

State of Colorado Oil and Gas Conservation Commission

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401965858

Receive Date:

03/12/2019

Report taken by:

PETER GINTAUTAS

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: <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) 336-3500</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80217-3779</u>
Contact Person: <u>Gregory Hamilton</u>	Email: <u>Gregory.Hamilton@anadarko.com</u>	Mobile: <u>(970) 515-1698</u>

PROJECT, PURPOSE & SITE INFORMATION

PROJECT INFORMATION

Remediation Project #: 12507 Initial Form 27 Document #: 401935517

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 checked="" 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>327230</u>	API #: _____	County Name: <u>WELD</u>
Facility Name: <u>CAMP 28C-25HZ</u>		Latitude: <u>40.190981</u>	Longitude: <u>-104.722875</u>
		** correct Lat/Long if needed: Latitude: <u>40.191469</u>	Longitude: <u>-104.718847</u>
QtrQtr: <u>SWSE</u>	Sec: <u>25</u>	Twp: <u>3N</u>	Range: <u>66W</u> Meridian: <u>6</u> Sensitive Area? <u>Yes</u>
Facility Type: <u>LOCATION</u>	Facility ID: <u>329584</u>	API #: _____	County Name: <u>WELD</u>
Facility Name: <u>HOUSTON-63N67W 17NWNE</u>		Latitude: <u>40.231810</u>	Longitude: <u>-104.911420</u>
		** correct Lat/Long if needed: Latitude: <u>40.230319</u>	Longitude: <u>-104.907783</u>
QtrQtr: <u>NWNE</u>	Sec: <u>17</u>	Twp: <u>3N</u>	Range: <u>67W</u> Meridian: <u>6</u> Sensitive Area? <u>Yes</u>
Facility Type: <u>LOCATION</u>	Facility ID: <u>332637</u>	API #: _____	County Name: <u>WELD</u>
Facility Name: <u>BELL-63N66W 12SWNW</u>		Latitude: <u>40.241510</u>	Longitude: <u>-104.732800</u>
		** correct Lat/Long if needed: Latitude: <u>40.246567</u>	Longitude: <u>-104.733004</u>
QtrQtr: <u>SWNW</u>	Sec: <u>12</u>	Twp: <u>3N</u>	Range: <u>66W</u> Meridian: <u>6</u> Sensitive Area? <u>Yes</u>

Facility Type: TANK BATTERY		Facility ID: 426009		API #:		County Name: WELD	
Facility Name: SEKICH TANK BATTERY 14-19		Latitude: 40.211015		Longitude: -104.932469			
		** correct Lat/Long if needed: Latitude: 40.210732		Longitude: -104.931916			
QtrQtr: NWSE	Sec: 19	Twp: 3N	Range: 67W	Meridian: 6	Sensitive Area?		Yes

Facility Type: TANK BATTERY		Facility ID: 442155		API #:		County Name: WELD	
Facility Name: DOLPH TANK BATTERY 15C-1HZ		Latitude: 40.171760		Longitude: -104.729806			
		** correct Lat/Long if needed: Latitude: 40.171996		Longitude: -104.730036			
QtrQtr: NENW	Sec: 1	Twp: 2N	Range: 66W	Meridian: 6	Sensitive Area?		Yes

Facility Type: TANK BATTERY		Facility ID: 445465		API #:		County Name: WELD	
Facility Name: BREWER POOLING UNIT-63N67W 36SESE		Latitude: 40.176688		Longitude: -104.832250			
		** correct Lat/Long if needed: Latitude: 40.176913		Longitude: -104.832509			
QtrQtr: SESE	Sec: 36	Twp: 3N	Range: 67W	Meridian: 6	Sensitive Area?		Yes

Facility Type: TANK BATTERY		Facility ID: 446267		API #:		County Name: WELD	
Facility Name: VARRA COMPANIES-63N67W 31SENW		Latitude: 40.183056		Longitude: -104.932722			
		** correct Lat/Long if needed: Latitude: 40.182918		Longitude: -104.932719			
QtrQtr: SENW	Sec: 31	Twp: 3N	Range: 67W	Meridian: 6	Sensitive Area?		Yes

Facility Type: TANK BATTERY		Facility ID: 446382		API #:		County Name: WELD	
Facility Name: BENJAMIN TRUNZO GAS UNIT- 62N67W 13NWNE		Latitude: 40.142812		Longitude: -104.835677			
		** correct Lat/Long if needed: Latitude: 40.142830		Longitude: -104.835710			
QtrQtr: NWNE	Sec: 13	Twp: 2N	Range: 67W	Meridian: 6	Sensitive Area?		Yes

Facility Type: TANK BATTERY		Facility ID: 446859		API #:		County Name: WELD	
Facility Name: CHADBURN WARREN TRUE-63N67W 29SENW		Latitude: 40.200343		Longitude: -104.917366			
		** correct Lat/Long if needed: Latitude: 40.200331		Longitude: -104.917354			
QtrQtr: SENW	Sec: 29	Twp: 3N	Range: 67W	Meridian: 6	Sensitive Area?		Yes

Facility Type: TANK BATTERY		Facility ID: 447591		API #:		County Name: WELD	
Facility Name: ACORD 29-15L, WARREN 29-10L O SA 36149563		Latitude: 40.194240		Longitude: -104.912765			
		** correct Lat/Long if needed: Latitude: 40.194238		Longitude: -104.912854			
QtrQtr: NWSE	Sec: 29	Twp: 3N	Range: 67W	Meridian: 6	Sensitive Area?		Yes

SITE CONDITIONS

General soil type - USCS Classifications SC Most Sensitive Adjacent Land Use Various

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

Various

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	No impacts encountered	Groundwater sampling and laboratory analysis
No	SOILS	15' (N-S) x 15' (E-W) x 9'	Soil sampling and laboratory 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.

