

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax 894-2109



FOR OGCC USE ONLY

SITE INVESTIGATION AND REMEDIATION WORKPLAN

This form shall be submitted to the Director for approval prior to the initiation of site investigation and remediation activities. Form 27 is intended to be used whenever possible. Additional documentation will be required when large volumes of soil and groundwater have been impacted or involve large facilities with multiple source areas. See Rule 910. Attach as many pages as needed to fully describe the proposed work.

CAUSE OF CONDITION BEING INVESTIGATED AND REMEDIATED

☒ Spill or Release ☐ Plug & Abandon ☐ Central Facility Closure ☐ Site/Facility Closure ☐ Other (describe): _____

OGCC Employee:

☐ Spill ☐ Complaint
☐ Inspection ☐ NOAV

Tracking No:

GENERAL INFORMATION

OGCC Operator Number: 10120		Contact Name and Telephone	
Name of Operator: Noble Energy Inc.		Marty Faraguna	
Address: 804 Grand Avenue		No: 970-785-5000	
City: Platteville State: CO Zip: 80651		Fax: 970-785-5099	
API/Facility No: 05-123-29795		County: Weld	
Facility Name: LDS F1-27.28		Facility Number: _____	
Well Name: _____		Well Number: _____	
Location (QtrQtr, Sec, Twp, Rng, Meridian): SE/SE. Sec.36 .T6N. R65W		Latitude: _____ Longitude: _____	

TECHNICAL CONDITIONS

Type of Waste Causing Impact (crude oil, condensate, produced water, etc.): condensate

Site Conditions: Is location within a sensitive area (according to Rule 901e)? ☒ Y ☐ N If yes, attach evaluation.

Adjacent land use (cultivated, irrigated, dry land farming, industrial, residential, etc.): crops

Soil type, if not previously identified on Form 2A or Federal Surface Use Plan: Olney fine sandy loam

Potential receptors (water wells within 1/4 mi, surface waters, etc.): 210' - water well

Description of Impact (if previously provided, refer to that form or document):

Impacted Media (check):	Extent of Impact:	How Determined:
<input checked="" type="checkbox"/> Soils	approx. 25' x 30' x .5'	Visual staining of release was evident.
<input type="checkbox"/> Vegetation		
<input type="checkbox"/> Groundwater		
<input type="checkbox"/> Surface water		

REMEDIALATION WORKPLAN

Describe initial action taken (if previously provided, refer to that form or document):
see form 19

Describe how source is to be removed: Impacted soil was excavated and hauled to the Noble Energy landfarm.

Describe how remediation of existing impacts is to be accomplished, including removal and disposal at an injection well or licensed facility, land treatment on site, removal of impacted groundwater, insitu bioremediation, burning of oily vegetation, etc.:
Impacted soil was excavated and hauled to the Noble Energy landfarm.



REMEDIATION WORKPLAN (CONT.)

OGCC Employee: _____

Tracking Number: _____
Name of Operator: Noble Energy Inc.
OGCC Operator No: 10120
Received Date: _____
Well Name & No: _____
Facility Name & No.: LDS F1-27.28

If groundwater has been impacted, describe proposed monitoring plan (# of wells or sample points, sampling schedule, analytical methods, etc.):

N/A

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. Use additional sheet for description if required.

Excavated soil was hauled off and previously existing grade was re-established.

Attach samples and analytical results taken to verify remediation of impacts. Show locations of samples on an onsite schematic or drawing.

Is further site investigation required? ☐ Y ☒ N If yes, describe:

N/A

Final disposition of E&P waste (landtreated and disposed onsite, name of licensed disposal facility, recycling, reuse, etc.):

All excavated soil was disposed of at the Noble Energy landfarm.

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: 2/1/2010 Date Site Investigation Completed: _____ Remediation Plan Submitted: 2/9/2010
Remediation Start Date: 2/1/2010 Anticipated Completion Date: _____ Actual Completion Date: 2/1/2010

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

Print Name: Marty Faraguna

Signed: Marty Faraguna Title: Environmental Specialist Date: February 9, 2010

OGCC Approved: _____ Title: _____ Date: _____