' W X 4' D	VISUAL & EXCAVATION

INITIAL ACTION SUMMARY

Description of initial action or emergency response measures take to abate, investigate, and/or remediate impacts associated with E&P Waste.

SEE COGCC FORM 19 PREVIOUSLY SUBMITTED (SPILL #2607952). THIS RELEASE WAS THE RESULT OF VANDALISM AND IS BEING INVESTIGATED BY THE WELD COUNTY SHERIFF'S DEPT.

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):

See Attachments

Proposed Groundwater Sampling

☒ Will groundwater samples be collected as part of this investigation? (Number, analyses, and locations of samples):

See Attachments

Proposed Surface Water Sampling

☒ Will surface water samples be collected as part of this investigation? (Number, analyses, and locations of samples):

See Attachments

Additional Investigative Actions

☒ Additional alternative investigative actions described in attached Site Investigation Plan (summary):

See Attachments

SITE INVESTIGATION REPORT

SAMPLE SUMMARY

Soil

Number of soil samples collected 0
Number of soil samples exceeding 910-1 0
Was the areal and vertical extent of soil contamination delineated?
Approximate areal extent (square feet)

NA / ND

 Highest concentration of TPH (mg/kg)
 Highest concentration of SAR
 BTEX > 910-1
 Vertical Extent > 910-1 (in feet)

Groundwater

Number of groundwater samples collected 15
Was extent of groundwater contaminated delineated? Yes
Depth to groundwater (below ground surface, in feet) 0'
Number of groundwater monitoring wells installed 5
Number of groundwater samples exceeding 910-1 3

-- Highest concentration of Benzene (µg/l) 528
-- Highest concentration of Toluene (µg/l) 0.54
-- Highest concentration of Ethylbenzene (µg/l) 118
-- Highest concentration of Xylene (µg/l) 262
NA Highest concentration of Methane (mg/l)

Surface Water

0 Number of surface water samples collected
0 Number of surface water samples exceeding 910-1
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.

ALL IMPACTED SOILS WILL BE EXCAVATED FROM THE SITE AND REMOVED FOR OFF-SITE DISPOSAL AT A CLASS II LANDFILL FACILITY.

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.

See Attachments

Soil Remediation Summary

☐ In Situ

_____ Bioremediation (or enhanced bioremediation)
_____ Chemical oxidation
_____ Air sparge / Soil vapor extraction
_____ Natural Attenuation
_____ Other _____

☐ Ex Situ

_____ Excavate and offsite disposal
_____ If Yes: Estimated Volume (Cubic Yards) _____
_____ Name of Licensed Disposal Facility or COGCC 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.

NO IMPACT TO GROUNDWATER.

REMEDIATION PROGRESS UPDATE

PERIODIC REPORTING

Frequency: ☐ Quarterly ☐ Semi-Annually ☒ Annually ☐ Other _____

Report Type: ☐ Groundwater Monitoring ☐ Land Treatment Progress Report ☐ O&M Report
☐ Other _____

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 _____

COGCC Disposal Facility ID #, if applicable: _____

Non-COGCC Disposal Facility: _____

Volume of E&P Waste (liquid) in barrels _____

E&P waste (liquid) description _____

COGCC Disposal Facility ID #, if applicable: _____

Non-COGCC Disposal Facility: _____

REMEDIATION COMPLETION REPORT

REMEDIATION COMPLETION SUMMARY

Is this a Final Closure Request for this Remediation Project? No _____

Do all soils meet Table 910-1 standards? _____

Does the previous reply indicate consideration of background concentrations? _____

Are the only residual soil impacts pH, SAR, or EC at depths greater than 3 feet below ground surface? _____

Does Groundwater meet Table 910-1 standards? _____

Is additional groundwater monitoring to be conducted? _____

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.

THIS VANDALISM INITIATED THE RELEASE OF CONDENSATE TO THE INTERIOR OF THE SECONDARY CONTAINMENT OF THE TANK BATTERY WILL REQUIRE EXCAVATION OF ALL IMPACTED SOILS FOR REMOVAL AND OFF-SITE DISPOSAL. CONFIRMATION OF COMPLETE REMOVAL OF IMPACTED SOILS WILL BE ACCOMPLISHED BY THE COLLECTION AND ANALYSIS FOR TPH RESULTING IN TEST RESULTS YIELDING <500 PPM TPH FOR ALL SOIL SAMPLES.

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 approve the seed mix? _____

If NO, does the seed mix comply with local soil conservation district recommendations? _____

IMPLEMENTATION SCHEDULE

PRIOR DATES

Date of Surface Owner notification/consultation, if required. _____

Actual Spill or Release date, if known. _____

SITE INVESTIGATION DATES

Date of Initial Actions described in Site Investigation Plan (start date). _____

Date of commencement of Site Investigation. 07/07/2010

Date of completion of Site Investigation. 07/09/2010

REMEDIAL ACTION DATES

Date of commencement of Remediation. 07/08/2010

Date of completion of Remediation. _____

SITE RECLAMATION DATES

Date of commencement of Reclamation. _____

Date of completion of Reclamation. _____

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: David Tewkesbury

Title: EHS Compliance Tech

Submit Date: _____

Email: david.tewkesbury@crestonepr.com

Based on the information provided herein, this Application for Site Investigation and Remediation Workplan complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____

Date: _____

Remediation Project Number: 5130

COA Type

Description

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Attachment Check 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

401479459	MONITORING REPORT
401479460	MAP
401479461	GROUND WATER SAMPLE LOCATION
401479462	ANALYTICAL RESULTS

Total Attach: 4 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)