

State of Colorado
Oil and Gas Conservation Commission

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402395667
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Report taken by:
PETER GINTAUTAS

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 #: 12102 Initial Form 27 Document #: 401849220

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: 458845	API #: _____	County Name: WELD
Facility Name: SPILL/RELEASE POINT	Latitude: 40.286120	Longitude: -104.765230	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: NENW	Sec: 27	Twp: 4N	Range: 66W Meridian: 6 Sensitive Area? Yes

SITE CONDITIONS

General soil type - USCS Classifications SC Most Sensitive Adjacent Land Use Crop Land

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

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 checked="" 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	30' X 30'	Laboratory Analytical
Yes	SOILS	17' X 21' X 8' BGS	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.

During tank battery dismantlement at the UPRC Federal 27-3F, 6F location impacted media was discovered near the produced water vessel.

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):

Four soil samples were collected during excavation activities and analyzed for TPH-DRO, TPH-GRO, BTEX, and Naphthalene by EPA Methods 8015 and 8260B.

Proposed Groundwater Sampling

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

One grab groundwater sample was collected from the base of the excavation and analyzed for BTEX by 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 4
Number of soil samples exceeding 910-1 0
Was the areal and vertical extent of soil contamination delineated? Yes
Approximate areal extent (square feet) 357

NA / ND

ND Highest concentration of TPH (mg/kg) _____
NA Highest concentration of SAR _____
BTEX > 910-1 No
Vertical Extent > 910-1 (in feet) 8

Groundwater

Number of groundwater samples collected 1
Was extent of groundwater contaminated delineated? No
Depth to groundwater (below ground surface, in feet) 8'
Number of groundwater monitoring wells installed 0
Number of groundwater samples exceeding 910-1 1

-- Highest concentration of Benzene (µg/l) 47
-- Highest concentration of Toluene (µg/l) 180
-- Highest concentration of Ethylbenzene (µg/l) 110
-- Highest concentration of Xylene (µg/l) 2300
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 of impacted soil above COGCC Table 910-1 standards.

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.

Five monitoring wells were installed to delineate dissolved phase impacts in November 2018. Fremont Environmental will sample these wells on a quarterly basis to ensure the dissolved phase plume is stable and decreasing. An air sparge and soil vapor extraction system has been installed and will be operational once the remediation equipment is moved on location.

Soil Remediation Summary

In Situ

Ex Situ

_____ Bioremediation (or enhanced bioremediation)

Yes _____ Excavate and offsite disposal

_____ Chemical oxidation

_____ If Yes: Estimated Volume (Cubic Yards) _____ 60

_____ Air sparge / Soil vapor extraction

_____ Name of Licensed Disposal Facility or COGCC Facility ID # _____

_____ Natural Attenuation

No _____ Excavate and onsite remediation

_____ Other _____

_____ 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.

Five groundwater monitoring wells (MW-1 through MW-5) were installed to determine the extent of dissolved phase impacts. Fremont Environmental will sample these wells on a quarterly basis and transport the samples to a certified laboratory for analysis of BTEX by EPA Method 8260b.

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 _____ 60

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? 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 in accordance with COGCC 1004 Rule.

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). 10/26/2018

Date of commencement of Site Investigation. _____

Date of completion of Site Investigation. 10/26/2018

REMEDIAL ACTION DATES

Date of commencement of Remediation. 10/26/2018

Date of completion of Remediation. _____

SITE RECLAMATION DATES

Date of commencement of Reclamation. 10/26/2018

Date of completion of Reclamation. _____

OPERATOR COMMENT

UPRC Federal 27-3F, 6F

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: 05/12/2020

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: PETER GINTAUTAS

Date: 05/12/2020

Remediation Project Number: 12102

COA Type

Description

	Submit reports of site investigation and progress of remediation including results of sampling and analysis on an annual basis or more often until remediation is closed.
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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

402395667	FORM 27-SUPPLEMENTAL-SUBMITTED
402395669	MONITORING REPORT
402395673	MONITORING REPORT

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)