

# State of Colorado Oil and Gas Conservation Commission

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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 INFORMATION

|                                    |                                    |                       |
|------------------------------------|------------------------------------|-----------------------|
| Name of Operator: NOBLE ENERGY INC | Operator No: 100322                | <b>Phone Numbers</b>  |
| Address: 1001 NOBLE ENERGY WAY     |                                    | Phone: (970) 3045014  |
| City: HOUSTON State: TX Zip: 77070 |                                    | Mobile: (970) 2034238 |
| Contact Person: Howard Aamold      | Email: howard.aamold@nblenergy.com |                       |

### PROJECT, PURPOSE & SITE INFORMATION

#### PROJECT INFORMATION

Remediation Project #: 12090 Initial Form 27 Document #: 401835795

#### 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 checked="" 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

Y Multiple Facilities ( in accordance with Rule 909.c. )

|  |                     |                        |  |
|--|---------------------|------------------------|--|
| Facility Type: LOCATION                            | Facility ID: 306638 | API #: _____           | County Name: WELD                          |
| Facility Name: WELLS RANCH-USXAA-66N63W 15SENW     | Latitude: 40.489930 | Longitude: -104.427420 |  |
| ** correct Lat/Long if needed: Latitude: 40.489574 |                     | Longitude: -104.427665 |  |
| QtrQtr: SENW                                       | Sec: 15             | Twp: 6N                | Range: 63W Meridian: 6 Sensitive Area? Yes |
| Facility Type: LOCATION                            | Facility ID: 310169 | API #: _____           | County Name: WELD                          |
| Facility Name: TRINITY-USX AA-66N63W 7SWNE         | Latitude: 40.502764 | Longitude: -104.477430 |  |
| ** correct Lat/Long if needed: Latitude: 40.504638 |                     | Longitude: -104.477317 |  |
| QtrQtr: SWNE                                       | Sec: 7              | Twp: 6N                | Range: 63W Meridian: 6 Sensitive Area? Yes |
| Facility Type: LOCATION                            | Facility ID: 416240 | API #: _____           | County Name: WELD                          |
| Facility Name: SHABLE USX AB 11-08P                | Latitude: 40.589560 | Longitude: -104.509200 |  |
| ** correct Lat/Long if needed: Latitude: 40.587867 |                     | Longitude: -104.507560 |  |
| QtrQtr: SENE                                       | Sec: 11             | Twp: 7N                | Range: 64W Meridian: 6 Sensitive Area? Yes |

|                |          |                        |        |  |           |                 |             |
|----------------|----------|------------------------|--------|--|-----------|-----------------|-------------|
| Facility Type: | LOCATION | Facility ID:           | 418244 | API #:                                   |           | County Name:    | WELD        |
| Facility Name: |          | Wells Ranch PC AA22-25 |        | Latitude:                                | 40.468947 | Longitude:      | -104.428654 |
|                |          |                        |        | ** correct Lat/Long if needed: Latitude: | 40.469100 | Longitude:      | -104.428180 |
| QtrQtr:        | NWSW     | Sec:                   | 22     | Twp:                                     | 6N        | Range:          | 63W         |
|                |          |                        |        | Meridian:                                | 6         | Sensitive Area? | Yes         |

|                |          |                          |        |  |           |                 |             |
|----------------|----------|--------------------------|--------|--|-----------|-----------------|-------------|
| Facility Type: | LOCATION | Facility ID:             | 422204 | API #:                                   |           | County Name:    | WELD        |
| Facility Name: |          | WELLS RANCH AE20-16 TANK |        | Latitude:                                | 40.468700 | Longitude:      | -104.341950 |
|                |          |                          |        | ** correct Lat/Long if needed: Latitude: | 40.468896 | Longitude:      | -104.341651 |
| QtrQtr:        | SWSE     | Sec:                     | 20     | Twp:                                     | 6N        | Range:          | 62W         |
|                |          |                          |        | Meridian:                                | 6         | Sensitive Area? | Yes         |

|                |          |                       |        |  |           |                 |             |
|----------------|----------|-----------------------|--------|--|-----------|-----------------|-------------|
| Facility Type: | LOCATION | Facility ID:          | 445722 | API #:                                   |           | County Name:    | WELD        |
| Facility Name: |          | Wells Ranch AE 32-5,6 |        | Latitude:                                | 40.446886 | Longitude:      | -104.350988 |
|                |          |                       |        | ** correct Lat/Long if needed: Latitude: | 40.446900 | Longitude:      | -104.350750 |
| QtrQtr:        | SENW     | Sec:                  | 32     | Twp:                                     | 6N        | Range:          | 62W         |
|                |          |                       |        | Meridian:                                | 6         | Sensitive Area? | Yes         |

**SITE CONDITIONS**

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

|   |     |                                   |     |
|---|-----|-----------------------------------|-----|
| 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? | No |
|--|----|

**Other Potential Receptors within 1/4 mile**

|         |
|---------|
| Various |
|---------|

## 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        |
|-----------|----------------|------------------|-----------------------|
| No        | SOILS          | NA               | Laboratory Analytical |

### INITIAL ACTION SUMMARY

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

Produced water vessel sampling per COGCC Rule 905b.

