

State of Colorado Oil and Gas Conservation Commission

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Document Number:

402437913

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 #: 15399

Initial Form 27 Document #: 402364413

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 checked="" 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: 322891	API #:	County Name: WELD
Facility Name: MCDERMED-64N64W 1NWNE	Latitude: 40.346730	Longitude: -104.496652	
** correct Lat/Long if needed: Latitude: 40.346950		Longitude: -104.494187	
QtrQtr: NWNE Sec: 1 Twp: 4N Range: 64W Meridian: 6	Sensitive Area? Yes		
Facility Type: SPILL OR RELEASE	Facility ID: 475049	API #:	County Name: WELD
Facility Name: McDermed 2-1	Latitude: 40.346950	Longitude: -104.494187	
** correct Lat/Long if needed: Latitude:		Longitude:	
QtrQtr: NWNE Sec: 1 Twp: 4N Range: 64W Meridian: 6	Sensitive Area? Yes		

SITE CONDITIONS

General soil type - USCS Classifications SC

Most Sensitive Adjacent Land Use Agricultural

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

Wetlands 50' Occupied Building 250'

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	12' X 12'	Laboratory Analytical
Yes	SOILS	12' X12' X 6' 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 decommissioning operations at the McDermid 2-1 facility crews discovered soil impacts in the vicinity of the produced water vault due to a historical release.

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):

Eleven grab soil samples were collected by Fremont Environmental and submitted to a certified laboratory for analysis of TPH-DRO by EPA Method 8015, TPH-GRO, BTEX, and Naphthalene by EPA Method 8260b. Additionally, N. Wall 2FT was analyzed for SAR by Soluble Nutrients by EPA 6020/USDA60 6(2,3A)- Dry Weight Basis, pH by Physical Parameters by APHA/ASTM/EPA Methods, and EC by EPA Method 120.1.

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 by Fremont Environmental and submitted to a certified laboratory for analysis of 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 22

Number of soil samples exceeding 910-1 6

Was the areal and vertical extent of soil contamination delineated? Yes

Approximate areal extent (square feet) 144

NA / ND

-- Highest concentration of TPH (mg/kg) 3100

-- Highest concentration of SAR 0.767

BTEX > 910-1 Yes

Vertical Extent > 910-1 (in feet) 6

Groundwater

Number of groundwater samples collected 9

Was extent of groundwater contaminated delineated? Yes

Depth to groundwater (below ground surface, in feet) 8'

Number of groundwater monitoring wells installed 8

Number of groundwater samples exceeding 910-1 2

-- Highest concentration of Benzene (µg/l) 298

ND Highest concentration of Toluene (µg/l)

-- Highest concentration of Ethylbenzene (µg/l) 3

-- Highest concentration of Xylene (µg/l) 35

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 extent of the impacts have been delineated and remediation of the source area will be scheduled once the adjacent facility, owned by another operator, is removed.

REMEDICATION 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 site assessment to delineate impacted media was completed on May 27, 2020. Eight monitoring wells were installed and will be sampled to monitor natural attenuation. Remediation of impacts will be discussed in a supplemental form 27.

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

No _____ 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.

Eight groundwater monitoring wells were installed to delineate dissolved phase impacts, point of compliance has been achieved. Fremont Environmental will collect groundwater samples on a quarterly basis 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? 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: _____

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.

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). 04/08/2020

Date of commencement of Site Investigation. _____

Date of completion of Site Investigation. 04/08/2020

REMEDIAL ACTION DATES

Date of commencement of Remediation. 05/27/2020

Date of completion of Remediation. _____

SITE RECLAMATION DATES

Date of commencement of Reclamation. 04/06/2020

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: 15399

COA Type

Description

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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

402438389	SITE INVESTIGATION REPORT
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)