

State of Colorado
Oil and Gas Conservation Commission

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Document Number:
401738198

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.

Refer to Rules 340, 905, 906, 907, 908, 909, and 910

OPERATOR INFORMATION

Name of Operator: NOBLE ENERGY INC	Operator No: 100322	Phone Numbers
Address: 1001 NOBLE ENERGY WAY		Phone: (970) 3045329
City: HOUSTON State: TX Zip: 77070		Mobile: ()
Contact Person: Jacob Evans	Email: jacob.evans@nblenergy.com	

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION
Remediation Project #: 7871 Initial Form 27 Document #: 2145475

PURPOSE INFORMATION

<input type="checkbox"/> 901.e. Sensitive Area Determination	<input checked="" 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 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 N Multiple Facilities (in accordance with Rule 909.c.)

Facility Type: LOCATION	Facility ID: 323601	API #: _____	County Name: WELD
Facility Name: LIBSACK R G-64N65W 27SWSE	Latitude: 40.278170	Longitude: -104.647040	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: SWSE	Sec: 27	Twp: 4N	Range: 65W Meridian: 6 Sensitive Area? Yes

SITE CONDITIONS

General soil type - USCS Classifications SW Most Sensitive Adjacent Land Use CULTIVATED

Is domestic water well within 1/4 mile? Yes Is surface water within 1/4 mile? Yes

Is groundwater less than 20 feet below ground surface? Yes

Other Potential Receptors within 1/4 mile

MARSHY AREA AND IRRIGATION DITCH 355' EAST OF LOCATION.

SITE INVESTIGATION PLAN

TYPE OF WASTE:

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> E&P Waste | <input type="checkbox"/> Other E&P Waste | <input type="checkbox"/> Non-E&P Waste |
| <input checked="" type="checkbox"/> Produced Water | <input type="checkbox"/> Workover Fluids | _____ |
| <input checked="" 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
	GROUNDWATER	40' X 20'	MONITORING WELLS
	SOILS	~95' X 60'	EXCAVATION

INITIAL ACTION SUMMARY

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

SEE FORM 19.

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 during excavation and site investigation activities. Impacted soil has been removed via excavation through lab confirmation soil sampling and analysis of TPH-DRO, TPH-GRO, BTEX, and Naphthalene using EPA Methods 8015 and 8260.

Proposed Groundwater Sampling

Will groundwater samples be collected as part of this investigation? (Number, analyses, and locations of samples):

A total of 30 groundwater monitoring wells were installed and sampled in 2013. All samples were collected and analyzed for BTEX by EPA Method 8260. Currently MW6, 7, 13, 14, 16, 17, 18, 22, 23, 25, 25, 26, and 28 are in the monitoring program.

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 21
Number of soil samples exceeding 910-1 0
Was the areal and vertical extent of soil contamination delineated? Yes
Approximate areal extent (square feet) 5700

NA / ND

ND Highest concentration of TPH (mg/kg) _____
NA Highest concentration of SAR _____
BTEX > 910-1 No
Vertical Extent > 910-1 (in feet) 4

Groundwater

Number of groundwater samples collected 30
Was extent of groundwater contaminated delineated? Yes
Depth to groundwater (below ground surface, in feet) 4'
Number of groundwater monitoring wells installed 30
Number of groundwater samples exceeding 910-1 9

-- Highest concentration of Benzene (µg/l) 4523
-- Highest concentration of Toluene (µg/l) 27.8
-- Highest concentration of Ethylbenzene (µg/l) 473
-- Highest concentration of Xylene (µg/l) 10322
NA Highest concentration of Methane (mg/l) _____

Surface Water

0 Number of surface water samples collected
0 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

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.

EXCAVATION WAS COMPLETED BETWEEN MAY 21 AND JUNE 4, 2013. PID USED FOR FIELD SCREENING OF SIDE WALL SAMPLES WITH CONFIRMATION ANALYSES COMPLETED BY EANALYTICAL LABORATORY OF LOVELAND, CO. ~1,860 YARDS OF IMPACTED SOIL WERE REMOVED.

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.

A combination of calcium peroxide and granulated activated carbon was injected into the subsurface in a grid pattern at various depths to help mitigate dissolved BTEX impacts. Post injection, quarterly groundwater monitoring has been scheduled to monitor natural attenuation and ensure the dissolved groundwater impacts are stable and decreasing.

Soil Remediation Summary

In Situ

No Bioremediation (or enhanced bioremediation)

Yes Chemical oxidation

No Air sparge / Soil vapor extraction

Yes Natural Attenuation

No Other _____

Ex Situ

Yes Excavate and offsite disposal

If Yes: Estimated Volume (Cubic Yards) 1860

Name of Licensed Disposal Facility or COGCC Facility ID # _____

No Excavate and onsite remediation

Land Treatment

Bioremediation (or enhanced bioremediation)

Chemical oxidation

Other _____

Groundwater Remediation Summary

No Bioremediation (or enhanced bioremediation)

Yes Chemical oxidation

No Air sparge / Soil vapor extraction

Yes 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.

MW6, 7, 13, 14, 16, 17, 18, 22, 23, 24, 25, 26, and 28 will be monitored on a quarterly basis and analyzed for BTEX by a certified lab using EPA Method 8260 until four consecutive quarters of compliance with COGCC Table 910-1 standards occurs.

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? Yes

Describe beneficial use, if any, of E&P Waste derived from this remediation project:

No beneficial reuse

Volume of E&P Waste (solid) in cubic yards 1860

E&P waste (solid) description Impacted soil above COGCC Table 910-1 Standards

COGCC Disposal Facility ID #, if applicable: _____

Non-COGCC Disposal Facility: Buffalo Ridge Landfill

Volume of E&P Waste (liquid) in barrels 0

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? Yes

Does the previous reply indicate consideration of background concentrations? No

Are the only residual soil impacts pH, SAR, or EC at depths greater than 3 feet below ground surface? _____

Does Groundwater meet Table 910-1 standards? No

Is additional groundwater monitoring to be conducted? Yes

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.

THE IMPACTED SOILS WERE TRANSPORTED OFFSITE AND THE EXCAVATION WAS BACKFILLED AND CONTOURED TO MATCH THE EXISTING GRADE. THE FACILITY WILL BE RETURNED TO PRODUCTION FOLLOWING RECONSTRUCTION.

Is the described reclamation complete? Yes

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? _____

If NO, does the seed mix comply with local soil conservation district recommendations? _____

IMPLEMENTATION SCHEDULE

PRIOR DATES

Date of Surface Owner notification/consultation, if required. _____

Actual Spill or Release date, if known. 05/13/2013

SITE INVESTIGATION DATES

Date of Initial Actions described in Site Investigation Plan (start date). 05/13/2013

Date of commencement of Site Investigation. 05/21/2013

Date of completion of Site Investigation. 06/04/2013

REMEDIAL ACTION DATES

Date of commencement of Remediation. 05/21/2013

Date of completion of Remediation. 06/04/2013

SITE RECLAMATION DATES

Date of commencement of Reclamation. 06/05/2013

Date of completion of Reclamation. 06/05/2013

OPERATOR COMMENT

Libsack RG27-15

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

Signed: Jacob Evans

Title: Environmental Coordinator

Submit Date: _____

Email: jacob.evans@nblenergy.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: 7871

COA Type

Description

<u>COA Type</u>	<u>Description</u>

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

<u>Att Doc Num</u>	<u>Name</u>
401738214	MONITORING REPORT

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)