

State of Colorado
Oil and Gas Conservation Commission

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Document Number:
401512215

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: CAERUS PICEANCE LLC	Operator No: 10456	Phone Numbers
Address: 1001 17TH STREET #1600		Phone: (970) 285-2739
City: DENVER State: CO Zip: 80202		Mobile: (970) 987-4650
Contact Person: Brett Middleton	Email: bmiddleton@caerusoilandgas.com	

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: 10793 Initial Form 27 Document #: 401479264

PURPOSE INFORMATION

<input type="checkbox"/> 901.e. Sensitive Area Determination	<input 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 checked="" 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: SPILL OR RELEASE	Facility ID: 452867	API #: _____	County Name: GARFIELD
Facility Name: H2-797 Flowline Release	Latitude: 39.475830	Longitude: -108.180000	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: 66	Sec: 2	Twp: 7S	Range: 97W Meridian: 6 Sensitive Area? Yes

SITE CONDITIONS

General soil type - USCS Classifications GW Most Sensitive Adjacent Land Use Non-crop land rangeland

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 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 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
Yes	SOILS	70' by 60' by 5'	Laboratory analytical results

INITIAL ACTION SUMMARY

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

The flowline was isolated and impacted soil was assessed and excavated using field screening methods. Please see attached spill investigation narrative.

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):

Please see attached spill investigation narrative.

Proposed Groundwater Sampling

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

Groundwater is not anticipated and was not identified during remediation activities. Please see attached spill investigation narrative.

Proposed Surface Water Sampling

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

Caerus will assess seep/spring and surface water features during the spring and summer of 2018 to identify any water features within the immediate area of the H2-797 well pad. In the event that surface water is identified, Caerus will collect water samples to be analyzed for COGCC Table 910-1 water analytes.

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 7
Number of soil samples exceeding 910-1 1
Was the areal and vertical extent of soil contamination delineated? No
Approximate areal extent (square feet) 420

NA / ND

-- Highest concentration of TPH (mg/kg) 10600
-- Highest concentration of SAR 35
BTEX > 910-1 Yes
Vertical Extent > 910-1 (in feet) 5

Groundwater

Number of groundwater samples collected 0
Was extent of groundwater contaminated delineated? No
Depth to groundwater (below ground surface, in feet) 50'
Number of groundwater monitoring wells installed 0
Number of groundwater samples exceeding 910-1 0

NA Highest concentration of Benzene (µg/l) _____
NA Highest concentration of Toluene (µg/l) _____
NA Highest concentration of Ethylbenzene (µg/l) _____
NA Highest concentration of Xylene (µg/l) _____
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) 500 Volume of liquid waste (barrels) 0

Is further site investigation required?

Caerus will collect surface water samples from any identified surface water features within the immediate area of the H2-797 well pad during spring and summer of 2018.

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.

Please see attached spill investigation narrative.

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.

Please see attached spill investigation narrative.

Soil Remediation Summary

In Situ

No Bioremediation (or enhanced bioremediation)

No Chemical oxidation

No Air sparge / Soil vapor extraction

Yes Natural Attenuation

No Other _____

Ex Situ

No Excavate and offsite disposal

If Yes: Estimated Volume (Cubic Yards) _____

Name of Licensed Disposal Facility or COGCC Facility ID # _____

Yes Excavate and onsite remediation

No Land Treatment

No Bioremediation (or enhanced bioremediation)

No Chemical oxidation

Yes Other Currently staging awaiting laboratory analytical results

Groundwater Remediation Summary

No Bioremediation (or enhanced bioremediation)

No Chemical oxidation

No Air sparge / Soil vapor extraction

No Natural Attenuation

No 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

Frequency: Quarterly Semi-Annually Annually Other Spoils pile landfarm documentation _____

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? Yes _____

Describe beneficial use, if any, of E&P Waste derived from this remediation project:

The spoils pile from the excavation is currently staged on the well pad location. Soil samples have been collected to identify any exceedances to COGCC Table 910-1 standards, and are attached in this submittal. Caerus plans to landfarm the spoils pile on the existing well pad surface, see attached landfarm write-up and laboratory analytical results for the spoils pile.

Volume of E&P Waste (solid) in cubic yards _____ 500

E&P waste (solid) description NA _____

COGCC Disposal Facility ID #, if applicable: _____

Non-COGCC Disposal Facility: NA _____

Volume of E&P Waste (liquid) in barrels _____ 0

E&P waste (liquid) description NA _____

COGCC Disposal Facility ID #, if applicable: _____

Non-COGCC Disposal Facility: NA _____

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.

The excavation was backfilled to the previous elevation of the active working surface of the well pad for current and future use.

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 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). 10/31/2017

Date of commencement of Site Investigation. 10/31/2017

Date of completion of Site Investigation. 11/09/2017

REMEDIAL ACTION DATES

Date of commencement of Remediation. 11/01/2017

Date of completion of Remediation. _____

SITE RECLAMATION DATES

Date of commencement of Reclamation. _____

Date of completion of Reclamation. _____

OPERATOR COMMENT

This supplemental Form 27 is for Carlos Lujan.

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

Signed: Brett Middleton

Title: EHS Professional

Submit Date: _____

Email: bmiddleton@caerusoilandgas.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: 10793

COA Type

Description

<u>COA Type</u>	<u>Description</u>

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

401512239	REMEDIAL ACTION PLAN
401513085	ANALYTICAL RESULTS
401513090	ANALYTICAL RESULTS
401513091	ANALYTICAL RESULTS

Total Attach: 4 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
--	--	------------------------

Total: 0 comment(s)