### 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 and analyzed for TPH-DRO, TPH-GRO, BTEX, Naphthalene, SAR, EC, and pH. See attachments for sample locations.

#### Proposed Groundwater Sampling

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

#### 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 19

Number of soil samples exceeding 910-1 0

Was the areal and vertical extent of soil contamination delineated? No

Approximate areal extent (square feet) 0

### NA / ND

-- Highest concentration of TPH (mg/kg) 68

-- Highest concentration of SAR 3.06

BTEX > 910-1 No

Vertical Extent > 910-1 (in feet) 0

### Groundwater

Number of groundwater samples collected 0

Was extent of groundwater contaminated delineated? No

Depth to groundwater (below ground surface, in feet) \

Number of groundwater monitoring wells installed

Number of groundwater samples exceeding 910-1

Highest concentration of Benzene (µg/l)

Highest concentration of Toluene (µg/l)

Highest concentration of Ethylbenzene (µg/l)

Highest concentration of Xylene (µg/l)

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.

There was no E&P Waste generated.

## **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.

Between September 10, 2018 and September 25, 2018 Six locations were sampled to investigate for potential impacts subsequent to a produced water vessel removal, in accordance with COGCC Rule 905b. All samples collected were below COGCC Table 910-1 standards.

## **Soil Remediation Summary**

### ☐ In Situ

- \_\_\_\_\_ Bioremediation ( or enhanced bioremediation )
- \_\_\_\_\_ Chemical oxidation
- \_\_\_\_\_ Air sparge / Soil vapor extraction
- \_\_\_\_\_ Natural Attenuation
- \_\_\_\_\_ 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
- \_\_\_\_\_ Land Treatment
- \_\_\_\_\_ Bioremediation (or enhanced bioremediation)
- \_\_\_\_\_ Chemical oxidation
- \_\_\_\_\_ Other \_\_\_\_\_

## **Groundwater Remediation Summary**

- ☐ \_\_\_\_\_ Bioremediation ( or enhanced bioremediation )
- ☐ \_\_\_\_\_ Chemical oxidation
- ☐ \_\_\_\_\_ Air sparge / Soil vapor extraction
- ☐ \_\_\_\_\_ Natural Attenuation
- ☐ \_\_\_\_\_ 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.

## REMEDATION PROGRESS UPDATE

### PERIODIC REPORTING

**Frequency:** ☐ Quarterly ☐ Semi-Annually ☐ Annually ☐ Other \_\_\_\_\_

**Report Type:** ☐ Groundwater Monitoring ☐ Land Treatment Progress Report ☐ O&M Report

☒ Other Produced water vessel removal. \_\_\_\_\_

### 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: \_\_\_\_\_

## REMEDATION COMPLETION REPORT

### REMEDATION COMPLETION SUMMARY

Is this a Final Closure Request for this Remediation Project? Yes

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.

Reclamation will be in accordance with COGCC 1000 series rules.

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. \_\_\_\_\_

### SITE INVESTIGATION DATES

Date of Initial Actions described in Site Investigation Plan (start date). 09/10/2018

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

Date of completion of Site Investigation. 09/25/2018

### REMEDIAL ACTION DATES

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

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

### SITE RECLAMATION DATES

Date of commencement of Reclamation. 09/10/2018

Date of completion of Reclamation. 09/25/2018

### OPERATOR COMMENT

|  |
|--|
|  |
|--|

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

Signed: Howard Aamold

Title: Environmental Coordinator

Submit Date: 11/29/2018

Email: howard.aamold@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: 12/06/2018

Remediation Project Number: 12090

### COA Type

### Description

|  |  |
|--|--|
|  |  |
|--|--|

### 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

|           |                                |
|-----------|--------------------------------|
| 401854630 | FORM 27-SUPPLEMENTAL-SUBMITTED |
|-----------|--------------------------------|

Total Attach: 1 Files

### General Comments

### User Group

### Comment

### Comment Date

|  |  |                     |
|--|--|---------------------|
|  |  | Stamp Upon Approval |
|--|--|---------------------|

Total: 0 comment(s)