

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:
401876174

Receive Date:
12/16/2018

Report taken by:
RICK ALLISON

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 INFORMATON

Name of Operator: <u>PROSPECT ENERGY LLC</u>	Operator No: <u>10312</u>	Phone Numbers
Address: <u>1036 COUNTRY CLUB ESTATES DR</u>		Phone: <u>(303) 912-8292</u>
City: <u>CASTLE ROCK</u> State: <u>CO</u> Zip: <u>80108</u>		Mobile: <u>()</u>
Contact Person: <u>Mary Griggs</u>	Email: <u>griggs.mary@comcast.net</u>	

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: 12232 Initial Form 27 Document #: 401876174

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 Facilites (in accordance with Rule 909.c.)

Facility Type: <u>LOCATION</u>	Facility ID: <u>307060</u>	API #: _____	County Name: <u>LARIMER</u>
Facility Name: <u>COMMUNITY (MUDDY UNIT)-68N68W 18SENE</u>		Latitude: <u>40.662760</u>	Longitude: <u>-105.041912</u>
		** correct Lat/Long if needed: Latitude: <u>40.663181</u>	Longitude: <u>-105.038746</u>
QtrQtr: <u>SENE</u>	Sec: <u>18</u>	Twp: <u>8N</u>	Range: <u>68W</u> Meridian: <u>6</u> Sensitive Area? <u>Yes</u>

SITE CONDITIONS

General soil type - USCS Classifications SM Most Sensitive Adjacent Land Use Surface water is approximately 340 feet west.

Is domestic water well within 1/4 mile? No 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
Yes	SOILS	10 ft x 10 ft	Visual

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 operator excavated the impacted soils.

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):

This is a historic leak. The area near the leak will be sampled. Two samples will be collected from a depth of approximately 6 inch to 12 inches. Please see attached diagram for the proposed sampling locations. Samples will be analyzed for TPH-DRO, TPH-GRO, BTEX, pH, EC, and SAR.

Proposed Groundwater Sampling

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

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) _____

NA / ND

NA 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 _____

NA 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.

Source soil was removed by excavation shortly after the release.

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.

Operator is looking for the records of the disposition of the soil.

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.

REMEDATION PROGRESS UPDATE

PERIODIC REPORTING

Frequency: Quarterly Semi-Annually Annually Other One time.

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:

Unknown.

Volume of E&P Waste (solid) in cubic yards _____ 3

E&P waste (solid) description Soil, solid

COGCC Disposal Facility ID #, if applicable: _____ 0

Non-COGCC Disposal Facility: _____

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

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.

No reclamation plan is needed. Spill occurred within the tank berm. Crushed road base was placed on top of the fill soil.

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. 06/10/2013

Actual Spill or Release date, if known. 06/10/2013

SITE INVESTIGATION DATES

Date of Initial Actions described in Site Investigation Plan (start date). 01/07/2019

Date of commencement of Site Investigation. 01/07/2019

Date of completion of Site Investigation. 02/04/2019

REMEDIAL ACTION DATES

Date of commencement of Remediation. _____

Date of completion of Remediation. _____

SITE RECLAMATION DATES

Date of commencement of Reclamation. _____

Date of completion of Reclamation. _____

OPERATOR COMMENT

--

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

Signed: ` Mary Griggs _____

Title: Regulatory Consultant _____

Submit Date: ` 12/16/2018 _____

Email: griggs.mary@comcast.net _____

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: RICK ALLISON _____

Date: 12/21/2018 _____

Remediation Project Number: 12232 _____

COA Type**Description**

	Notify COGCC EPS Rick Allison via email (rick.allison@state.co.us) 48 hours prior to conducting soil sampling.
--	--

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**

401876174	FORM 27-INITIAL-SUBMITTED
401876178	SOIL SAMPLE LOCATION MAP

Total Attach: 2 Files

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

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

Total: 0 comment(s)