

# State of Colorado Oil and Gas Conservation Commission

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Report taken by:

BOB CHESSON

## 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	<b>Phone Numbers</b> Phone: (970) 3045329 Mobile: ( )
Address: 1001 NOBLE ENERGY WAY		
City: HOUSTON	State: TX Zip: 77070	
Contact Person: Jacob Evans	Email: jacob.evans@nblenergy.com	

### PROJECT, PURPOSE & SITE INFORMATION

#### PROJECT INFORMATION

Remediation Project #: 9629

Initial Form 27 Document #: 200439406

#### 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: SPILL OR RELEASE	Facility ID: 444261	API #: _____	County Name: WELD
Facility Name: SPILL/RELEASE POINT		Latitude: 40.303420	Longitude: -104.533883
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: SWNE	Sec: 22	Twp: 4N	Range: 64W Meridian: 6 Sensitive Area? Yes

#### SITE CONDITIONS

General soil type - USCS Classifications OH

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

Agricultural land adjacent to release

## 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	GROUNDWATER	60 ft X 60 ft	lab analytical results
Yes	SOILS	30 ft x 40 ft x 7 ft BGS	lab analytical results

### INITIAL ACTION SUMMARY

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

All production equipment was shut in and initial assessment activities were completed to determine extent of impacts.

Refer to Form 19 DocNum: 400950963 and 400952930 for Spill #444261

### 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 ):

Sixteen (16) grab soil samples were collected during site investigation activities and analyzed for TPH-DRO, TPH-GRO, BTEX, and Naphthalene.

#### Proposed Groundwater Sampling

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

Sixteen (16) groundwater monitoring wells were installed during site investigation activities. Samples were collected and analyzed for BTEX.

#### 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 16

Number of soil samples exceeding 910-1 2

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

Approximate areal extent (square feet) 3600

### NA / ND

-- Highest concentration of TPH (mg/kg) 79.5

NA Highest concentration of SAR

BTEX > 910-1 Yes

Vertical Extent > 910-1 (in feet) 8

### Groundwater

Number of groundwater samples collected 16

Was extent of groundwater contaminated delineated? Yes

Depth to groundwater (below ground surface, in feet) 5'

Number of groundwater monitoring wells installed 16

Number of groundwater samples exceeding 910-1 7

-- Highest concentration of Benzene (µg/l) 6120

-- Highest concentration of Toluene (µg/l) 6.2

-- Highest concentration of Ethylbenzene (µg/l) 613

-- Highest concentration of Xylene (µg/l) 6550

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.

Impacted soil and groundwater will be treated in-situ utilizing air sparge/soil vapor extraction (AS/SVE) technology.

### **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.

16 soil borings/groundwater monitoring wells were installed to delineate impacts to soil and groundwater in exceedance of Table 910-1 standards. A soil vapor extraction and air sparge system has been installed and is currently running at the location.

### **Soil Remediation Summary**

☒ **In Situ**

No \_\_\_\_\_ Bioremediation ( or enhanced bioremediation )

No \_\_\_\_\_ Chemical oxidation

Yes \_\_\_\_\_ Air sparge / Soil vapor extraction

Yes \_\_\_\_\_ Natural Attenuation

No \_\_\_\_\_ 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

No \_\_\_\_\_ Land Treatment

No \_\_\_\_\_ Bioremediation (or enhanced bioremediation)

No \_\_\_\_\_ Chemical oxidation

No \_\_\_\_\_ Other \_\_\_\_\_

### **Groundwater Remediation Summary**

No \_\_\_\_\_ Bioremediation ( or enhanced bioremediation )

No \_\_\_\_\_ Chemical oxidation

Yes \_\_\_\_\_ 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.

Sixteen (16) groundwater monitoring wells were installed to delineate dissolved phase BTEX in groundwater. Groundwater will be analyzed for BTEX following EPA Method 8260c and will be sampled on a quarterly basis.

## 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? 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

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? 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 environmental footprint will be assessed post remediation to determine if reseeding is necessary.

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? \_\_\_\_\_

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. 12/09/2015 \_\_\_\_\_

### SITE INVESTIGATION DATES

Date of Initial Actions described in Site Investigation Plan (start date). \_\_\_\_\_

Date of commencement of Site Investigation. 12/04/2015 \_\_\_\_\_

Date of completion of Site Investigation. \_\_\_\_\_

### REMEDIAL ACTION DATES

Date of commencement of Remediation. 06/06/2016 \_\_\_\_\_

Date of completion of Remediation. \_\_\_\_\_

### SITE RECLAMATION DATES

Date of commencement of Reclamation. \_\_\_\_\_

Date of completion of Reclamation. \_\_\_\_\_

### OPERATOR COMMENT

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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: 11/12/2018 \_\_\_\_\_

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: BOB CHESSON \_\_\_\_\_

Date: 11/13/2018 \_\_\_\_\_

Remediation Project Number: 9629 \_\_\_\_\_

### 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

401836311	FORM 27-SUPPLEMENTAL-SUBMITTED
401836320	MONITORING REPORT

Total Attach: 2 Files

### General Comments

#### User Group

#### Comment

#### Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)