

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:

401437116

Receive Date:

11/07/2017

Report taken by:

Jim Hughes

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.

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>	Mobile: <u>()</u>
Contact Person: <u>Richard Schutz</u>	Email: <u>schutzre@yahoo.com</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>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>No</u>
Facility Type: <u>LOCATION</u>	Facility ID: <u>378556</u>	API #: _____	County Name: <u>ARCHULETA</u>
Facility Name: <u>FITZHUGH-N33N1E 33NWNE</u>		Latitude: <u>37.060316</u>	Longitude: <u>-106.847074</u>
		** correct Lat/Long if needed: Latitude: <u>37.050863</u>	Longitude: <u>-106.845144</u>
QtrQtr: <u>NWNE</u>	Sec: <u>33</u>	Twp: <u>33N</u>	Range: <u>1E</u> Meridian: <u>N</u> Sensitive Area? <u>No</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: <u>37.052892</u>	Longitude: <u>-106.846868</u>
QtrQtr: <u>NWSE</u>	Sec: <u>33</u>	Twp: <u>33N</u>	Range: <u>1E</u> Meridian: <u>N</u> Sensitive Area? <u>No</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?

There are on going efforts to excavate all sites to determine the impact at each site. Well #7 has been excavated at least 5' to 6' deep and approx. 20' in diameter and are still excavating to get to unimpacted soil. Some areas in the pit are still showing oil in soil, while other areas are getting out of the oil. Well #7 is actively being excavated while Well #11 and Well #15 have only been excavated to plug flowlines and find problem areas. All other open holes where flowlines were plugged are backfilled. in

REMEDIAL ACTION PLAN

Does this Supplemental Form 27A include changes to a previously approved Remedial Action Plan? Yes _____

SOURCE REMOVAL SUMMARY

Describe how source is to be removed.

Excavate and haul waste to appropriate site for farming soil.

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.

Excavate impacted material in Well #7, Well #11 and Well #15, land farm it, then return it to the excavated areas once it is compliant with Table 910-1.

Soil Remediation Summary

☐ In Situ

_____ Bioremediation (or enhanced bioremediation)

_____ Chemical oxidation

_____ Air sparge / Soil vapor extraction

_____ Natural Attenuation

_____ Other _____

☒ Ex Situ

_____ No _____ Excavate and offsite disposal

_____ If Yes: Estimated Volume (Cubic Yards) _____

_____ Name of Licensed Disposal Facility or COGCC Facility ID # _____

_____ Yes _____ Excavate and onsite remediation

_____ No _____ Land Treatment

_____ No _____ Bioremediation (or enhanced bioremediation)

_____ No _____ Chemical oxidation

_____ Yes _____ Other _____ Land Farming _____

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

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: _____

REMEDIATION COMPLETION REPORT

REMEDIATION COMPLETION SUMMARY

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

Do all soils meet Table 910-1 standards? No _____

Does the previous reply indicate consideration of background concentrations? _____

Are the only residual soil impacts pH, SAR, or EC at depths greater than 3 feet below ground surface? No _____

Does Groundwater meet Table 910-1 standards? _____

Is additional groundwater monitoring to be conducted? _____

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.

All excavated material will be land farmed and land farmed material will be returned to excavated areas upon complying with Table 910-1 standards.

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. 06/21/2017

Date of completion of Remediation. _____

SITE RECLAMATION DATES

Date of commencement of Reclamation. _____

Date of completion of Reclamation. _____

OPERATOR COMMENT

Fitzhugh 7 Facility ID 378540
Fitzhugh 11 Facility ID 378556
Fitzhugh 15 Facility ID 450997
Above are the actual wells that had flowlines that were leaking and were capped

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: 11/07/2017

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: 11/28/2017

Remediation Project Number: 10228

COA Type

Description

--	--

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

401437116	INVESTIGATION/REMEDATION WORKPLAN (SUPPLEMENTAL)
401469167	FORM 27-SUPPLEMENTAL-SUBMITTED

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)