

State of Colorado
Oil and Gas Conservation Commission

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Document Number:
401705107

Receive Date:
07/25/2018

Report taken by:
CHRIS CANFIELD

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.

Refer to Rules 340, 905, 906, 907, 908, 909, and 910

OPERATOR INFORMATION

Name of Operator: <u>KERR MCGEE OIL & GAS ONSHORE LP</u>	Operator No: <u>47120</u>	Phone Numbers
Address: <u>P O BOX 173779</u>		Phone: <u>(970) 515-1698</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80217-3779</u>
Contact Person: <u>Greg Hamilton</u>	Email: <u>Gregory.Hamilton@anadarko.com</u>	Mobile: <u>()</u>

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: 11635 Initial Form 27 Document #: 401705107

PURPOSE INFORMATION

- | | |
|--|--|
| <input type="checkbox"/> 901.e. Sensitive Area Determination | <input type="checkbox"/> 909.c.(5), Rule 910.b.(4): Remediation of impacted ground water |
| <input checked="" type="checkbox"/> 909.c.(1), Rule 905: Pit or PW vessel closure | <input type="checkbox"/> Rule 909.e.(2)A.: Notice completion of remediation in accordance with Rule 909.b. |
| <input type="checkbox"/> 909.c.(2), Rule 906: Spill/Release Remediation | <input type="checkbox"/> Rule 909.e.(2)B.: Closure of remediation project |
| <input type="checkbox"/> 909.c.(3), Rule 907.e.: Land treatment of oily waste | <input type="checkbox"/> Rule 906.c.: Director request |
| <input type="checkbox"/> 909.c.(4), Rule 908.g.: Centralized E&P Waste Management Facility closure | <input type="checkbox"/> Other _____ |

SITE INFORMATION

Y Multiple Facilities (in accordance with Rule 909.c.)

Facility Type: <u>LOCATION</u>	Facility ID: <u>305971</u>	API #: _____	County Name: <u>WELD</u>
Facility Name: <u>SCHOOL-64N68W 35NWSE</u>	Latitude: <u>40.267760</u>	Longitude: <u>-104.967300</u>	
	** correct Lat/Long if needed: Latitude: <u>40.268342</u>	Longitude: <u>-104.966896</u>	
QtrQtr: <u>NWSE</u>	Sec: <u>35</u>	Twp: <u>4N</u>	Range: <u>68W</u> Meridian: <u>6</u> Sensitive Area? <u>Yes</u>
Facility Type: <u>LOCATION</u>	Facility ID: <u>318083</u>	API #: _____	County Name: <u>WELD</u>
Facility Name: <u>HALEY 41-13-61N68W 13NENE</u>	Latitude: <u>40.057210</u>	Longitude: <u>-104.945200</u>	
	** correct Lat/Long if needed: Latitude: <u>40.057724</u>	Longitude: <u>-104.946088</u>	
QtrQtr: <u>NENE</u>	Sec: <u>13</u>	Twp: <u>1N</u>	Range: <u>68W</u> Meridian: <u>6</u> Sensitive Area? <u>Yes</u>
Facility Type: <u>LOCATION</u>	Facility ID: <u>320408</u>	API #: _____	County Name: <u>ADAMS</u>
Facility Name: <u>HSR-SNAPPER-61S65W 34SENW</u>	Latitude: <u>39.923056</u>	Longitude: <u>-104.652192</u>	
	** correct Lat/Long if needed: Latitude: <u>39.928167</u>	Longitude: <u>-104.651763</u>	
QtrQtr: <u>SENW</u>	Sec: <u>34</u>	Twp: <u>1S</u>	Range: <u>65W</u> Meridian: <u>6</u> Sensitive Area? <u>Yes</u>

