

State of Colorado Oil and Gas Conservation Commission

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Document Number:

402103199

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 |
| 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 #: 10120

Initial Form 27 Document #: 401249112

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: 444673 | API #: | County Name: WELD |
| Facility Name: SPILL/RELEASE POINT | Latitude: 40.145495 | Longitude: -104.534330 | |
| ** correct Lat/Long if needed: Latitude: | | Longitude: | |
| QtrQtr: NWNE | Sec: 15 | Twp: 2N | Range: 64W Meridian: 6 Sensitive Area? Yes |

SITE CONDITIONS

General soil type - USCS Classifications CL

Most Sensitive Adjacent Land Use Rangeland

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

Residence 0.2 miles southwest

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 | 400' X 100' | Lab Analytical |
| Yes | SOILS | 38' X 23' X 20' bgs | 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.

All production was shut in and a site investigation was scheduled. See document 400983708

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):

Fifty-nine (59) soil samples were collected as part of excavation and site investigation activities and submitted to a certified laboratory for analysis of TPH-DRO, TPH-GRO, BTEX, and Naphthalene by EPA Methods 8260B and 8015. One soil sample (BH02@6) was collected and analyzed for pH, EC, and SAR by EPA Method 6020.

Proposed Groundwater Sampling

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

Forty Five (45) monitoring wells were installed, sampled, and analyzed for BTEX by a certified laboratory using EPA Method 8260B

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 59
Number of soil samples exceeding 910-1 9
Was the areal and vertical extent of soil contamination delineated? Yes
Approximate areal extent (square feet) 874

NA / ND

-- Highest concentration of TPH (mg/kg) 11200
-- Highest concentration of SAR 11.1
BTEX > 910-1 Yes
Vertical Extent > 910-1 (in feet) 17

Groundwater

Number of groundwater samples collected 45
Was extent of groundwater contaminated delineated? Yes
Depth to groundwater (below ground surface, in feet) 12'
Number of groundwater monitoring wells installed 44
Number of groundwater samples exceeding 910-1 20

-- Highest concentration of Benzene (µg/l) 32000
-- Highest concentration of Toluene (µg/l) 51000
-- Highest concentration of Ethylbenzene (µg/l) 2000
-- Highest concentration of Xylene (µg/l) 51000
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.

The source impacts were removed via excavation of impacted soil above COGCC Table 910-1 standards. Residual source impacts will be treated with a combination of air sparge and soil vapor extraction.

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.

A soil vapor extraction and air sparge system has been designed and installed to remediate residual impacts to soil and groundwater. The system is currently operational.

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) _____ 600

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.

Forty seven (47) monitoring wells were installed and will be sampled on a quarterly basis and submitted to a certified laboratory under proper chain of custody procedures and analyzed for BTEX by EPA Method 8260B. Three additional monitoring wells were installed to attain point of compliance and will be sampled during the next sampling event.

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 reuse

Volume of E&P Waste (solid) in cubic yards _____ 600

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/Waste Management _____

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? 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 location will be recontoured and reseeded to match pre-existing conditions once remediation is accomplished.

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. 02/03/2016

SITE INVESTIGATION DATES

Date of Initial Actions described in Site Investigation Plan (start date). 01/26/2016

Date of commencement of Site Investigation. 01/24/2017

Date of completion of Site Investigation. 01/24/2017

REMEDIAL ACTION DATES

Date of commencement of Remediation. 03/02/2016

Date of completion of Remediation. _____

SITE RECLAMATION DATES

Date of commencement of Reclamation. _____

Date of completion of Reclamation. _____

OPERATOR COMMENT

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

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: 10120

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

| | |
|-----------|----------------------------|
| 402103220 | REMEDATION PROGRESS REPORT |
|-----------|----------------------------|

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)