

State of Colorado Oil and Gas Conservation Commission

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Document Number:

402827014

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.

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

OPERATOR INFORMATION

Name of Operator: OWN RESOURCES OPERATING LLC	Operator No: 10699	Phone Numbers Phone: (970) 332-3585 Mobile: ()
Address: 38 PALMER CREST CT		
City: SPRING	State: TX Zip: 77381	
Contact Person: Pat Dolezal	Email: pat.dolezal@ownresources.com	

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: 17710 Initial Form 27 Document #: 402661028

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: P&A

SITE INFORMATION

Yes Multiple Facilities

Facility Type: LOCATION	Facility ID: 338364	API #:	County Name: YUMA
Facility Name: STATE-61N46W 36NWSE	Latitude: 40.008440	Longitude: -102.461080	
** correct Lat/Long if needed: Latitude:		Longitude:	
QtrQtr: NWSE	Sec: 36	Twp: 1N	Range: 46W Meridian: 6 Sensitive Area? No

Facility Type: LOCATION	Facility ID: 466278	API #:	County Name:
Facility Name:	Latitude:	Longitude:	
** correct Lat/Long if needed: Latitude:		Longitude:	
QtrQtr:	Sec:	Twp:	Range: Meridian: Sensitive Area? No

Facility Type: OFF-LOCATION FLOWLINE	Facility ID: 466283	API #:	County Name: YUMA
Facility Name: Wellhead Line 36-10	Latitude: 40.007864	Longitude: -102.454268	
** correct Lat/Long if needed: Latitude:		Longitude:	
QtrQtr: NWSE	Sec: 36	Twp: 1N	Range: 46W
Meridian: 6		Sensitive Area? No	

SITE CONDITIONS

General soil type - USCS Classifications SM

Most Sensitive Adjacent Land Use non irrigatged pasture

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 type="checkbox"/> E&P Waste	<input type="checkbox"/> Other E&P Waste	<input checked="" type="checkbox"/> Non-E&P Waste
<input type="checkbox"/> Produced Water	<input type="checkbox"/> Workover Fluids	No known E&P Waste _____
<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
UNDETERMINED	SOILS	Unknown before analysis	Unknown before 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.

n/a

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):

Soil samples will be taken around well head, with one background sample. One sample will be taken at off location flowline riser

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 3

Number of soil samples exceeding 915-1 0

Was the areal and vertical extent of soil contamination delineated?

Approximate areal extent (square feet) 0

NA / ND

NA Highest concentration of TPH (mg/kg)

NA Highest concentration of SAR

BTEX > 915-1

Vertical Extent > 915-1 (in feet) 0

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

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.

n/a

REMEDIAL 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.

see attached

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

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: _____

REMEDATION COMPLETION REPORT**REMEDATION COMPLETION SUMMARY**

Is this a Final Closure Request for this Remediation Project? No _____

If YES:

☐

Compliant with Rule 913.h.(1).

☐ Compliant with Rule 913.h.(2).

☐ Compliant with Rule 913.h.(3).

Do all soils meet Table 915-1 standards? _____

Does the previous reply indicate consideration of background concentrations? _____

Does Groundwater meet Table 915-1 standards? _____

Is additional groundwater monitoring to be conducted? _____

Operator shall comply with the COGCC 1000-Series Reclamation Requirements for all impacted and disturbed areas.

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.

see attached

Is the described reclamation complete? _____

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? _____

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

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

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. _____

Actual Spill or Release date, or date of discovery. _____

SITE INVESTIGATION DATES

Date of Initial Actions described in Site Investigation Plan (start date). 05/01/2021

Proposed site investigation commencement. _____

Proposed completion of site investigation. _____

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:

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OPERATOR COMMENT

State 36-10 has not been PA oas of 9/29/2021. No prograss report to submit

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

Signed: Pat Dolezal

Title: Regulatory Specialist

Submit Date:

Email: pat.dolezal@ownresources.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: 17710

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

402923757

MAP

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)