

# State of Colorado Oil and Gas Conservation Commission

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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 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: KERR MCGEE OIL & GAS ONSHORE LP	Operator No: 47120	Phone Numbers Phone: (720) 929-4306 Mobile: ( )
Address: P O BOX 173779		
City: DENVER	State: CO Zip: 80217-3779	
Contact Person: Erik Mickelson	Email: Erik_Mickelson@oxy.com	

### PROJECT, PURPOSE & SITE INFORMATION

#### PROJECT INFORMATION

Remediation Project #: 9297

Initial Form 27 Document #: 200437747

#### 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 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 checked="" type="checkbox"/> Other thermogenic methane in GW  |

#### SITE INFORMATION

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

Facility Type: NONFACILITY	Facility ID: 453967	API #:	County Name: WELD
Facility Name: 752520 73N66W	Latitude: 40.234400	Longitude: -104.815500	
** correct Lat/Long if needed: Latitude:		Longitude:	
QtrQtr: SWSE	Sec: 7	Twp: 3N	Range: 66W Meridian: 6 Sensitive Area? Yes

#### SITE CONDITIONS

General soil type - USCS Classifications SM

Most Sensitive Adjacent Land Use IRRIGATED

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

groundwater

# 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                   | Thermogenic Gas _____                             |
| <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
Yes	GROUNDWATER	thermogenic gas present in GW	sampling and 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.

A temporary water system was installed in 2013 to provide potable water for the Henrickson residence. The water well was disconnected from the residence at that time. An assessment is currently underway to determine which, if any, producing gas well in the area or shallow stray gas source is the source of the dissolved hydrocarbon in the water well. Even though no source has yet been identified, in January of 2014 Kerr-McGee provided a domestic water tap to the Henrickson residence, as a permanent solution.

## 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 ):

### Proposed Groundwater Sampling

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

The subject water well (permit #15631) has been on a quarterly sampling schedule since the 3rd quarter of 2013. No samples were collected the 1st and 2nd quarters of 2014 due to surface damages to the well casing, and a failure of the well pump. Starting on May 12, 2015 the subject water well was sampled on a bimonthly basis. Starting on 2/16/2019, the well is being sampled on a quarterly basis. Once the source of the impacts has been identified and remediated, the subject water well will be sampled monthly until a decline in the impacts to the well can be demonstrated. All water samples will be analyzed for the analytes noted in COGCC Rule 318A.f.(6). (and 318A.f.(8), as appropriate) at a minimum. Notification requirements in COGCC Rule 318A.f.(8) & (9). will be followed, as appropriate. Analytical tables associated with each of the sampling events of the subject water well are presented as an attachment to this document.

### 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 ):

As mentioned above, the subject water well (permit #15631) will continue to be sampled on an on-going basis. Kerr-McGee is currently investigating their production wells within a 3/4 mi radius of the subject water well. Any production well identified as a potential source will be sampled (production gas, and if present, any gas/liquids in the bradenhead) for comparison to the impacts in the subject water well. Any production well with identified integrity issues will be properly remediated.

# SITE INVESTIGATION REPORT

## SAMPLE SUMMARY

### Soil

Number of soil samples collected 0  
Number of soil samples exceeding 910-1             
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 > 910-1             
Vertical Extent > 910-1 (in feet)           

### Groundwater

Number of groundwater samples collected 31  
Was extent of groundwater contaminated delineated? No  
Depth to groundwater (below ground surface, in feet) 90'  
Number of groundwater monitoring wells installed 0  
Number of groundwater samples exceeding 910-1 0

--            Highest concentration of Benzene (µg/l) 4.1  
--            Highest concentration of Toluene (µg/l) 233  
ND            Highest concentration of Ethylbenzene (µg/l)             
ND            Highest concentration of Xylene (µg/l)             
--            Highest concentration of Methane (mg/l) 76

### 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?

Kerr-McGee is continuing to assess, and as needed, remediate their production wells in the vicinity of the subject water well.

# 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.

Any production well identified as a potential source of the impact to the subject water well will be remediated. Once the source has been eliminated, rapid natural attenuation of the impact is expected.

## **REMEDICATION 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.

There continues to be a general steady decline in the overall thermogenic impact at this site, demonstrating a trend of significant intrinsic attenuation. Quarterly monitoring of the subject water well will continue in 2020.

## **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**

☐ \_\_\_\_\_ Bioremediation ( or enhanced bioremediation )  
☐ \_\_\_\_\_ Chemical oxidation  
☐ \_\_\_\_\_ Air sparge / Soil vapor extraction  
Yes \_\_\_\_\_ 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.

See comments under Proposed Groundwater Sampling in the Site Investigation Plan section of this document.

## REMEDIATION PROGRESS UPDATE

### PERIODIC REPORTING

**Frequency:** ☐ Quarterly ☐ Semi-Annually ☒ Annually ☐ Other \_\_\_\_\_

**Report Type:** ☒ Groundwater Monitoring ☐ Land Treatment Progress Report ☐ O&M Report  
☐ Other \_\_\_\_\_

### 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: \_\_\_\_\_

## REMEDIATION COMPLETION REPORT

### REMEDIATION COMPLETION SUMMARY

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

Do all soils meet Table 910-1 standards? \_\_\_\_\_

Does the previous reply indicate consideration of background concentrations? \_\_\_\_\_

Are the only residual soil impacts pH, SAR, or EC at depths greater than 3 feet below ground surface? \_\_\_\_\_

Does Groundwater meet Table 910-1 standards? Yes

Is additional groundwater monitoring to be conducted? Yes

## 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.

N/A

Is the described reclamation complete? \_\_\_\_\_

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

Date of commencement of Site Investigation. 03/27/2013 \_\_\_\_\_

Date of completion of Site Investigation. \_\_\_\_\_

### **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**

The data tables and laboratory analytical reports for the 2019 sampling events are attached. For 2020, Kerr-McGee will continue to sample the subject water well quarterly.

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

Signed: Erik Mickelson

Title: Staff Environmental Rep

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

Email: Erik\_Mickelson@oxy.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: \_\_\_\_\_

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

Remediation Project Number: 9297

**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**

402303670	ANALYTICAL RESULTS
402303671	ANALYTICAL RESULTS
402303672	ANALYTICAL RESULTS
402303673	ANALYTICAL RESULTS
402303675	ANALYTICAL RESULTS
402303677	ANALYTICAL RESULTS
402303679	ANALYTICAL RESULTS
402303680	ANALYTICAL RESULTS
402303681	ANALYTICAL RESULTS

Total Attach: 9 Files

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

		Stamp Upon Approval
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Total: 0 comment(s)