

State of Colorado  
Oil and Gas Conservation Commission

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Document Number:  
402640030

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: WIEPKING-FULLERTON ENERGY LLC	Operator No: 96340	Phone Numbers Phone: (720) 941-0791 Mobile: ( )
Address: 106 GLENMOOR LN		
City: ENGLEWOOD	State: CO Zip: 80113	
Contact Person: Linda Boone	Email: ldboonepar@aol.com	

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: 9514 Initial Form 27 Document #: 2099820

PURPOSE INFORMATION

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

SITE INFORMATION

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

Facility Type: WELL	Facility ID: _____	API #: 073-06389	County Name: LINCOLN
Facility Name: ALOHA MULA 6		Latitude: 39.165950	Longitude: -103.591980
		** correct Lat/Long if needed: Latitude: _____	Longitude: _____
QtrQtr: SWNE	Sec: 19	Twp: 10S	Range: 55W Meridian: 6 Sensitive Area? No

SITE CONDITIONS

General soil type - USCS Classifications SC Most Sensitive Adjacent Land Use 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

Surface water is 5280ft. No water wells within 0.25 mile. Occupied building greater than 3000ft

# 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 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 checked="" type="checkbox"/> Drilling Fluids | <input type="checkbox"/> Rig Wash                    |  |
| <input checked="" 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	VEGETATION	0.46 acres	visual inspection

## INITIAL ACTION SUMMARY

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

Background soil sampling, drill cuttings soil sampling, and point of release boring hole soil sampling was conducted. Please see attached Remediation and Reclamation Workplan for details.

## 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 ):

### 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

\_\_\_\_\_ 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

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.

Drill cuttings will be incorporated into the native soils.

## **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.

Remediation activities have been completed. Semi-annual vegetation monitoring and annual reporting is required until reclamation objectives are complete per Rule 1004.

## **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.

Groundwater was not encountered.

# REMEDIATION PROGRESS UPDATE

## PERIODIC REPORTING

Frequency:  Quarterly  Semi-Annually  Annually  Other \_\_\_\_\_

Report Type:  Groundwater Monitoring  Land Treatment Progress Report  O&M Report

Other Vegetation Monitoring \_\_\_\_\_

## WASTE DISPOSAL INFORMATION

Was E&P waste generated as part of this remediation? No

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? Yes

Does the previous reply indicate consideration of background concentrations? Yes

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? Yes

Is additional groundwater monitoring to be conducted? No

## 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 site was mowed in August 2020. The company did not conduct additional seeding work in 2020 as the site appeared to have met final reclamation requirements in Fall 2019. Due to winter and drought conditions, the site needs more time to fill in. The company will continue to monitor the site and conduct weed control as needed.

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? Yes

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

# 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. 12/23/2015

Date of completion of Site Investigation. 01/05/2016

## **REMEDIAL ACTION DATES**

Date of commencement of Remediation. 03/01/2016

Date of completion of Remediation. 06/01/2016

## **SITE RECLAMATION DATES**

Date of commencement of Reclamation. \_\_\_\_\_

Date of completion of Reclamation. \_\_\_\_\_

## **OPERATOR COMMENT**

The purpose of this report is to provide an update of reclamation status and to request permission to continue with the annual reporting requirement which had been previously approved.

On 3/10/2021, the operator re-seeded approximately 2 acres where the on-site cutting had been integrated.

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

Signed: Linda Boone

Title: Agent

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

Email: ldboonepar@aol.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: 9514

## **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**

402640031	OTHER
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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)