

State of Colorado  
Energy & Carbon Management Commission

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Document Number:  
403903228

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 ECMC 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	Phone Numbers Phone: (970) 730-7281 Mobile: ( )
Address: 1099 18TH STREET SUITE 1500		
City: DENVER	State: CO	Zip: 80202
Contact Person: Dan Peterson	Email: rbueuf27@chevron.com	

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: 26817 Initial Form 27 Document #: 403293051

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 #: 123-15820	County Name: WELD
Facility Name: SPIKE STATE GWS CC 30-02	Latitude: 40.288581	Longitude: -104.477922	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: NWNE	Sec: 30	Twps: 4N	Range: 63W Meridian: 6 Sensitive Area? Yes

SITE CONDITIONS

General soil type - USCS Classifications SC Most Sensitive Adjacent Land Use Rangeland

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

Is groundwater less than 20 feet below ground surface? No

**Other Potential Receptors within 1/4 mile**

Well Within Pronghorn Winter Concentration Area HPH  
Riverine 0.06mi W

**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
No	GROUNDWATER	NA	Not encountered
Yes	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 was conducted pertaining to the SPIKE STATE GWS CC30-02 wellhead cut and cap and flowline removal. Approximately 838' of flowline will be removed. The wellhead was cut and capped per ECMC rules. Additionally, soil samples were collected at any points of material change and/or hammer unions, directional changes, as well as at the bell holes on either side of a waterway. Flowline data referenced in ECMC Doc#403694060.

**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 ):

One (1) grab confirmation soil samples was collected at the wellhead and analyzed by a certified laboratory for TPH (total volatile [C6-C10] and extractable [C10-C36] hydrocarbons) organic compounds in soil per ECMC Table 915-1, and EC, SAR, pH, and boron. All samples collected were analyzed by a certified laboratory using approved ECMC laboratory analysis methods. Additionally, soil samples were field screened at the N-E-S-W sides of the wellhead.

**Proposed Groundwater Sampling**

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

Groundwater was not encountered during the site investigation.

**Proposed Surface Water Sampling**

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

[Empty text box for surface water sampling details]

**Additional Investigative**

**Actions**

Additional alternative investigative actions described in attached Site Investigation Plan ( summary ):

[Empty text box for additional investigative actions]

# SITE INVESTIGATION REPORT

## SAMPLE SUMMARY

### Soil

Number of soil samples collected 2  
Number of soil samples exceeding 915-1 2  
Was the areal and vertical extent of soil contamination delineated? Yes  
Approximate areal extent (square feet) 100

### NA / ND

ND Highest concentration of TPH (mg/kg) \_\_\_\_\_  
-- Highest concentration of SAR 0.676  
BTEX > 915-1 No  
Vertical Extent > 915-1 (in feet) 6

### 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  
0 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?

One (1) background sample was collected from similar lithographic soil adjacent to the assessment area for pH analysis. Background pH was outside of the ECOM Table 915-1 regulatory range.

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.

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 )  
\_\_\_\_\_ 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 ECMC 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.



Is additional groundwater monitoring to be conducted? \_\_\_\_\_

Operator shall comply with the ECMC 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. 04/05/2023

Proposed date of completion of Reclamation. 12/31/2027

## 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. 12/29/2022

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

### **SITE INVESTIGATION DATES**

Date of Initial Actions described in Site Investigation Plan (start date). 02/01/2023

Proposed site investigation commencement. 02/01/2023

Proposed completion of site investigation. 06/05/2023

### **REMEDIAL ACTION DATES**

Proposed start date of Remediation. 02/01/2023

Proposed date of completion of Remediation. 08/28/2024

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**

Pursuant to ECMC Rule 911 a site investigation was conducted pertaining to the SPIKE STATE GWS CC30-02 wellhead cut and cap and flowline removal (flowline data referenced in ECMC Doc#403694060). Initial elevated pH was observed at the wellhead, however laboratory reruns were in compliance with ECMC Table 915. No other exceedances were observed. We are requesting an NFA designation for the wellhead.

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

Signed: Alfred Garraffa

Title: Environmental Consultant

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

Email: cvxeform@eagle-enviro.com

Based on the information provided herein, this Application for Site Investigation and Remediation Workplan complies with ECMC Rules and applicable orders and is hereby approved.

ECMC Approved: \_\_\_\_\_

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

Remediation Project Number: 26817

**COA Type**

**Description**

<u>COA Type</u>	<u>Description</u>
0 COA	

**ATTACHMENT 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**

403903347	SITE INVESTIGATION REPORT
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Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

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

Total: 0 comment(s)