

State of Colorado  
Oil and Gas Conservation Commission

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Document Number:  
401856099

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 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 #: 10028 Initial Form 27 Document #: 401191969

**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: 447960	API #: _____	County Name: WELD
Facility Name: Wiedeman PM J28-2, 7	Latitude: 40.373850	Longitude: -104.782060	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: NESW	Sec: 28	Twp: 5N	Range: 66W Meridian: 6 Sensitive Area? Yes

**SITE CONDITIONS**

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

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**

Residences

# 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	40' 60'	Site Assessment/Lab Results
Yes	SOILS	15' X 15' X 14' bgs	Excavation Extent

## INITIAL ACTION SUMMARY

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

The produced water vault was removed and a limited excavation to remove impacted soil above COGCC Table 910-1 standards was initiated. A site assessment to evaluate impacts to soil and groundwater was conducted.

## 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 ):

7 grab soil samples were collected during site investigation activities. The soil samples were analyzed for TPH-DRO/GRO, BTEX, and Naphthalene using EPA Methods 8015 and 8260B

### Proposed Groundwater Sampling

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

7 groundwater samples were collected and analyzed for BTEX using EPA Method 8260B. Further groundwater investigation is required to ensure point of compliance is achieved.

### 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 ):

Further remediation is warranted to ensure source impacts are investigated and removed. A remediation analysis is underway to evaluate source removal and remediation of dissolved phase constituents.

# SITE INVESTIGATION REPORT

## SAMPLE SUMMARY

### Soil

Number of soil samples collected 7  
Number of soil samples exceeding 910-1 0  
Was the areal and vertical extent of soil contamination delineated? Yes  
Approximate areal extent (square feet) 225

### NA / ND

ND Highest concentration of TPH (mg/kg) \_\_\_\_\_  
NA Highest concentration of SAR \_\_\_\_\_  
BTEX > 910-1 No  
Vertical Extent > 910-1 (in feet) 14

### Groundwater

Number of groundwater samples collected 7  
Was extent of groundwater contaminated delineated? No  
Depth to groundwater (below ground surface, in feet) 12'  
Number of groundwater monitoring wells installed 7  
Number of groundwater samples exceeding 910-1 2

-- Highest concentration of Benzene (µg/l) 20000  
-- Highest concentration of Toluene (µg/l) 32000  
-- Highest concentration of Ethylbenzene (µg/l) 1400  
-- Highest concentration of Xylene (µg/l) 19000  
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?

Source impacts will need to be addressed through excavation or further site investigation. Additional monitoring wells will be installed to delineate dissolved impacts above COGCC Table 910-1 standards for BTEX.

# 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.

An excavation was conducted to remove impacted soil above COGCC Table 910-1 standards in September 2017.

## 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.

Groundwater will be monitored on a quarterly basis for BTEX. A solar powered soil vapor extraction unit was installed on April 27, 2018 to aid in LNAPL abatement.

## 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**

Yes \_\_\_\_\_ Excavate and offsite disposal

If Yes: Estimated Volume (Cubic Yards) \_\_\_\_\_ 280

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 )

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.

7 groundwater monitoring wells have been installed and will be sampled on a quarterly basis for BTEX using EPA Method 8260B. Additional monitoring wells will be installed to ensure point of compliance.

# 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 use

Volume of E&P Waste (solid) in cubic yards \_\_\_\_\_ 280

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 and Ault 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.

Reclamation will be addressed post remediation. Currently the oil and gas location is active and is roadbased.

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. 10/03/2016

## SITE INVESTIGATION DATES

Date of Initial Actions described in Site Investigation Plan (start date). 10/12/2016

Date of commencement of Site Investigation. \_\_\_\_\_

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

## REMEDIAL ACTION DATES

Date of commencement of Remediation. \_\_\_\_\_

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: \_\_\_\_\_

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: 10028

## 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

<u>401856107</u>	<u>MONITORING REPORT</u>
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Total Attach: 1 Files

## General Comments

### User Group

### Comment

### Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)