

**State of Colorado**  
**Oil and Gas Conservation Commission**

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Document Number:  
401944966  
Receive Date:  
02/20/2019

Report taken by:  
Jim Hughes

**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: <u>KINDER MORGAN CO2 CO LP</u>	Operator No: <u>46685</u>	<b>Phone Numbers</b>
Address: <u>1001 LOUISIANA ST SUITE 1000</u>		Phone: <u>(970) 882-5532</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77002</u>		Mobile: <u>(970) 403-9501</u>
Contact Person: <u>Michael Hannigan</u>	Email: <u>michael_hannigan@kindermorgan.com</u>	

**PROJECT, PURPOSE & SITE INFORMATION**

**PROJECT INFORMATION**

Remediation Project #: \_\_\_\_\_ Initial Form 27 Document #: 401944966

**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: <u>SPILL OR RELEASE</u>	Facility ID: <u>460636</u>	API #: _____	County Name: <u>MONTEZUMA</u>
Facility Name: <u>HE Cluster Produced Water Tank T-501</u>	Latitude: <u>37.505040</u>	Longitude: <u>-108.909330</u>	
	** correct Lat/Long if needed: Latitude: <u>37.505040</u>	Longitude: <u>-108.909320</u>	
QtrQtr: <u>NWSE</u>	Sec: <u>35</u>	Twp: <u>38N</u>	Range: <u>19W</u> Meridian: <u>N</u> Sensitive Area? <u>No</u>

**SITE CONDITIONS**

General soil type - USCS Classifications CL Most Sensitive Adjacent Land Use Pinyon-Juniper forest

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**

None

# 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 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' W x 22' L	Direct measurement

## INITIAL ACTION SUMMARY

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

Upon discovery of leaking valve, water level in tank pumped down and valve replaced.

## 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 ):

One soil sample was collected in the spill area, only total petroleum hydrocarbons (TPH) was detected at a concentration exceeding Table 910-1 screening levels. Four (4) soil samples (grab) will be collected after impacted soil has been removed from the spill area for confirmation. The soil samples will be analyzed for TPH and arsenic. In addition to the samples collected from the spill area, three (3) soil samples will be collected from outside the spill area to determine background arsenic concentrations.

### 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 1

Number of soil samples exceeding 910-1 1

Was the areal and vertical extent of soil contamination delineated? No

Approximate areal extent (square feet) 220

### NA / ND

--            Highest concentration of TPH (mg/kg) 2835.  
           5

--            Highest concentration of SAR 0.28

BTEX > 910-1 No

Vertical Extent > 910-1 (in feet) 3

### Groundwater

Number of groundwater samples collected 0

Was extent of groundwater contaminated delineated? No

Depth to groundwater (below ground surface, in feet) 900'

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)           

Volume of liquid waste (barrels)           

Is further site investigation required?

# REMEDIAL ACTION PLAN

## SOURCE REMOVAL SUMMARY

Describe how source is to be removed.

Soil impacted by produced water will be excavated and transported to an approved disposal 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.

Impacted soil will be excavated and transported to an approved disposal facility and clean fill soil will be imported and placed in the excavation. A synthetic liner (minimum 30 mil thickness) will be installed on top of the soil surface of the secondary containment area to provide a sufficiently impervious barrier to downward movement of produced water spills.

## Soil Remediation Summary

In Situ

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

Ex Situ

Yes \_\_\_\_\_ Excavate and offsite disposal  
If Yes: Estimated Volume (Cubic Yards) \_\_\_\_\_ 40  
Name of Licensed Disposal Facility or COGCC Facility ID # \_\_\_\_\_  
No \_\_\_\_\_ Excavate and onsite remediation  
\_\_\_\_\_ Land Treatment  
\_\_\_\_\_ Bioremediation (or enhanced bioremediation)  
\_\_\_\_\_ Chemical oxidation  
\_\_\_\_\_ Other \_\_\_\_\_

## 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.

Ground water has not been impacted.

# REMEDATION 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.

Spill area is located inside secondary containment which will be re-constructed after remediation is complete.

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?  No \_\_\_\_\_

If NO, does the seed mix comply with local soil conservation district recommendations?  No \_\_\_\_\_

## IMPLEMENTATION SCHEDULE

### PRIOR DATES

Date of Surface Owner notification/consultation, if required. \_\_\_\_\_

Actual Spill or Release date, if known. 01/09/2019

### SITE INVESTIGATION DATES

Date of Initial Actions described in Site Investigation Plan (start date). 01/14/2019

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

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

### 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**

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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: Michael Hannigan \_\_\_\_\_

Title: EHS Supervisor \_\_\_\_\_

Submit Date: 02/20/2019 \_\_\_\_\_

Email: michael\_hannigan@kindermorgan.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**

401944966	FORM 27-INITIAL-SUBMITTED
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Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)