

State of Colorado Oil and Gas Conservation Commission

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Document Number:

401305747

Receive Date:

06/23/2017

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>SCHUTZ* RICHARD E</u>	Operator No: <u>10363</u>	Phone Numbers
Address: <u>PO BOX 66</u>		Phone: <u>(970) 264-4436</u>
City: <u>CHROMO</u>	State: <u>CO</u>	Zip: <u>81128</u>
Contact Person: <u>Richard Schutz</u>	Email: <u>schutzre@yahoo.com</u>	Mobile: <u>()</u>

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: 10228Initial Form 27 Document #: 401305747

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

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

Facility Type: <u>SPILL OR RELEASE</u>	Facility ID: <u>378465</u>	API #: _____	County Name: <u>ARCHULETA</u>
Facility Name: <u>FITZHUGH-N33N1E 33SWSE</u>		Latitude: <u>37.050545</u>	Longitude: <u>-106.845827</u>
		** correct Lat/Long if needed: Latitude: <u>37.050863</u>	Longitude: <u>-106.845144</u>
QtrQtr: <u>SWSE</u>	Sec: <u>33</u>	Twp: <u>33N</u>	Range: <u>1E</u> Meridian: <u>N</u> Sensitive Area? <u>Yes</u>
Facility Type: <u>LOCATION</u>	Facility ID: <u>378540</u>	API #: _____	County Name: <u>ARCHULETA</u>
Facility Name: <u>FITZHUGH-N33N1E 33SESE</u>		Latitude: <u>37.051745</u>	Longitude: <u>-106.844147</u>
		** correct Lat/Long if needed: Latitude: <u>37.051724</u>	Longitude: <u>-106.844276</u>
QtrQtr: <u>SESE</u>	Sec: <u>33</u>	Twp: <u>33N</u>	Range: <u>1E</u> Meridian: <u>N</u> Sensitive Area? <u>Yes</u>
Facility Type: <u>SPILL OR RELEASE</u>	Facility ID: <u>450997</u>	API #: _____	County Name: <u>ARCHULETA</u>
Facility Name: <u>Fitzhugh 15 15</u>		Latitude: <u>37.052863</u>	Longitude: <u>-106.846874</u>
		** correct Lat/Long if needed: Latitude: _____	Longitude: _____
QtrQtr: <u>NWSE</u>	Sec: <u>33</u>	Twp: <u>33N</u>	Range: <u>1E</u> Meridian: <u>N</u> Sensitive Area? <u>Yes</u>

SITE CONDITIONS

General soil type - USCS Classifications CHMost Sensitive Adjacent Land Use AgricultureIs domestic water well within 1/4 mile? NoIs surface water within 1/4 mile? Yes

Is groundwater less than 20 feet below ground surface? No

Other Potential Receptors within 1/4 mile

SITE INVESTIGATION PLAN

TYPE OF WASTE:

- ☒ **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

Impacted?	Impacted Media	Extent of Impact	How Determined
UNDETERMINED	SOILS	slight	by sight

INITIAL ACTION SUMMARY

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

Shut off Fitzhugh 6 pump

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):

At each location after cleanup

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

SOURCE REMOVAL SUMMARY

Describe how source is to be removed.

Excavate and haul waste to appropriate site

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.

Dig to find where flowlines are leaking (from AB wells) and plug flowlines. Cleanup sites, dispose of affected soils properly. Take soil samples.

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) _____ 80
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 _____

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.

reseed areas

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. 06/02/2017

Actual Spill or Release date, if known. _____

SITE INVESTIGATION DATES

Date of Initial Actions described in Site Investigation Plan (start date). 06/02/2017

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

Fitzhugh 7 - Facility # 378540
Fitzhugh 19 - Facility # 378465
Won't know for sure if these were the AB wells til get them dug up and find plate with numbers.

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

Signed: Richard Schutz

Title: Owner

Submit Date: 06/23/2017

Email: schutzre@yahoo.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: Jim Hughes

Date: 06/28/2017

Remediation Project Number: 10228

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**

401305747	FORM 27-INITIAL-SUBMITTED
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Total Attach: 1 Files

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

Environmental	Operator shall submit documentation of volume of waste disposed of and disposal location.	06/28/2017
Environmental	This Site Investigation and Remediation Workplan shall address releases at 37.052849, -106.846879 (Fitzhugh #15), 37.051705, -106.844278 (Fitzhugh #7), and 37.050836, -106.845145 (referred to in this document as Fitzhugh #19), as well as any other impacted areas discovered during the course of this project.	06/28/2017
Environmental	Operator shall comply with Rule 1103 regarding flowline abandonment.	06/28/2017

Total: 3 comment(s)