

State of Colorado Oil and Gas Conservation Commission

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Document Number:

402727257

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@chevron.com	

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: 16838 Initial Form 27 Document #: 402598637

PURPOSE INFORMATION

- ☐ Rule 913.c.(1): Pit or Cuttings Trench closure.
- ☐ Rule 913.c.(2): Buried or partially buried vessel closure, which will be by removal.
- ☐ Rule 913.c.(3): Remediation of Spill and Releases pursuant to Rule 912.
- ☐ Rule 913.c.(4): Land treatment of Oily Waste pursuant to Rule 905.e.
- ☐ Rule 913.c.(5): Closure of Centralized E&P Waste Management Facilities pursuant to Rule 907.h.
- ☐ Rule 913.c.(6): Remediation of impacted Groundwater pursuant to Rule 915.e.(3).D, and the contaminant concentrations in Table 915-1.
- ☐ Rule 913.c.(7): Investigation and remediation of natural gas in soil or Groundwater.
- ☐ Rule 913.c.(8): When requested by the Director due to any potential risk to soil, Groundwater, or surface water.
- ☒ Rule 913.c.(9): Decommissioning of Oil and Gas Facilities.
- ☐ Rule 913.g: Changes of Operator.
- ☐ Rule 915.b: Request to leave elevated inorganics in situ.
- ☐ Other: _____

SITE INFORMATION

No Multiple Facilities

Facility Type: WELL	Facility ID: _____	API #: 123-33933	County Name: WELD
Facility Name: Liam D34-33	Latitude: 40.178430	Longitude: -104.546430	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: NWSW	Sec: 34	Twp: 3N	Range: 64W Meridian: 6 Sensitive Area? Yes

SITE CONDITIONS

General soil type - USCS Classifications SW Most Sensitive Adjacent Land Use Range Land

Is domestic water well within 1/4 mile? No Is surface water within 1/4 mile? No

Is groundwater less than 20 feet below ground surface? No

NA

SITE INVESTIGATION PLAN**TYPE OF WASTE:**
☐ E&P Waste

 ☐ Other E&P Waste

 ☒ Non-E&P Waste

☐ Produced Water

 ☐ Workover Fluids

 No Waste Generated

☐ Oil

 ☐ Tank Bottoms

☐ Condensate

 ☐ Pigging Waste

☐ Drilling Fluids

 ☐ Rig Wash

☐ Drill Cuttings

 ☐ Spent Filters

☐ Pit Bottoms

☐ Other (as described by EPA)
DESCRIPTION OF IMPACT

Impacted?	Impacted Media	Extent of Impact	How Determined
No	SOILS	NA	Lab. analysis if encountered

INITIAL ACTION SUMMARY

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

Pursuant to COGCC Rule 911 a site investigation will be conducted pertaining to the LIAM D34-33 wellhead cut and cap and flowline removal. Approximately 1700' of flowline will be removed. The COGCC will be updated in a supplemental Form 27 if a portion of the flowline is abandoned-in-place due to field constraints. The wellhead will be cut and capped per COGCC rules. The Form 44 Document number will be supplied at closure.

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):

Three grab soil samples were collected and 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.

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

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 3

Number of soil samples exceeding 915-1 0

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

Approximate areal extent (square feet) 0

Groundwater

Number of groundwater samples collected 0

Was extent of groundwater contaminated delineated? No

Depth to groundwater (below ground surface, in feet) 0

Number of groundwater monitoring wells installed 0

Number of groundwater samples exceeding 915-1 0

Surface Water

0 Number of surface water samples collected

Number of surface water samples exceeding 915-1 0

If surface water is impacted, other agency notification may be required.

NA / ND

ND Highest concentration of TPH (mg/kg) 0.62

-- Highest concentration of SAR 0.62

BTEX > 915-1 No

Vertical Extent > 915-1 (in feet) 0

Highest concentration of Benzene (µg/l) 0

Highest concentration of Toluene (µg/l) 0

Highest concentration of Ethylbenzene (µg/l) 0

Highest concentration of Xylene (µg/l) 0

Highest concentration of Methane (mg/l) 0

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) 0

Volume of liquid waste (barrels) 0

☐ 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.

No source was generated

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☐ Ex Situ

Bioremediation (or enhanced bioremediation)

Excavate and offsite disposal

Chemical oxidation

If Yes: Estimated Volume (Cubic Yards) 0

_____ Air sparge / Soil vapor extraction
_____ Natural Attenuation
_____ Other _____

_____ 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.

REMEDATION PROGRESS UPDATE

PERIODIC REPORTING

Approved Reporting Schedule:

☐ Quarterly ☐ Semi-Annually ☐ Annually ☐ Other _____

☐ **Request Alternative Reporting Schedule:**

☐ Semi-Annually ☐ Annually ☐ Other _____

Rule 913.e:

After initial approval of a Form 27, the Operator will provide quarterly update reports in a Supplemental Form 27 to document progress of site investigation and remediation, unless an alternative reporting schedule has been requested by the Operator and approved by the Director. The Director may request a more frequent reporting schedule based on site-specific conditions.

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

☒ Other Closure Data _____

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? Yes _____

If YES:

☒ Compliant with Rule 913.h.(1).

☐ Compliant with Rule 913.h.(2).

☐ Compliant with Rule 913.h.(3).

Do all soils meet Table 915-1 standards? Yes _____

Does the previous reply indicate consideration of background concentrations? No _____

Does Groundwater meet Table 915-1 standards? Yes _____

Is additional groundwater monitoring to be conducted? No _____

Operator shall comply with the COGCC 1000-Series Reclamation Requirements for all impacted and disturbed areas.

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 provide the seed mix? _____

If YES, does the seed mix comply with local soil conservation district recommendations? _____

Did the local soil conservation district provide the seed mix? _____

SITE RECLAMATION DATES

Proposed date of commencement of Reclamation. 03/11/2021

Proposed date of completion of Reclamation. _____

IMPLEMENTATION SCHEDULE

Per Rule 913.d.(2): Any change from the approved implementation schedule will be requested at least 14 days in advance, and the Operator may not make the change without the Director's approval.

PRIOR DATES

Date of Surface Owner notification/consultation, if required. 11/16/2020

Actual Spill or Release date, or date of discovery. _____

SITE INVESTIGATION DATES

Date of Initial Actions described in Site Investigation Plan (start date). 03/11/2021

Proposed site investigation commencement. _____

Proposed completion of site investigation. 03/11/2021

REMEDIAL ACTION DATES

Proposed start date of Remediation. _____

Proposed date of completion of Remediation. _____

Per Rule 913.d.(2): Any change from the approved implementation schedule will be requested at least 14 days in advance, and the Operator may not make the change without the Director's approval.

☐ Change from approved implementation schedule per Rule 913.d.(2).

Basis for change in implementation schedule:

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 Specialist _____

Submit Date: ` _____

Email: jacob.evans@chevron.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: 16838 _____

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

402727266	OTHER
402727269	OTHER

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)