

# State of Colorado Oil and Gas Conservation Commission

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Document Number:

402775785

Receive Date:

08/31/2021

Report taken by:

Jason Kosola

## 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.

Closure request is not available for an Initial Site Investigation and Remediation Workplan.

### OPERATOR INFORMATION

|  |                                  |                      |
|--|----------------------------------|----------------------|
| Name of Operator: THOMAS L SPRING LLC        | Operator No: 81480               | <b>Phone Numbers</b> |
| Address: 7400 E ORCHARD RD STE 106-S         |                                  | Phone: (303) 7711889 |
| City: GREENWOOD VILLAGE State: CO Zip: 80111 |                                  | Mobile: ( )          |
| Contact Person: Kathleen Spring              | Email: kathleenspring3@gmail.com |                      |

### PROJECT, PURPOSE & SITE INFORMATION

#### PROJECT INFORMATION

Remediation Project #: 19844 Initial Form 27 Document #: 402775785

#### PURPOSE INFORMATION

- ☐ Rule 913.c.(1): Pit or Cuttings Trench closure.
- ☐ Rule 913.c.(2): Buried or partially buried vessel closure, which will be by removal.
- ☐ Rule 913.c.(3): Remediation of Spill and Releases pursuant to Rule 912.
- ☐ Rule 913.c.(4): Land treatment of Oily Waste pursuant to Rule 905.e.
- ☐ Rule 913.c.(5): Closure of Centralized E&P Waste Management Facilities pursuant to Rule 907.h.
- ☐ Rule 913.c.(6): Remediation of impacted Groundwater pursuant to Rule 915.e.(3).D, and the contaminant concentrations in Table 915-1.
- ☐ Rule 913.c.(7): Investigation and remediation of natural gas in soil or Groundwater.
- ☐ Rule 913.c.(8): When requested by the Director due to any potential risk to soil, Groundwater, or surface water.
- ☒ Rule 913.c.(9): Decommissioning of Oil and Gas Facilities.
- ☐ Rule 913.g: Changes of Operator.
- ☐ Rule 915.b: Request to leave elevated inorganics in situ.
- ☐ Other: \_\_\_\_\_

#### SITE INFORMATION

Yes Multiple Facilities

|  |                    |                  |   |
|--|--------------------|------------------|---|
| Facility Type: LEASE                           | Facility ID: 13692 | API #: _____     | County Name: KIOWA                        |
| Facility Name: KING 1-13                       | Latitude: _____    | Longitude: _____ |   |
| ** correct Lat/Long if needed: Latitude: _____ |                    | Longitude: _____ |   |
| QtrQtr: NENE                                   | Sec: 13            | Twp: 20S         | Range: 49W Meridian: 6 Sensitive Area? No |

  

|  |                     |                        |   |
|--|---------------------|------------------------|---|
| Facility Type: WELL                            | Facility ID: _____  | API #: 061-06754       | County Name: KIOWA                        |
| Facility Name: KING 1-13                       | Latitude: 38.323250 | Longitude: -102.841950 |   |
| ** correct Lat/Long if needed: Latitude: _____ |                     | Longitude: _____       |   |
| QtrQtr: NENE                                   | Sec: 13             | Twp: 20S               | Range: 49W Meridian: 6 Sensitive Area? No |

|   |         |                     |              |                        |                    |
|---|---------|---------------------|--------------|------------------------|--------------------|
| Facility Type: LOCATION   |         | Facility ID: 324885 | API #: _____ | County Name: KIOWA     |                    |
| Facility Name: KING-620S49W 13NENE                              |         | Latitude: 38.323152 |              | Longitude: -102.841846 |                    |
| ** correct Lat/Long if needed: Latitude: _____ Longitude: _____ |         |                     |              |                        |                    |
| QtrQtr: NENE  | Sec: 13 | Twp: 20S            | Range: 49W   | Meridian: 6            | Sensitive Area? No |

|   |         |                     |              |                        |                    |
|---|---------|---------------------|--------------|------------------------|--------------------|
| Facility Type: OFF-LOCATION FLOWLINE                            |         | Facility ID: 470734 | API #: _____ | County Name: KIOWA     |                    |
| Facility Name: Production Line                                  |         | Latitude: 38.324711 |              | Longitude: -102.839944 |                    |
| ** correct Lat/Long if needed: Latitude: _____ Longitude: _____ |         |                     |              |                        |                    |
| QtrQtr: NENE  | Sec: 13 | Twp: 20S            | Range: 49W   | Meridian: 6            | Sensitive Area? No |

## **SITE CONDITIONS**

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

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 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                     |
|-----------|----------------|------------------|------------------------------------|
| No        | SOILS          | NA               | Test soil if needed                |
| Yes       | VEGETATION     | Ground compacted | Hard ground with no plants growing |

### INITIAL ACTION SUMMARY

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

Thomas L Spring, LLC has set the plug for the King on 7/12/21. We plan on cutting and capping the well on 9/16/21 and following COGCC 319 Abandonment rules. During that time the tank battery will also be removed. The flowline will be abandoned in place in accordance with our approved Form 44. A site investigation, including pictures of the equipment and soil, in addition to visual and olfactory investigation will take place while work on the cut & cap and tank battery removal is preformed. Signs of equipment corrosion or broken equipment will also be looked for and images taken.

### 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 ):

Unless soil is stained and/or visually impacted by a spill. If soil samples are collected, they will be tested by a certified laboratory and follow COGCC Rule 915.2 for collection and analysis.

#### Proposed Groundwater Sampling

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

Unless groundwater is encountered. If so, a sample will be taken and tested per the COGCC Table 915-1, following the 915.3 rules for sampling and analysis.