Facility Type: LOCATION	Facility ID: 321413	API #:	County Name: BOULDER
Facility Name: TWIN CORNERS-61N69W 4SESW	Latitude: 40.074794	Longitude: -105.124825	
** correct Lat/Long if needed: Latitude: 40.073458		Longitude: -105.128830	
QtrQtr: SESW	Sec: 4	Twp: 1N	Range: 69W Meridian: 6 Sensitive Area? Yes
Facility Type: LOCATION	Facility ID: 323007	API #:	County Name: WELD
Facility Name: DUNKLEE-64N68W 13NENW	Latitude: 40.318740	Longitude: -104.954880	
** correct Lat/Long if needed: Latitude: 40.318069		Longitude: -104.954713	
QtrQtr: NENW	Sec: 13	Twp: 4N	Range: 68W Meridian: 6 Sensitive Area? Yes
Facility Type: LOCATION	Facility ID: 328468	API #:	County Name: WELD
Facility Name: SCHEIDT STATE-61N67W 16NWSW	Latitude: 40.049200	Longitude: -104.902690	
** correct Lat/Long if needed: Latitude: 40.047504		Longitude: -104.899805	
QtrQtr: NWSW	Sec: 16	Twp: 1N	Range: 67W Meridian: 6 Sensitive Area? Yes
Facility Type: LOCATION	Facility ID: 328529	API #:	County Name: WELD
Facility Name: TRAVELERS-62N68W 28NESW	Latitude: 40.106640	Longitude: -105.012470	
** correct Lat/Long if needed: Latitude: 40.106137		Longitude: -105.011836	
QtrQtr: NESW	Sec: 28	Twp: 2N	Range: 68W Meridian: 6 Sensitive Area? Yes
Facility Type: LOCATION	Facility ID: 330162	API #:	County Name: WELD
Facility Name: SUTTON-61N66W 21SWNW	Latitude: 40.039814	Longitude: -104.787433	
** correct Lat/Long if needed: Latitude: 40.040227		Longitude: -104.786901	
QtrQtr: SWNW	Sec: 21	Twp: 1N	Range: 66W Meridian: 6 Sensitive Area? Yes
Facility Type: LOCATION	Facility ID: 336459	API #:	County Name: WELD
Facility Name: FREDERICK-62N68W 24SESE	Latitude: 40.118960	Longitude: -104.944200	
** correct Lat/Long if needed: Latitude: 40.118893		Longitude: -104.942838	
QtrQtr: SESE	Sec: 24	Twp: 2N	Range: 68W Meridian: 6 Sensitive Area? Yes

SITE CONDITIONS

General soil type - USCS Classifications SC Most Sensitive Adjacent Land Use Agriculture and Irrigation Ditch

Is domestic water well within 1/4 mile? Yes Is surface water within 1/4 mile? Yes

Is groundwater less than 20 feet below ground surface? Yes

Other Potential Receptors within 1/4 mile

NA

SITE INVESTIGATION PLAN

TYPE OF WASTE:

- | | | |
|--|--|---|
| <input type="checkbox"/> E&P Waste | <input type="checkbox"/> Other E&P Waste | <input checked="" type="checkbox"/> Non-E&P Waste |
| <input type="checkbox"/> Produced Water | <input type="checkbox"/> Workover Fluids | No Waste Generated _____ |
| <input type="checkbox"/> Oil | <input type="checkbox"/> Tank Bottoms | |
| <input type="checkbox"/> Condensate | <input type="checkbox"/> Pigging Waste | |
| <input type="checkbox"/> Drilling Fluids | <input type="checkbox"/> Rig Wash | |
| <input type="checkbox"/> Drill Cuttings | <input type="checkbox"/> Spent Filters | |
| | <input type="checkbox"/> Pit Bottoms | |
| | <input type="checkbox"/> Other (as described by EPA) _____ | |

DESCRIPTION OF IMPACT

Impacted?	Impacted Media	Extent of Impact	How Determined
No	GROUNDWATER	See Sump Closure Reports	Groundwater sample results provided, if applicable
No	SOILS	See Sump Closure Reports	Soil sample results provided

INITIAL ACTION SUMMARY

Description of initial action or emergency response measures take to abate, investigate, and/or remediate impacts associated with E&P Waste.

The objective of the soil and groundwater (if present) sampling was to determine if petroleum hydrocarbon impacts to the subsurface media resulted from operating a produced water sump at the site.

