

State of Colorado Oil and Gas Conservation Commission

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Document Number:

402649273

Receive Date:

04/06/2021

Report taken by:

KRIS NEIDEL

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: CHEVRON USA INC	Operator No: 16700	Phone Numbers
Address: 100 CHEVRON ROAD		
City: RANGELY State: CO Zip: 81648		
Contact Person: Chris Patterson	Email: spwu@chevron.com	
		Phone: (970) 675-3814
		Mobile: (307) 871-5363

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: 19310

Initial Form 27 Document #: 402649273

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 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

N Multiple Facilities (in accordance with Rule 909.c.)

Facility Type: SPILL OR RELEASE	Facility ID: 451722	API #: _____	County Name: RIO BLANCO
Facility Name: Gray A16 1	Latitude: 40.133994	Longitude: -108.892960	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: NWSW	Sec: 19	Twp: 2N	Range: 102W Meridian: 6 Sensitive Area? No

SITE CONDITIONS

General soil type - USCS Classifications CH

Most Sensitive Adjacent Land Use Non Crop 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

Other Potential Receptors within 1/4 mile

SITE INVESTIGATION PLAN

TYPE OF WASTE:

- ☒ E&P Waste ☐ Other E&P Waste ☐ Non-E&P Waste
- ☒ Produced Water ☐ Workover Fluids
- ☐ 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
Yes	SOILS	531ft. x 35ft. x 0.5 ft	Field determined with tape measure
Yes	VEGETATION	Minor distressed vegetation noted.	Visual

INITIAL ACTION SUMMARY

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

Initial report was filed with inaccurate description of spill. It was stated that spill occurred on 7-31-17, although correct date was entered in date of discovery (7-30-17). It was also stated that spill total was 11.13 bbls injection water, although 13 bbls were entered in the fluid portion of the supplemental spill report. The correct totals are 13.98 bbls of injection water spilled and 3.5 bbls recovered. The area was water washed and samples will be taken to ensure compliance with table 910-1. A soil sample location map and preliminary analytical results are included as an attachment.

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):

Preliminary soil samples were collected on October 11, 2017 from the spill path. A total of three (3) grab samples analyzed for Table 910-1 parameters were collected at a depths from 0 to 6 inches below ground surface (ft-bgs). Results show elevated SAR and EC levels within the impacted area. Subsequent soil samples analyzed for SAR at the SS1-SS3 sample locations and EC at SS1 and SS2 sample locations will be collected during 2021 to monitor natural attenuation. SAR and EC impacted soils will be treated in-situ by Natural Attenuation. After initial water wash seasonal precipitation events will be utilized.

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 910-1 3

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

Approximate areal extent (square feet) 18585

NA / ND

-- Highest concentration of TPH (mg/kg) 21

-- Highest concentration of SAR 42

BTEX > 910-1 No

Vertical Extent > 910-1 (in feet) 0

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?

Background samples were collected as part of this 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.

No soil is intended for removal. Subsequent soil samples analyzed for SAR at the SS1-SS3 sample locations and EC at SS1 and SS2 sample locations will be collected during 2021 to monitor natural attenuation. SAR and EC impacted soils will be treated in-situ by Natural Attenuation. After initial water wash seasonal precipitation events will be utilized.

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.

Subsequent soil samples analyzed for SAR at the SS1-SS3 sample locations and EC at SS1 and SS2 sample locations will be collected during 2021 to monitor natural attenuation.

Soil Remediation Summary

☒ In Situ

_____ Bioremediation (or enhanced bioremediation)

_____ Chemical oxidation

_____ Air sparge / Soil vapor extraction

Yes _____ 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.

REMEDATION PROGRESS UPDATE

PERIODIC REPORTING

Frequency: ☐ Quarterly ☐ Semi-Annually ☒ Annually ☐ Other _____

Report Type: ☐ Groundwater Monitoring ☐ Land Treatment Progress Report ☐ O&M Report
☒ Other REM Progress Rpt. _____

WASTE DISPOSAL INFORMATION

Was E&P waste generated as part of this remediation? _____

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.

Site will be reclaimed and seeded once repairs are completed.

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 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. 07/30/2017

SITE INVESTIGATION DATES

Date of Initial Actions described in Site Investigation Plan (start date). 10/11/2017

Date of commencement of Site Investigation. 10/11/2017

Date of completion of Site Investigation. 10/11/2017

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 see attached

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

Signed: ` Chris Patterson

Title: Lead ENV Specialist

Submit Date: ` 04/06/2021

Email: spwu@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: KRIS NEIDEL

Date: 07/28/2021

Remediation Project Number: 19310

Condition of Approval**COA Type****Description**

	By December 2021 the Operator shall collect samples and provide soil delineation results on a form 27.
	Soil delineation shall include samples, at appropriate depths. Including at the Spill/Release Point Location.
	Sample location selection should be guided by rule 915.e.(2)B.
	Semi-annual reporting is approved, not annual.
	Per Rule 915.f, if the remediation project is not completed by January 15, 2022, soils shall comply with Table 915-1.
	If impacts remain elevated in 2021 sampling, Chevron shall propose Remediation methods, other than Natural Attenuation.
6 COAs	

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**

402649273	FORM 27-INITIAL-SUBMITTED
402649286	ANALYTICAL RESULTS

Total Attach: 2 Files

General Comments**User Group****Comment****Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)