#### 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 ):

A photolog will be submitted of the location and equipment. The tank battery and site closure checklists will also be included on the Form 27 Subsequent. If soil or groundwater samples are collected, the locations of collections will be indicated on a map of the location.

## SITE INVESTIGATION REPORT

### SAMPLE SUMMARY

#### Soil

Number of soil samples collected 0

Number of soil samples exceeding 915-1           

#### NA / ND

           Highest concentration of TPH (mg/kg)           

           Highest concentration of SAR

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

BTEX > 915-1 \_\_\_\_\_

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

Vertical Extent > 915-1 (in feet) \_\_\_\_\_

#### Groundwater

Number of groundwater samples collected \_\_\_\_\_ 0

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

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

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

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

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

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

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

Number of groundwater samples exceeding 915-1 \_\_\_\_\_

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

#### Surface Water

0 Number of surface water samples collected

Number of surface water samples exceeding 915-1

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.

NA

### REMEDIAL ACTION 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.

There have been no leaks associated with this well and we are working on reclamation.

### Soil Remediation Summary

☐ In Situ

☐ Ex Situ

\_\_\_\_\_ Bioremediation ( or enhanced bioremediation )

\_\_\_\_\_ Excavate and offsite disposal

\_\_\_\_\_ Chemical oxidation

\_\_\_\_\_ If Yes: Estimated Volume (Cubic Yards) \_\_\_\_\_

\_\_\_\_\_ Air sparge / Soil vapor extraction

\_\_\_\_\_ Name of Licensed Disposal Facility or COGCC Facility ID # \_\_\_\_\_

\_\_\_\_\_ Natural Attenuation

\_\_\_\_\_ Excavate and onsite remediation

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ 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**

#### **Approved Reporting Schedule:**

☐ Quarterly

☐ Semi-Annually

☐ Annually

☐ Other

#### ☐ **Request Alternative Reporting Schedule:**

☐ Semi-Annually

☐ Annually

☐ Other

Rule 913.e:

After initial approval of a Form 27, the Operator will provide quarterly update reports in a Supplemental Form 27 to document progress of site investigation and remediation, unless an alternative reporting schedule has been requested by the Operator and approved by the Director. The Director may request a more frequent reporting schedule based on site-specific conditions.

#### **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.

Our reclamation plan will be in accordance with the COGCC 1000-series rules and includes ripping the compacted ground on the location, water tank pad, and along the service road. Once the ground is ripped, we will broadcast seed at a rate of 75 seeds per square foot and then lightly rake the seeds into the turned soil to help set the seeds. The seed mix is from the local soil conservation district.

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 provide the seed mix? No

If YES, does the seed mix comply with local soil conservation district recommendations? \_\_\_\_\_

Did the local soil conservation district provide the seed mix? Yes

## SITE RECLAMATION DATES

Proposed date of commencement of Reclamation. 09/16/2021

Proposed date of completion of Reclamation. 09/23/2021

## IMPLEMENTATION SCHEDULE

Per Rule 913.d.(2): Any change from the approved implementation schedule will be requested at least 14 days in advance, and the Operator may not make the change without the Director's approval.

## PRIOR DATES

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

Actual Spill or Release date, or date of discovery. \_\_\_\_\_

## SITE INVESTIGATION DATES

Date of Initial Actions described in Site Investigation Plan (start date). 09/16/2021

Proposed site investigation commencement. \_\_\_\_\_

Proposed completion of site investigation. \_\_\_\_\_

## REMEDIAL ACTION DATES

Proposed start date of Remediation. 09/16/2021

Proposed date of completion of Remediation. 09/23/2021

Per Rule 913.d.(2): Any change from the approved implementation schedule will be requested at least 14 days in advance, and the Operator may not make the change without the Director's approval.

☐ Change from approved implementation schedule per Rule 913.d.(2).

Basis for change in implementation schedule:

**OPERATOR COMMENT**

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

Signed: Kathleen Spring

Title: Manager

Submit Date: 08/31/2021

Email: kathleenspring3@gmail.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: Jason Kosola

Date: 08/31/2021

Remediation Project Number: 19844

**Condition of Approval****COA Type****Description**

|        |   |
|--------|---|
|        | <p><b>FLOWLINE</b><br/>Operator will field screen all areas disturbed (bell holes, trenches, etc.) during flowline abandonment. Refer to the Rule 911.a.(4) Guidance Document for additional information.</p> <p>Upon discovery of flowline release during removal, the operator must investigate the extent of release and provide a supplemental form 27 with proposed investigation sample sites for COGCC staff approval.</p> |
|        | Per Rule 913.d.(2) Operator shall submit a Supplemental Form 27 with an updated Implementation Schedule at least 14 days in advance of any schedule changes.  |
|        | Approval of this Form 27 does not imply approval of pre-abandonment in place notice required by Rule 1105.d.(2)   |
|        | <p>913.e.(3) Reporting Schedule<br/>In accordance with Rule 913.e.(3), Operator will adopt a quarterly reporting schedule.</p>  |
|        | <p><b>ADDITIONAL DOCUMENTS NEEDED.</b><br/>On the Form 27 Supplemental Report, include Form 44 Flowline Report document number in the Related Forms Tab that contains pressure test results required by Rules 1105.e.(6) and 1105.f.(2)C.</p> <p>Operator shall provide a flowline map with Supplemental Form 27.</p>   |
|        | <p><b>FACILITY CLOSURE SUPPLEMENTAL REPORT TIMING</b><br/>A supplemental Form 27 must be submitted within 90 days of the completion of this environmental investigation</p>   |
| 6 COAs |   |

**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**

|           |                           |
|-----------|---------------------------|
| 402775785 | FORM 27-INITIAL-SUBMITTED |
| 402786727 | MAP                       |

Total Attach: 2 Files

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

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

Total: 0 comment(s)