

State of Colorado  
Oil and Gas Conservation Commission

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Document Number:  
402619514  
Receive Date:  
03/05/2021  
Report taken by:  
BOB CHESSON

Site Investigation and Remediation Workplan (Initial 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	<b>Phone Numbers</b>
Address: 1001 NOBLE ENERGY WAY		Phone: (970) 304-5329
City: HOUSTON State: TX Zip: 77070		Mobile: ( )
Contact Person: Jacob Evans	Email: Jacob.evans@nblenergy.com	

PROJECT, PURPOSE & SITE INFORMATION

**PROJECT INFORMATION**  
Remediation Project #: 17181 Initial Form 27 Document #: 402619514

**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 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 checked="" type="checkbox"/> Other Tank Battery Closure

**SITE INFORMATION** Y Multiple Facilities ( in accordance with Rule 909.c. )

Facility Type: LOCATION	Facility ID: 323119	API #: _____	County Name: WELD
Facility Name: ROTHE-64N63W 6NWNW	Latitude: 40.346884	Longitude: -104.487173	
** correct Lat/Long if needed: Latitude: 40.348511		Longitude: -104.485711	
QtrQtr: NWNW	Sec: 6	Twp: 4N	Range: 63W Meridian: 6 Sensitive Area? Yes

Facility Type: LOCATION	Facility ID: 332014	API #: _____	County Name: WELD
Facility Name: DANKS-64N63W 6NENW	Latitude: 40.346892	Longitude: -104.481447	
** correct Lat/Long if needed: Latitude: 40.348511		Longitude: -104.485711	
QtrQtr: NENW	Sec: 6	Twp: 4N	Range: 63W Meridian: 6 Sensitive Area? Yes

**SITE CONDITIONS**

General soil type - USCS Classifications SW Most Sensitive Adjacent Land Use crop  
 Is domestic water well within 1/4 mile? Yes Is surface water within 1/4 mile? No  
 Is groundwater less than 20 feet below ground surface? No

Other Potential Receptors within 1/4 mile

Occupied building 0.05 mi W

# SITE INVESTIGATION PLAN

## TYPE OF WASTE:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> E&P Waste       | <input type="checkbox"/> Other E&P Waste                   | <input checked="" type="checkbox"/> Non-E&P Waste |
| <input type="checkbox"/> Produced Water  | <input type="checkbox"/> Workover Fluids                   | no waste generated _____                          |
| <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
UNDETERMINED	GROUNDWATER	NA	laboratory analysis if encountered
UNDETERMINED	SOILS	NA	laboratory analysis

## INITIAL ACTION SUMMARY

Description of initial action or emergency response measures take to abate, investigate, and/or remediate impacts associated with E&P Waste.

A site investigation will be conducted pursuant to COGCC Rule 911 at the DANKS 3-6 and ROTHE 4-6 Tank Battery location.

## 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 ):

Grab confirmation soil samples will be collected from the produced water vessel(s) excavation, beneath the above ground oil tank(s), and at the separator (s). Soil samples will be analyzed by a certified laboratory for TPH (total volatile [C6-C10] and extractable [C10-C36] hydrocarbons), organic compounds in soil per COGCC Table 915-1, and EC, SAR, pH, and boron. All samples collected will be analyzed by a certified laboratory using approved COGCC laboratory analysis methods.

### Proposed Groundwater Sampling

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

If groundwater is encountered during the site investigation a grab groundwater will be collected and analyzed for all organic compounds per COGCC Table 915-1.

### 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 ):

Visual inspection at the tank battery area will occur during abandonment activities. Field personnel will field screen all disturbed areas using visual and olfactory senses to determine if laboratory confirmation sampling is required. The COGCC Tank Battery and Produced Water Vessel Closure Checklists will be utilized and filled out during the abandonment process. A photolog will be submitted on the Subsequent Form 27.

# SITE INVESTIGATION REPORT

## SAMPLE SUMMARY

### Soil

Number of soil samples collected     0      
Number of soil samples exceeding 910-1             
Was the areal and vertical extent of soil contamination delineated?             
Approximate areal extent (square feet)           

### NA / ND

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

### Groundwater

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

           Highest concentration of Benzene (µg/l)             
           Highest concentration of Toluene (µg/l)             
           Highest concentration of Ethylbenzene (µg/l)             
           Highest concentration of Xylene (µg/l)             
           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

## SOURCE REMOVAL SUMMARY

Describe how source is to be removed.

NA

## 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.

NA

## 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

- \_\_\_\_\_ Bioremediation ( or enhanced bioremediation )
- \_\_\_\_\_ Chemical oxidation
- \_\_\_\_\_ Air sparge / Soil vapor extraction
- \_\_\_\_\_ Natural Attenuation
- \_\_\_\_\_ 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.

\_\_\_\_\_

# REMEDIATION PROGRESS UPDATE

## PERIODIC REPORTING

Frequency:  Quarterly  Semi-Annually  Annually  Other One time within 90 days of laboratory analytical receipt

Report Type:  Groundwater Monitoring  Land Treatment Progress Report  O&M Report

Other Closure Report

## 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: \_\_\_\_\_

## 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. 01/05/2021

Actual Spill or Release date, if known. \_\_\_\_\_

## SITE INVESTIGATION DATES

Date of Initial Actions described in Site Investigation Plan (start date). 03/16/2021

Date of commencement of Site Investigation. \_\_\_\_\_

Date of completion of Site Investigation. \_\_\_\_\_

## REMEDIAL ACTION DATES

Date of commencement of Remediation. \_\_\_\_\_

Date of completion of Remediation. \_\_\_\_\_

## SITE RECLAMATION DATES

Date of commencement of Reclamation. \_\_\_\_\_

Date of completion of Reclamation. \_\_\_\_\_

## OPERATOR COMMENT

Please note this has a 3/16 start date. Please approve quickly if possible. Thank you!

Please also note, this is one facility with 2 wells that feed to it, so I have included all the applicable location information for proper tracking. Let me know if it should be changed.  
Thank you!

I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: Rochelle Messick

Title: Regulatory Analyst

Submit Date: 03/05/2021

Email: denverregulatory@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: 03/10/2021

Remediation Project Number: 17181

## 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.

### Att Doc Num

### Name

402619514	FORM 27-INITIAL-SUBMITTED
402619594	SITE MAP

Total Attach: 2 Files

## General Comments

### User Group

### Comment

### Comment Date

Environmental	A supplemental Form 27 must be submitted within 90 days of the completion of this environmental investigation.	03/10/2021
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Total: 1 comment(s)