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):

Soil sampling was conducted to determine if petroleum hydrocarbon impacts to subsurface soil resulted from operating a produced water sump at the respective sites. For each sump closure site, one or more soil samples were collected for laboratory analysis of benzene, toluene, ethylbenzene, and total xylenes (BTEX), total petroleum hydrocarbons (TPH), pH, and specific conductivity (EC). The soil sampling activities, laboratory analytical results, and conclusions will be summarized in a Sump Closure Report for each site.

Proposed Groundwater Sampling

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

If groundwater was encountered in the sump excavation, a groundwater sample was collected and submitted for laboratory analysis of BTEX. The groundwater sampling activities will be summarized in the Sump Closure Reports, as applicable.

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):

SITE INVESTIGATION REPORT

SAMPLE SUMMARY

Soil

Number of soil samples collected 12
Number of soil samples exceeding 910-1 0
Was the areal and vertical extent of soil contamination delineated? Yes
Approximate areal extent (square feet) 0

NA / ND

-- Highest concentration of TPH (mg/kg) 312
NA Highest concentration of SAR
BTEX > 910-1 No
Vertical Extent > 910-1 (in feet) 0

Groundwater

Number of groundwater samples collected 1
Was extent of groundwater contaminated delineated? Yes
Depth to groundwater (below ground surface, in feet) 5'
Number of groundwater monitoring wells installed 0
Number of groundwater samples exceeding 910-1 0

ND Highest concentration of Benzene (µg/l)
ND Highest concentration of Toluene (µg/l)
ND Highest concentration of Ethylbenzene (µg/l)
ND Highest concentration of Xylene (µg/l)
NA Highest concentration of Methane (mg/l)

Surface Water

0 Number of surface water samples collected
 Number of surface water samples exceeding 910-1
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.

Soil samples were collected from the sump excavations for laboratory analysis of TPH, BTEX, pH, and EC. Soil samples were in full compliance with COGCC Table 910-1 allowable levels.

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.

Soil and groundwater impacts were not encountered above COGCC Table 910-1 allowable levels. No further action is required for these sites.

Soil Remediation Summary

In Situ

_____ Bioremediation (or enhanced bioremediation)
_____ Chemical oxidation
_____ Air sparge / Soil vapor extraction
_____ Natural Attenuation
_____ Other _____

Ex Situ

_____ 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

No _____ Bioremediation (or enhanced bioremediation)
No _____ Chemical oxidation
No _____ Air sparge / Soil vapor extraction
No _____ Natural Attenuation
No _____ 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.

NA

REMEDATION PROGRESS UPDATE

PERIODIC REPORTING

Frequency: Quarterly Semi-Annually Annually Other Initial Report _____

Report Type: Groundwater Monitoring Land Treatment Progress Report O&M Report

Other Produced water vessel closure _____

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.

Sump closure sites have been reclaimed (interim) or are in the process of being reclaimed (final) in accordance with COGCC 1000 Series Reclamation 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 approve the seed mix? _____

If NO, does the seed mix comply with local soil conservation district recommendations? _____

IMPLEMENTATION SCHEDULE

PRIOR DATES

Date of Surface Owner notification/consultation, if required. _____

Actual Spill or Release date, if known. _____

SITE INVESTIGATION DATES

Date of Initial Actions described in Site Investigation Plan (start date). 10/27/2017

Date of commencement of Site Investigation. 10/27/2017

Date of completion of Site Investigation. 04/25/2018

REMEDIAL ACTION DATES

Date of commencement of Remediation. _____

Date of completion of Remediation. _____

SITE RECLAMATION DATES

Date of commencement of Reclamation. _____

Date of completion of Reclamation. _____

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: ` Greg Hamilton _____

Title: Sr. Staff HSE Rep. _____

Submit Date: ` 07/25/2018 _____

Email: Gregory.Hamilton@anadarko.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: CHRIS CANFIELD _____

Date: 08/02/2018 _____

Remediation Project Number: 11635 _____

COA Type**Description**

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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**

401705107	FORM 27-INITIAL-SUBMITTED
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Total Attach: 1 Files

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

		Stamp Upon Approval
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Total: 0 comment(s)