

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:  
403193062  
Receive Date:  
11/02/2022

Report taken by:  
CHRIS CANFIELD

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: BLUE CHIP OIL INC	Operator No: 8840	<b>Phone Numbers</b>
Address: 155 E BOARDWALK DR STE 400		Phone: (970) 493-6456
City: FORT COLLINS State: CO Zip: 80525		Mobile: (970) 213-4365
Contact Person: TIM HAGER	Email: BLUECHIPOIL@MSN.COM	

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: 26126 Initial Form 27 Document #: 403193062

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

No Multiple Facilities

Facility Type: SPILL OR RELEASE	Facility ID: 245254	API #:	County Name: BROOMFIELD
Facility Name: SHANNON ROBERTS 26-5	Latitude: 40.026360	Longitude: -104.966170	
** correct Lat/Long if needed: Latitude:		Longitude:	
QtrQtr: NWNE	Sec: 26	Twp: 1N	Range: 68W Meridian: 6 Sensitive Area? Yes

SITE CONDITIONS

General soil type - USCS Classifications GC Most Sensitive Adjacent Land Use Agriculture  
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? No

Other Potential Receptors within 1/4 mile

Bull Canal

SITE INVESTIGATION PLAN

TYPE OF WASTE:

- X E&P Waste
Other E&P Waste
Non-E&P Waste
Produced Water
Workover Fluids
Oil
Tank Bottoms
Condensate
Pigging Waste
Drilling Fluids
Rig Wash
Drill Cuttings
Spent Filters
Pit Bottoms
Other (as described by EPA)

DESCRIPTION OF IMPACT

Table with 4 columns: Impacted?, Impacted Media, Extent of Impact, How Determined. Row 1: UNDETERMINED, SOILS, UNDETERMINED, Lab Analysis

INITIAL ACTION SUMMARY

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

AFTER HYDROSTATIC TEST FAILURE, POSSIBLE PRODUCED WATER LEAK WAS CONSIDERED. TANK WAS IMMEDIATELY SHUT-IN. BROOMFIELD COUNTY NOTIFIED. WORKING ON GRADING PERMIT AND ENVIRONMENTAL ASSESSMENT IN ORDER TO OBTAIN A 20 DAY WORK PERMIT FROM BROOMFIELD COUNTY TO REMOVE PBV AND REPLACE WITH NEW ABOVEGROUND WATER TANK.

PROPOSED SAMPLING PLAN

Proposed Soil Sampling

X Will soil samples be collected as part of this investigation? ( Number, type (grab/composite), analyses, and locations of samples ):

Soil samples will be collected from beneath the PBV, from the sidewalls of the excavation to assess for potential contamination. Soil samples will be analyzed by a certified laboratory for TPH (total volatile [C6-C10] and extractable [C10-C36] hydrocarbons), organic compounds in soil per COGCC Table 915-1, and EC, SAR, pH, and boron.

Proposed Groundwater Sampling

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

If groundwater is encountered during the site investigation, a grab groundwater sample will be collected and analyzed for all organic compounds per COGCC Table 915-1.

Proposed Surface Water Sampling

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

Empty text box for surface water sampling details.

Additional Investigative Actions

Additional alternative investigative actions described in attached Site Investigation Plan ( summary ):

Visual inspection of the location and excavation will occur during replacement activities. Field personnel will field screen all disturbed areas using visual and olfactory senses to determine if laboratory confirmation sampling is required. A photolog will be submitted on the subsequent Form 27.

SITE INVESTIGATION REPORT

SAMPLE SUMMARY

**Soil**

Number of soil samples collected 0  
Number of soil samples exceeding 915-1 \_\_\_\_\_  
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 > 915-1 \_\_\_\_\_  
\_\_\_\_\_ Vertical Extent > 915-1 (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 915-1 \_\_\_\_\_

\_\_\_\_\_ 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 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.

No source was generated.

**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.

NA

**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  
\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ 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

### 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 \_\_\_\_\_

## Adequacy of Operator's General Liability Insurance and Financial Assurance

Describe the adequacy of the Operator's general liability insurance and Financial Assurance to fully address the anticipated costs of Remediation, including the estimated remaining cost for this project (below).

If this information has been provided on a Form 27 within the last 12 months, provide the Document Number of that form.

Operator anticipates the remaining cost for this project to be: \$

## 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:   \_\_\_\_\_

# 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.

REPLACING A TANK INSIDE THE TANK BERM AND FIREWALL. NO SEEDING OR CONTOURING WILL BE NECESSARY

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

## SITE RECLAMATION DATES

Proposed date of commencement of Reclamation. \_\_\_\_\_

Proposed date of completion of Reclamation. \_\_\_\_\_

## 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. 10/10/2022

Actual Spill or Release date, or date of discovery. 09/28/2022

### SITE INVESTIGATION DATES

Date of Initial Actions described in Site Investigation Plan (start date). 11/07/2022

Proposed site investigation commencement. 11/07/2022

Proposed completion of site investigation. 11/07/2022

### REMEDIAL ACTION DATES

Proposed start date of Remediation. \_\_\_\_\_

Proposed date of completion of Remediation. \_\_\_\_\_

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**

REPLACING AN OLD TANK WITH NEW TANK

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

Signed: TIM HAGERTitle: PRESIDENTSubmit Date: 11/02/2022Email: BLUECHIPOIL@MSN.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: CHRIS CANFIELDDate: 11/29/2022Remediation Project Number: 26126**COA Type****Description**

0 COA	

**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**

403193062	FORM 27-INITIAL-SUBMITTED
403215925	MAP

Total Attach: 2 Files

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

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

Total: 0 comment(s)