

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

403444633

Receive Date:

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.

Report taken by:

OPERATOR INFORMATION

Name of Operator: EVERGREEN NATURAL RESOURCES LLC	Operator No: 10705	Phone Numbers
Address: 1875 LAWRENCE ST STE 1150		
City: DENVER	State: CO	Zip: 80202
Contact Person: Mackenzie Smith	Email: mackenzie.smith@enrllc.com	
		Phone: (303) 2848820
		Mobile: ()

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: 27385 Initial Form 27 Document #: 403310082

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: 483316	API #: _____	County Name: LAS ANIMAS
Facility Name: PCW 23-4 Gathering Line	Latitude: 37.110690	Longitude: -104.680400	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: NESW	Sec: 4	Twp: 34S	Range: 65W Meridian: 6 Sensitive Area? Yes

SITE CONDITIONS

General soil type - USCS Classifications SC Most Sensitive Adjacent Land Use Non-crop, fee
 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

Lorencito-Rombo-Sarcillo complex, 25 to 65 percent slopes

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
Yes	SOILS	surface	soil sampling

INITIAL ACTION SUMMARY

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

On 11/8/2022 at 1417, a spill was discovered by an Evergreen employee at the PCW 23-4 gathering line in Las Animas, County, Colorado, Facility ID# 427440. Additional employees were notified and the spill was immediately isolated. The spill was caused by a broken gathering line. It is estimated that 2.54 bbls of produced water spilled. The spill originated on the PCW 23-4 well pad, flowed 40 feet west, changed direction, flowed 50 feet downhill southwest off location into the bottom of an arroyo, then ran an additional 338 feet west within the same arroyo coming to a stop approx. 500 feet from state waters. The spill did not come into contact with waters of the state. The spill occurred within high priority habitat. Spill volume and extent were affected by storm water.

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 were collected (grab), and analyzed for Soil Solubility for Reclamation. See attached map for locations of samples collected and spill map.

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):

additional soil sampling to be conducted at locations 1 and 2 due to elevated SAR and pH levels, as shown in initial sample results

SITE INVESTIGATION REPORT

SAMPLE SUMMARY

Soil

Number of soil samples collected 12

Number of soil samples exceeding 915-1 7

Was the areal and vertical extent of soil contamination delineated? Yes

Approximate areal extent (square feet) 956

NA / ND

NA Highest concentration of TPH (mg/kg) _____

-- Highest concentration of SAR 27

BTEX > 915-1 No

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?

One native sample was collected

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?

Continued soil sampling at location 2 is expected until SAR and pH levels meet Table 915-1 standards

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.

Natural attenuation

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.

Natural attenuation

Soil Remediation Summary

In Situ

Ex Situ

No Bioremediation (or enhanced bioremediation)

_____ Excavate and offsite disposal

No Chemical oxidation
 No Air sparge / Soil vapor extraction
 Yes Natural Attenuation
 No Other _____

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

No Bioremediation (or enhanced bioremediation)
 No Chemical oxidation
 No Air sparge / Soil vapor extraction
 No Natural Attenuation
 No 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 does not have site-specific financial assurance for this project, however Operator has inactive well, blanket and surface bonding, as well as commercial general liability and/or umbrella/excess insurance meeting the requirements of 705.b. Operator does not anticipate making an insurance claim for this report. Assessment activities as outlined herein are proposed. Costs included herein are estimates only and they may change over time base on numerous factors. Accordingly, Operator makes no guarantee as to the accuracy of such cost estimates, thus providing that estimate for the next year below.

Operator anticipates the remaining cost for this project to be: \$ 1000 _____

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 _____

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.

After investigation, it was determined that the spill was caused by an underground vertical steel riser that was corroded due to improper corrosion protection. The line was excavated and replaced with a new line and properly coated/lined with corrosion protective tape. All excavation completed on well location. No excavation necessary off location. Standard reclamation to be completed to return excavated area to wellsite.

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. 11/09/2022

Actual Spill or Release date, or date of discovery. 11/08/2022

SITE INVESTIGATION DATES

Date of Initial Actions described in Site Investigation Plan (start date). 11/08/2022

Proposed site investigation commencement. 11/09/2022

Proposed completion of site investigation. 12/01/2022

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

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

Signed: Mackenzie Smith _____

Title: Production Engineer _____

Submit Date: _____

Email: mackenzie.smith@enrllc.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: 27385

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**

403444636	ANALYTICAL RESULTS
403444637	ANALYTICAL RESULTS

Total Attach: 2 Files

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

		Stamp Upon Approval
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Total: 0 comment(s)