

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax 894-2109



FOR OGCC USE ONLY

SITE INVESTIGATION AND REMEDIATION WORKPLAN

This form shall be submitted to the Director for approval prior to the initiation of site investigation and remediation activities. Form 27 is intended to be used whenever possible. Additional documentation will be required when large volumes of soil and groundwater have been impacted or involve large facilities with multiple source areas. See Rule 910. Attach as many pages as needed to fully describe the proposed work.

OGCC Employee:

☒ Spill ☐ Complaint
☐ Inspection ☐ NOAV

Tracking No: 2606051

CAUSE OF CONDITION BEING INVESTIGATED AND REMEDIATED

☒ Spill or Release ☐ Plug & Abandon ☐ Central Facility Closure ☐ Site/Facility Closure ☐ Other (describe):

GENERAL INFORMATION

OGCC Operator Number: 10120		Contact Name and Telephone	
Name of Operator: Noble Energy Inc.		Marty Faraguna	
Address: 804 Grand Avenue		No: 970-785-5000	
City: Platteville State: CO Zip: 80651		Fax: 970-785-5099	
API/Facility No: 05-013-06190		County: Boulder	
Facility Name:		Facility Number:	
Well Name: Swanson 1-14		Well Number:	
Location (QtrQtr, Sec, Twp, Rng, Meridian): SE/SE Sec.14 .T2N. R69W		Latitude: Longitude:	

TECHNICAL CONDITIONS

Type of Waste Causing Impact (crude oil, condensate, produced water, etc.):

Site Conditions: Is location within a sensitive area (according to Rule 901e)? ☒ Y ☐ N If yes, attach evaluation.

Adjacent land use (cultivated, irrigated, dry land farming, industrial, residential, etc.): crops

Soil type, if not previously identified on Form 2A or Federal Surface Use Plan: colby silty clay loam

Potential receptors (water wells within 1/4 mi, surface waters, etc.): water well 670', surface water 800'

Description of Impact (if previously provided, refer to that form or document):

Impacted Media (check):	Extent of Impact:	How Determined:
<input type="checkbox"/> Soils	suspected produced water release	
<input type="checkbox"/> Vegetation		
<input type="checkbox"/> Groundwater		
<input type="checkbox"/> Surface water		

REMEDIATION WORKPLAN

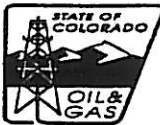
Describe initial action taken (if previously provided, refer to that form or document): see form 19

Describe how source is to be removed: Soil was sampled to determine extent of impact.

Describe how remediation of existing impacts is to be accomplished, including removal and disposal at an injection well or licensed facility, land treatment on site, removal of impacted groundwater, in situ bioremediation, burning of oily vegetation, etc.: No impact was found in soil sampling results. Stock tank was integrity tested and no leaks found. Loss of volume in tank attributed to melting of ice-shelf not recognized by pumper.

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Tracking Number: _____
Name of Operator: Noble Energy Inc.
OGCC Operator No: 10120
Received Date: _____
Well Name & No: _____
Facility Name & No.: Swanson 1-14

REMEDIAL WORKPLAN (CONT.)

OGCC Employee: _____

If groundwater has been impacted, describe proposed monitoring plan (# of wells or sample points, sampling schedule, analytical methods, etc.):

N/A

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. Use additional sheet for description if required.

N/A

Attach samples and analytical results taken to verify remediation of impacts. Show locations of samples on an onsite schematic or drawing.

Is further site investigation required? ☐ Y ☒ N If yes, describe:

N/A

Final disposition of E&P waste (landtreated and disposed onsite, name of licensed disposal facility, recycling, reuse, etc.):

N/A

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: 3/25/2010 Date Site Investigation Completed: _____ Remediation Plan Submitted: 4/23/2010
Remediation Start Date: _____ Anticipated Completion Date: _____ Actual Completion Date: _____

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

Print Name: Marty Faraguna

Signed: Marty Faraguna Title: Environmental Specialist Date: April 23, 2010

OGCC Approved: _____ Title: EPS Date: 5/3/10