

# State of Colorado Energy & Carbon Management Commission

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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: NOBLE ENERGY INC	Operator No: 100322	Phone Numbers Phone: (970) 730-7281 Mobile: ( )
Address: 1099 18TH STREET SUITE 1500		
City: DENVER	State: CO Zip: 80202	
Contact Person: Dan Peterson	Email: RBUEUF27@chevron.com	

### PROJECT, PURPOSE & SITE INFORMATION

#### PROJECT INFORMATION

Remediation Project #: 30352 Initial Form 27 Document #: 403449299

#### 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: WELL	Facility ID: _____	API #: 123-29482	County Name: WELD
Facility Name: NCLP PC AA04-05		Latitude: 40.517612	Longitude: -104.448838
		** correct Lat/Long if needed: Latitude: _____	Longitude: _____
QtrQtr: SWNW	Sec: 4	Twp: 6N	Range: 63W Meridian: 6 Sensitive Area? Yes

#### 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? Yes

Is groundwater less than 20 feet below ground surface? No

**Other Potential Receptors within 1/4 mile**

Well Within Pronghorn Winter Concentration Area HPH  
Aquatic Native Species Convseration Waters 0.06mi E  
Freshwater Emergent Wetland 0.01mi W, 0.06mi E

**SITE INVESTIGATION PLAN****TYPE OF WASTE:**

☒ **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**

Impacted?	Impacted Media	Extent of Impact	How Determined
No	GROUNDWATER	NA	Not encountered
No	SOILS	NA	Lab 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.

Pursuant to ECOM Rule 911 a site investigation was conducted pertaining to the NCLP PC AA04-05 wellhead cut and cap. The wellhead was cut and capped per ECOM rules. Additionally, soil samples were field screened at the N-E-S-W sides of the wellhead. The flowline was previously abandoned on 9/28/2018, and the ECOM was notified on Form 44 Document Number 402090968.

**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 ):

Previously, one (1) grab soil sample was collected at the wellhead excavation, and soil samples were field screened at the N-E-S-W sides of the wellhead. Soil samples were analyzed by a certified laboratory for the full extent of Table 915-1, including: TPH (total volatile [C6-C10] and extractable [C10-C36] hydrocarbons), organic compounds in soil per ECOM Table 915-1, EC, SAR, pH, metals, and boron. All samples collected were analyzed by a certified laboratory using approved ECOM laboratory analysis methods.

**Proposed Groundwater Sampling**

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

**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 0

Number of soil samples exceeding 915-1 0

Was the areal and vertical extent of soil contamination delineated? Yes

Approximate areal extent (square feet) 0

### **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

### **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.

### **NA / ND**

ND Highest concentration of TPH (mg/kg)

-- Highest concentration of SAR 2.23

BTEX > 915-1 No

Vertical Extent > 915-1 (in feet) 0

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)

## **OTHER INVESTIGATION INFORMATION**

☐ Were impacts to adjacent property or offsite impacts identified?

☐ Were background samples collected as part of this site investigation?

A background sample was collected from similar lithographic soil near the wellhead for arsenic analysis. In the absence of organic, inorganic, and other metal concentrations exceeding ECMC regulatory limits, the residual arsenic concentration is not indicative of an E&P release and is consistent with current background comparison.

☐ 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 was generated.

## **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

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 Quarterly Notification 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 (policy MWZZ 316714) and financial assurance in compliance with ECOM rules. Records are available on the ECOM's website.

Operator anticipates the remaining cost for this project to be: \$ 0

## 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:

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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? Yes

Does the previous reply indicate consideration of background concentrations? Yes

Does Groundwater meet Table 915-1 standards? Yes

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? Yes \_\_\_\_\_

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. 10/16/2023

Proposed date of completion of Reclamation. 10/16/2026

## 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. 06/27/2023

Actual Spill or Release date, or date of discovery. \_\_\_\_\_

### SITE INVESTIGATION DATES

Date of Initial Actions described in Site Investigation Plan (start date). 10/16/2023

Proposed site investigation commencement. 09/01/2023

Proposed completion of site investigation. 10/16/2023

### 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 COMMENT**

Chevron will be conducting a full project and data analysis of information since the start of work activities for this project. ECMC will be updated on a supplemental form 27 with proposed plan.

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

Signed: Sahithi Rondla

Title: Environmental Consultant

Submit Date:

Email: cvxform27@erm.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: 30352

**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)