

# State of Colorado Oil and Gas Conservation Commission

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Document Number:

401651038

Receive Date:

Report taken by:

## Site Investigation and Remediation Workplan (Initial 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: (303) 774-3969 Mobile: ( )
Address: 1801 CALIFORNIA STREET #2500		
City: DENVER	State: CO Zip: 80202	
Contact Person: John Gardner	Email: john.gardner@crestonepr.com	

### PROJECT, PURPOSE & SITE INFORMATION

#### PROJECT INFORMATION

Remediation Project #: Initial Form 27 Document #: 401651038

#### 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 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 checked="" 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 #: 123-13922	County Name: WELD
Facility Name: FOSTER E UNIT 1		Latitude: 40.074611	Longitude: -105.022440
		** correct Lat/Long if needed: Latitude:	Longitude:
QtrQtr: SESE	Sec: 5	Twp: 1N	Range: 68W Meridian: 6 Sensitive Area? No

#### SITE CONDITIONS

General soil type - USCS Classifications GC Most Sensitive Adjacent Land Use Agriculture

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

# 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 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	To be determined	To be determined

## INITIAL ACTION SUMMARY

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

Well Foster E Unit 1 was frac hit on March 6, 2018. Bradenhead pressure increased from 15 to 234 psi. The pressure was bled down to 11 psi. A Form 6 NOI was submitted on March 22, 2018. Bradenhead pressure was tested on April 4, 2018, 8 psi. On May 14, 2018 bubbling in some rain water was noted near the wellhead. On May 15, 2018 a plug was set in the production casing above the highest perforated zone. On May 21 and 22, 2018 two more plugs were set in the production casing at 2500 ft bgs and 1700 ft bgs.

## 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 ):

During removal of the wellhead excavated soil will be monitored for any indication of staining. Eight soil grab samples will be collected from the base and/or side walls of the excavated area for analysis of GRO, DRO, and BTEX.

### Proposed Groundwater Sampling

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

Groundwater may be encountered while removing the wellhead. If so 2 samples will be collected at initial encounter for analysis of GRO, DRO, BTEX and RSK 175

### 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 ):

# SITE INVESTIGATION REPORT

## SAMPLE SUMMARY

### Soil

Number of soil samples collected \_\_\_\_\_ 0

Number of soil samples exceeding 910-1 \_\_\_\_\_

Was the areal and vertical extent of soil contamination delineated? \_\_\_\_\_

Approximate areal extent (square feet) \_\_\_\_\_ 0

### 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 \_\_\_\_\_ 0

Was extent of groundwater contaminated delineated? No \_\_\_\_\_

Depth to groundwater (below ground surface, in feet) \_\_\_\_\_

Number of groundwater monitoring wells installed \_\_\_\_\_

Number of groundwater samples exceeding 910-1 \_\_\_\_\_

-- \_\_\_\_\_ Highest concentration of Benzene (µg/l) \_\_\_\_\_

\_\_\_\_\_  
Highest concentration of Toluene (µg/l) \_\_\_\_\_

\_\_\_\_\_  
Highest concentration of Ethylbenzene (µg/l) \_\_\_\_\_

\_\_\_\_\_  
Highest concentration of Xylene (µg/l) \_\_\_\_\_

\_\_\_\_\_  
Highest concentration of Methane (mg/l) \_\_\_\_\_

### Surface Water

\_\_\_\_\_ 0 Number of surface water samples collected

\_\_\_\_\_ 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

## SOURCE REMOVAL SUMMARY

Describe how source is to be removed.

Soil around wellhead will be excavated.

## 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.

Soil around wellhead will be excavated.

## 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.

## 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: \_\_\_\_\_

## 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.

To be determined

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). 06/04/2018

Date of commencement of Site Investigation. \_\_\_\_\_

Date of completion of Site Investigation. \_\_\_\_\_

### REMEDIAL ACTION DATES

Date of commencement of Remediation. 07/09/2018

Date of completion of Remediation. \_\_\_\_\_

### SITE RECLAMATION DATES

Date of commencement of Reclamation. 08/13/2018

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: ` John Gardner \_\_\_\_\_

Title: Sr. Env Specialist \_\_\_\_\_

Submit Date: ` \_\_\_\_\_

Email: john.gardner@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: \_\_\_\_\_

**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**

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Total Attach: 0 Files

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

		Stamp Upon Approval
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Total: 0 comment(s)