

01761112
State of Colorado

Oil and Gas Conservation Commission

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



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AUG 09 2010

COGCC

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.

CAUSE OF CONDITION BEING INVESTIGATED AND REMEDIATED

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

OGCC Employee:

John Axelsson

☐ Spill ☐ Complaint☐ Inspection ☐ NOAV

Tracking No: 01761112

GENERAL INFORMATION

OGCC Operator Number: 10120		Contact Name and Telephone	
Name of Operator: Noble Energy Inc.		Todd Cullum	
Address: 804 Grand Avenue		No: 970-785-5000	
City: Platteville State: CO Zip: 80651		Fax: 970-785-5099	
API/Facility No: 05-123-23339		County: Weld	
Facility Name: Ray State 13-16		Facility Number:	
Well Name:		Well Number:	
Location (QtrQtr, Sec, Twp, Rng, Meridian): NESW Sec. 16, T11N, R61W		Latitude: Longitude:	

TECHNICAL CONDITIONS

Type of Waste Causing Impact (crude oil, condensate, produced water, etc.):		Produced Water	
Site Conditions: Is location within a sensitive area (according to Rule 901e)? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, attach evaluation.		Pasture	
Adjacent land use (cultivated, irrigated, dry land farming, industrial, residential, etc.):		Peetz gravelly sandy loam	
Soil type, if not previously identified on Form 2A or Federal Surface Use Plan:		water well at 556' north west of evaporation pit	
Potential receptors (water wells within 1/4 mi, surface waters, etc.):			
Description of Impact (if previously provided, refer to that form or document):			
Impacted Media (check):		Extent of Impact:	
<input checked="" type="checkbox"/> Soils		No contamination found	
<input type="checkbox"/> Vegetation			
<input type="checkbox"/> Groundwater			
<input type="checkbox"/> Surface water			
		How Determined:	
		A composite of 4 samples were taken 6" below surface from the bottom of the evaporation pit, sent to Origins laboratory and was tested for BTEX, TPH, SAR, PH & EC (See attached lab results)	

REMEDIALATION WORKPLAN

Describe initial action taken (if previously provided, refer to that form or document):	
The closure of the produced water evaporation pit and removal of skim tank. Lab results came back as non-detect and backfill has been completed.	
Describe how source is to be removed: Not applicable, back fill has been completed.	
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, insitu bioremediation, burning of oily vegetation, etc.:	
N/A	

FORM
27

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REMEDIAL WORKPLAN (CONT.)

OGCC Employee:

Axelsson

Tracking Number: 01761112

Name of Operator: Noble Energy Inc.

OGCC Operator No: 10120

Received Date: 8/9/10

Well Name & No: _____

Facility Name & No.: Ray State 13-16

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.

Evaporation pit has been backfilled, 3" to 4" of cow manure has been mixed with the top soil and recontoured to preexisting grade, will seed with local grass seeds this fall.

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: 6/17/2010

Date Site Investigation Completed: _____

Remediation Plan Submitted: 8/9/2010

Remediation Start Date: 7/29/2010

Anticipated Completion Date: _____

Actual Completion Date: 7/29/2010

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

Print Name: Todd Cullum

Signed: Todd Cullum

Title: Environmental Specialist

Date: August 9, 2010

OGCC Approved: [Signature]

Title: EPS

Date: 8/9/10