

State of Colorado  
Oil and Gas Conservation Commission

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Report taken by:  
Candice (Nikki) Graber

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	<b>Phone Numbers</b>
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 #: 7901 Initial Form 27 Document #: 2145567

**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 Facilites ( in accordance with Rule 909.c. )

Facility Type: LOCATION	Facility ID: 327589	API #: _____	County Name: WELD
Facility Name: SCHMIDT-64N65W 19NESE	Latitude: 40.295783	Longitude: -104.699220	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: NESE	Sec: 19	Twp: 4N	Range: 65W Meridian: 6 Sensitive Area? Yes

**SITE CONDITIONS**

General soil type - USCS Classifications GP 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**

SURFACE WATER 50' SOUTH, WATER WELL 260' EAST.

# 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
Yes	GROUNDWATER	SEE ASSESSMENT REPORT	LAB ANALYTICAL
Yes	SOILS	SEE ASSESSMENT REPORT	LAB 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.

SEE FORM 19; COGC DOCUMENT #2231701.

## 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 ):

Twenty four (24) soil samples were collected as part of site investigation and excavation activities. All samples were submitted to a laboratory for analysis of BTEX, TPH-DRO, and TPH-GRO.

### Proposed Groundwater Sampling

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

Ten (10) groundwater samples were collected as part of site investigation and excavation activities. All samples were submitted to a laboratory for analysis of 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 24  
Number of soil samples exceeding 910-1 3  
Was the areal and vertical extent of soil contamination delineated? Yes  
Approximate areal extent (square feet) 4050

### NA / ND

-- Highest concentration of TPH (mg/kg) 570  
NA Highest concentration of SAR           
BTEX > 910-1 Yes  
Vertical Extent > 910-1 (in feet) 9

### Groundwater

Number of groundwater samples collected 10  
Was extent of groundwater contaminated delineated? Yes  
Depth to groundwater (below ground surface, in feet) 4'  
Number of groundwater monitoring wells installed 9  
Number of groundwater samples exceeding 910-1 3

-- Highest concentration of Benzene (µg/l) 2780  
-- Highest concentration of Toluene (µg/l) 6570  
-- Highest concentration of Ethylbenzene (µg/l) 382  
-- Highest concentration of Xylene (µg/l) 7200  
NA Highest concentration of Methane (mg/l)         

### Surface Water

0 Number of surface water samples collected  
         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.

THE SOURCE WAS REMOVED VIA EXCAVATION.

## 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.

Ten groundwater monitoring wells were installed and will be monitored on a quarterly basis for natural attenuation. Groundwater samples will be submitted to a certified laboratory for analysis of BTEX.

## Soil Remediation Summary

In Situ

\_\_\_\_\_ Bioremediation ( or enhanced bioremediation )

\_\_\_\_\_ Chemical oxidation

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

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

\_\_\_\_\_ Other \_\_\_\_\_

Ex Situ

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

If Yes: Estimated Volume (Cubic Yards) \_\_\_\_\_ 880

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

Yes \_\_\_\_\_ Bioremediation ( or enhanced bioremediation )

No \_\_\_\_\_ 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.

Ten groundwater monitoring wells were installed and will be sampled for BTEX 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? 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 \_\_\_\_\_ 880

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? Yes \_\_\_\_\_

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 in accordance with COGCC 1000 series rules.

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. \_\_\_\_\_

## SITE INVESTIGATION DATES

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

Date of commencement of Site Investigation. 01/16/2013

Date of completion of Site Investigation. 03/06/2013

## REMEDIAL ACTION DATES

Date of commencement of Remediation. 01/16/2013

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

## SITE RECLAMATION DATES

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

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

## OPERATOR COMMENT

Schmidt 19-9G

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: 01/24/2019 \_\_\_\_\_

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: Candice (Nikki) Graber \_\_\_\_\_

Date: 01/29/2019 \_\_\_\_\_

Remediation Project Number: 7901 \_\_\_\_\_

## 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

401917270	FORM 27-SUPPLEMENTAL-SUBMITTED
401917278	MONITORING REPORT
401917294	MONITORING REPORT

Total Attach: 3 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)