

State of Colorado
Oil and Gas Conservation Commission

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401836906
Receive Date:
11/13/2018

Report taken by:
RICK ALLISON

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 INFORMATON

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 #: 9326 Initial Form 27 Document #: 2315765

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 type="checkbox"/> 909.c.(2), Rule 906: Spill/Release Remediation	<input checked="" 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 Facilites (in accordance with Rule 909.c.)

Facility Type: SPILL OR RELEASE	Facility ID: 441768	API #: _____	County Name: WELD
Facility Name: Foss #6-42, 43,	Latitude: 40.514420	Longitude: -104.476176	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: NWSE	Sec: 6	Twp: 6N	Range: 63W Meridian: 6 Sensitive Area? Yes

SITE CONDITIONS

General soil type - USCS Classifications SC Most Sensitive Adjacent Land Use NOT PROVIDED

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? Yes

Other Potential Receptors within 1/4 mile

no water wells within 1/4 mile

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 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
Yes	GROUNDWATER	1 water samp coll>COGCC Tbl 9101 st	Lab analyticals-Soil Borings
Yes	SOILS	21 by 21 feet	Lab confirmation 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.

All production equipment was shut in and removed. The production tanks and water vaults will be replaced. Refer to Doc # 400836521

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):

Grab soil samples were collected in the initial site assessment and subsequent excavation. All soil samples were below COGCC levels for BTEX, TPH-DRO, TPH-GRO, and Naphthalene.

Proposed Groundwater Sampling

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

Groundwater was sampled during the initial site assessment and on the floor of the subsequent excavation. Groundwater was analyzed for BTEX. Groundwater impacts are above COGCC Table 910-1 standards. A site assessment will be scheduled to delineate groundwater impacts.

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):

A groundwater site assessment will be conducted to determine the extent of impacts.

SITE INVESTIGATION REPORT

SAMPLE SUMMARY

Soil

Number of soil samples collected 8
Number of soil samples exceeding 910-1 0
Was the areal and vertical extent of soil contamination delineated? Yes
Approximate areal extent (square feet) 900

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 5
Was extent of groundwater contaminated delineated? No
Depth to groundwater (below ground surface, in feet) 2'
Number of groundwater monitoring wells installed 0
Number of groundwater samples exceeding 910-1 0

-- Highest concentration of Benzene (µg/l) 82.4
-- Highest concentration of Toluene (µg/l) 44.3
-- Highest concentration of Ethylbenzene (µg/l) 7.49
-- Highest concentration of Xylene (µg/l) 23
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?

Dissolved BTEX impacts will be defined with soil boring advancement/permanent monitoring well installation at the site.

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.

The source areas was excavated and laboratory confirmation sampling occurred.

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.

Four groundwater monitoring wells were installed and will be sampled to monitor natural attenuation. All samples will be analyzed for BTEX by a certified environmental laboratory.

Soil Remediation Summary

In Situ

Ex Situ

_____ Bioremediation (or enhanced bioremediation)

Yes _____ Excavate and offsite disposal

_____ Chemical oxidation

If Yes: Estimated Volume (Cubic Yards) _____ 60

_____ Air sparge / Soil vapor extraction

Name of Licensed Disposal Facility or COGCC Facility ID # _____

_____ Natural Attenuation

_____ Excavate and onsite remediation

_____ Other _____

_____ 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.

Four consecutive quarters of COGCC compliant groundwater has been achieved. No further action is required at this time.

REMEDIATION PROGRESS UPDATE

PERIODIC REPORTING

Frequency: Quarterly Semi-Annually Annually Other _____
Report Type: Groundwater Monitoring Land Treatment Progress Report O&M Report
 Other NFAR Request _____

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 _____ 60

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

COGCC Disposal Facility ID #, if applicable: _____

Non-COGCC Disposal Facility: Ault/North Weld Landfill _____

Volume of E&P Waste (liquid) in barrels _____ 15

E&P waste (liquid) description Impacted Groundwater in Excavation _____

COGCC Disposal Facility ID #, if applicable: _____

Non-COGCC Disposal Facility: Republic Landfill _____

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? Yes _____

Is additional groundwater monitoring to be conducted? No _____

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 tank battery will be rebuilt. No reclamation is required at this time.

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 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. _____

SITE INVESTIGATION DATES

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

Date of commencement of Site Investigation. 06/02/2015

Date of completion of Site Investigation. 06/09/2015

REMEDIAL ACTION DATES

Date of commencement of Remediation. 06/09/2015

Date of completion of Remediation. 10/04/2018

SITE RECLAMATION DATES

Date of commencement of Reclamation. 10/04/2018

Date of completion of Reclamation. 10/04/2018

OPERATOR COMMENT

Foss 6-45 NFAR

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: 11/13/2018

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: RICK ALLISON

Date: 11/20/2018

Remediation Project Number: 9326

COA Type

Description

	COGCC removed the Remediation Closure Request. The Operator did not perform a consistent quarterly monitoring program. At least one additional quarter of groundwater monitoring is required - in either December 2018 or January 2019.
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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

401836906	FORM 27-SUPPLEMENTAL-SUBMITTED
401836908	MONITORING REPORT

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)