

State of Colorado
Energy & Carbon Management Commission

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Document Number:
404285823

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: <u>NOBLE ENERGY INC</u>	Operator No: <u>100322</u>	Phone Numbers
Address: <u>1099 18TH STREET SUITE 1500</u>		
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>Erica Zuniga</u>	Email: <u>EricaZuniga@chevron.com</u>	Phone: <u>(970) 278-6934</u>
		Mobile: <u>()</u>

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: 40521 Initial Form 27 Document #: 404203494

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: <u>WELL</u>	Facility ID: _____	API #: <u>123-29242</u>	County Name: <u>WELD</u>
Facility Name: <u>WELLS RANCH USX AA 13-07</u>	Latitude: <u>40.488192</u>	Longitude: <u>-104.382519</u>	
** correct Lat/Long if needed: Latitude: _____		Longitude: _____	
QtrQtr: <u>SWNE</u>	Sec: <u>13</u>	Twp: <u>6N</u>	Range: <u>63W</u>
Meridian: <u>6</u>	Sensitive Area? <u>Yes</u>		

SITE CONDITIONS

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

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

N/A

SITE INVESTIGATION PLAN

TYPE OF WASTE:

- X 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

Table with 4 columns: Impacted?, Impacted Media, Extent of Impact, How Determined. Rows include GROUNDWATER and SOILS.

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 WELLS RANCH USX AA13-07 wellhead cut and cap.

PROPOSED SAMPLING PLAN

Proposed Soil Sampling

X 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.

Proposed Groundwater Sampling

X 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 sample will be collected and analyzed for all organic compounds and inorganic parameters 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.

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

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 has been generated at this time

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.

REMEDIATION PROGRESS UPDATE

PERIODIC REPORTING

Approved Reporting Schedule:

Quarterly Semi-Annually Annually Other _____

Request Alternative Reporting Schedule:

Semi-Annually Annually Other _____
Annually and/or if work commences, SF27 90 days after C&C / FL decom activities unless a reportable release is discovered.

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 _____ Timeline Update _____

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 (policies MWZZ316714 and MWZX316724) and financial assurance in compliance with ECMC rules. Records are available on the ECMC's website. The cost for remediation is an estimate only, costs may change upwards or downward based on site-specific information. Noble makes no representation or guarantees as to the accuracy of the estimate.

Operator anticipates the remaining cost for this project to be: \$ 50000 _____

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 _____

ECMC Disposal Facility ID #, if applicable: _____

Non-ECMC Disposal Facility: _____

Volume of E&P Waste (liquid) in barrels _____

E&P waste (liquid) description _____

ECMC Disposal Facility ID #, if applicable: _____

Non-ECMC Disposal Facility: _____

REMEDIATION COMPLETION REPORT

REMEDIATION COMPLETION SUMMARY

Is this a Final Closure Request for this Remediation Project? No

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? _____

Does the previous reply indicate consideration of background concentrations? _____

Does Groundwater meet Table 915-1 standards? _____

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 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. 09/24/2026

Proposed date of completion of Reclamation. 01/28/2027

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. 04/15/2025

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

SITE INVESTIGATION DATES

Date of Initial Actions described in Site Investigation Plan (start date). 08/12/2026

Proposed site investigation commencement. 09/24/2026

Proposed completion of site investigation. 01/28/2027

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 is requesting additional time to commence site investigation activities. Site investigation activities will commence on or before the date specified in the "Proposed site investigation commencement." section.

OPERATOR COMMENT

This Supplemental Form 27 is being submitted as an Annual Timeline Update for the WELLS RANCH USX AA13-07 wellhead and associated flowline. Noble is proposing an annual timeline reporting frequency until decommissioning activities occur. Supplemental Form 27s will be prepared on an annual basis until decommissioning of the site infrastructure is complete. Following decommissioning activities, a Supplemental Form 27 will be prepared within 90 days of field activities unless a reportable release is discovered.

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

Signed: Kayla White, P.E.

Title: Environmental Consultant

Submit Date: _____

Email: kwhite@cdhconsult.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: 40521

COA Type

Description

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

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Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)