

State of Colorado
Oil and Gas Conservation Commission

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Document Number:
402449040
Receive Date:
07/22/2020
Report taken by:
BOB CHESSON

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 Phone: (970) 3045329 Mobile: ()
Address: 1001 NOBLE ENERGY WAY		
City: HOUSTON State: TX Zip: 77070		
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 checked="" 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:

- | | | |
|--|--|--|
| <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 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	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. Groundwater will be sampled on a quarterly basis to ensure the dissolved groundwater plume is stable and decreasing.

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.

Fifty (50) monitoring wells were installed and will be sampled on a quarterly basis. Groundwater samples will be submitted to a certified laboratory under proper chain of custody procedures and analyzed for 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 _____ Water Vault Sampling Analytical

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

Feather 31-15

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: 07/22/2020

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: BOB CHESSON

Date: 07/24/2020

Remediation Project Number: 10120

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.

<u>Att Doc Num</u>	<u>Name</u>
402449040	INVESTIGATION/REMEDATION WORKPLAN (SUPPLEMENTAL)
402449048	MONITORING REPORT
402450480	FORM 27-SUPPLEMENTAL-SUBMITTED

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)