

State of Colorado  
Energy & Carbon Management Commission

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Document Number:  
403518452

Receive Date:

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Report taken by:

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.

Closure request is not available for an Initial Site Investigation and Remediation Workplan.

OPERATOR INFORMATION

Name of Operator: NOBLE ENERGY INC	Operator No: 100322	<b>Phone Numbers</b>
Address: 2001 16TH STREET SUITE 900		Phone: (303) 228-4000
City: DENVER State: CO Zip: 80202		Mobile: ( )
Contact Person: Randy Thweatt	Email: DenverRegulatory@chevron.onmicrosoft.com	

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: \_\_\_\_\_ Initial Form 27 Document #: 403518452

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 #: 123-17737	County Name: WELD
Facility Name: Wilmoth 14-0314	Latitude: 40.318393	Longitude: -104.520320	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: NENW	Sec: 14	Twps: 4N	Range: 64W Meridian: 6 Sensitive Area? Yes

SITE CONDITIONS

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

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**

Residential 0.13mi/ 0.19mi NE  
Farm Structure 0.13mi NE

**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
UNDETERMINED	GROUNDWATER	NA	Lab analysis if encountered
UNDETERMINED	SOILS	NA	Lab 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.

Pursuant to ECMC Rule 911 a site investigation will be conducted pertaining to the WILMOTH 14-0314 wellhead cut and cap and flowline abandonment. The wellhead will be cut and capped per ECMC rules. Approximately 505' of flowline will be abandoned-in-place. This flowline lies in a common trench with at least one other line. So as to not disturb the other line(s) sharing the common trench, soil samples will only be taken at the wellhead and at the endpoint of the flowline. The ECMC will be updated in a supplemental Form 27 if a portion of the flowline is able to be removed. The Flowline Pre-Abandonment Notice Document number is included under Related Forms.

**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 ):

A grab soil sample will be collected at the base of the excavation or the area showing the highest degree of impact during field screening activities at the wellhead excavation. A grab confirmation soil sample will be collected at the wellhead excavation and start/end points of the flowline. Additionally, soil samples will be field screened at the N-E-S-W sides of the wellhead. Soil samples will be analyzed by a certified laboratory for the full extent of Table 915-1, including but not limited to: TPH (total volatile [C6-C10] and extractable [C10-C36] hydrocarbons) organic compounds in soil per ECMC Table 915-1, and EC, SAR, pH, metals, and boron. All samples collected will be analyzed by a certified laboratory using approved ECMC 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 ECMC 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 of the wellhead 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 ECMC Wellhead Closure Checklist 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 915-1           
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 > 915-1           
Vertical Extent > 915-1 (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 915-1         

         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 915-1  
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.

No source was generated.

### REMEDATION 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 )  
\_\_\_\_\_ Chemical oxidation  
\_\_\_\_\_ Air sparge / Soil vapor extraction  
\_\_\_\_\_ Natural Attenuation  
\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ 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

### 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 Supplemental Form 27

## Adequacy of Operator's General Liability Insurance and Financial Assurance

Describe the adequacy of the Operator's general liability insurance and Financial Assurance to fully address the anticipated costs of Remediation, including the estimated remaining cost for this project (below).

If this information has been provided on a Form 27 within the last 12 months, provide the Document Number of that form.

Noble intends to directly address the costs of remediation at the locations as part of our asset retirement obligation process and operations. Noble has general liability insurance (policy MWZZ 316714) and financial assurance in compliance with ECMC rules. Records are available on the ECMC's website.

Operator anticipates the remaining cost for this project to be: \$ 0

## 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 ECMC 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 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. \_\_\_\_\_

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. 08/31/2023

Actual Spill or Release date, or date of discovery. \_\_\_\_\_

### SITE INVESTIGATION DATES

Date of Initial Actions described in Site Investigation Plan (start date). \_\_\_\_\_

Proposed site investigation commencement. 10/01/2023

Proposed completion of site investigation. \_\_\_\_\_

### 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**

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

Signed: Julie Webb \_\_\_\_\_

Title: Senior Regulatory Analyst \_\_\_\_\_

Submit Date: \_\_\_\_\_

Email: DenverRegulatory@chevron.onmicrosoft.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: \_\_\_\_\_

**COA Type****Description**

<b>COA Type</b>	<b>Description</b>
0 COA	

**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**

403518461	SITE MAP
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Total Attach: 1 Files

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

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

Total: 0 comment(s)