

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	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 #: 7901 Initial Form 27 Document #: 2145567

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: 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.

No further remediation is necessary

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.

Monitoring wells MW-1, MW-2R, MW-3R, MW-10, MW-11, MW-13, and MW-15 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 90

E&P waste (liquid) description E&P Liquid Waste during total fluid recovery

COGCC Disposal Facility ID #, if applicable: _____

Non-COGCC Disposal Facility: NGL

REMEDIATION COMPLETION REPORT

REMEDIATION 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). _____

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. 10/14/2019

SITE RECLAMATION DATES

Date of commencement of Reclamation. 01/16/2013

Date of completion of Reclamation. 10/14/2019

OPERATOR COMMENT

Schmidt 19-9G 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: ` 01/16/2020 _____

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: 01/22/2020 _____

Remediation Project Number: 7901 _____

COA Type**Description**

	Operator shall abandon the monitoring wells in accordance with DWR regulations within 90 days of the approval of this Form 27
	Based on the information presented, it appears that no further action is necessary at this time and the COGCC approves the closure request. However, should future conditions at the site indicate contaminant concentrations in soils exceeding COGCC standards or if ground water is found to be impacted, then further investigation and/or remediation activities may be required. In addition, the surface area disturbed by the remediation activity shall be reclaimed in accordance with the 1000 Series Reclamation Rules. For locations with active ongoing oil and gas operations, comply with Rule 1003 interim reclamation requirements.

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**

402287606	FORM 27-SUPPLEMENTAL-SUBMITTED
402287627	MONITORING REPORT
402287634	MONITORING REPORT

Total Attach: 3 Files

General Comments**User Group****Comment****Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)