As required by COGCC rule 905.b, soil and groundwater (if present) samples will be collected when buried or partially-buried produced water vessels are removed from service. One soil sample will be collected for laboratory analysis from the area most likely to be impacted directly beneath the water vessel upon removal. If groundwater is encountered below the water vessel, a groundwater sample will be collected for laboratory analysis. Additionally, if groundwater is encountered, four sidewall samples will be collected for field screening. The sidewall sample exhibiting the highest apparent impacts will be submitted for laboratory analysis. Soil samples will be analyzed for total petroleum hydrocarbons (TPH-C6-C36); benzene, toluene, ethylbenzene, total xylenes (BTEX); electrical conductivity (EC); and pH. Analysis for sodium adsorption ratio (SAR) will be conducted should the initial EC concentration exceed the Table 910-1 standards. Groundwater samples will be analyzed for BTEX.

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 samples were collected from each Site and submitted for laboratory analysis. The soil samples were analyzed for total petroleum hydrocarbons (TPH-C6-C36); BTEX; EC; and pH.

Proposed Groundwater Sampling

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

If groundwater was encountered below the produced water vessel, a groundwater sample (GW01) was collected for analysis of BTEX.

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 27

Number of soil samples exceeding 910-1 0

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

Approximate areal extent (square feet) 10800

NA / ND

-- Highest concentration of TPH (mg/kg) 410.8

NA Highest concentration of SAR

BTEX > 910-1 No

Vertical Extent > 910-1 (in feet) 9

Groundwater

Number of groundwater samples collected 2

Was extent of groundwater contaminated delineated? Yes

Depth to groundwater (below ground surface, in feet) 4'

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

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 impacted soils above the concentration levels listed in Table 910-1 will be removed from the excavation. Impacted soils exceeding Table 910-1 standards for only EC, pH, and SAR will not be removed below the root zone, established as 3 feet below ground surface (per COGCC guidance).

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.

Impacted soils (if present) will be taken to either a licensed disposal facility or to Kerr-McGee's land treatment facility. A site-specific groundwater monitoring plan will be developed for COGCC approval (as appropriate) in the event that groundwater impacts exceeding the Table 910-1 standards are detected.

Soil Remediation Summary

☐ In Situ

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

☒ Ex Situ

Yes _____ Excavate and offsite disposal
If Yes: Estimated Volume (Cubic Yards) _____ 10
Name of Licensed Disposal Facility or COGCC Facility ID # _____ 149007
No _____ 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.

REMEDATION PROGRESS UPDATE

PERIODIC REPORTING

Frequency: ☐ Quarterly ☐ Semi-Annually ☐ Annually ☒ Other Produced Water Vessel Closure

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

☒ Other Produced Water Vessel Closure Report

WASTE DISPOSAL INFORMATION

Was E&P waste generated as part of this remediation? Yes

Describe beneficial use, if any, of E&P Waste derived from this remediation project:

NA

Volume of E&P Waste (solid) in cubic yards 10

E&P waste (solid) description Hydrocarbon impacted soil.

COGCC Disposal Facility ID #, if applicable: 149007

Non-COGCC Disposal Facility: _____

Volume of E&P Waste (liquid) in barrels 0

E&P waste (liquid) description _____

COGCC Disposal Facility ID #, if applicable: _____

Non-COGCC Disposal Facility: _____

REMEDATION COMPLETION REPORT

REMEDATION COMPLETION SUMMARY

Is this a Final Closure Request for this Remediation Project? Yes

Do all soils meet Table 910-1 standards? Yes

Does the previous reply indicate consideration of background concentrations? No

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? No

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.

If the facility remains in place, reclamation will not be necessary. If a facility is removed, the site will be restored as closely as possible to its pre-existing grade and reclaimed in accordance with COGCC 1004 series 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). 05/05/2017

Date of commencement of Site Investigation. 05/05/2017

Date of completion of Site Investigation. 01/28/2019

REMEDIAL ACTION DATES

Date of commencement of Remediation. 10/16/2017

Date of completion of Remediation. 10/16/2017

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: Gregory Hamilton

Title: Senior Staff Env Rep

Submit Date: 03/12/2019

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: PETER GINTAUTAS

Date: 03/17/2019

Remediation Project Number: 12507

COA Type**Description**

	Based on the information presented, it appears that no further action is necessary at this time and the COGCC approves the closure request. However, should future conditions at the site indicate contaminant concentrations in soils exceeding COGCC standards or if ground water is found to be impacted, then further investigation and/or further remediation activities may be required. In addition, the surface area disturbed by the remediation activity shall be reclaimed in accordance with the 1000 Series Reclamation Rules.
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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**

401965858	FORM 27-SUPPLEMENTAL-SUBMITTED
401965918	OTHER
401965919	OTHER
401965924	OTHER
401965926	OTHER
401965927	OTHER
401965931	OTHER
401965935	OTHER
401965940	OTHER
401965942	OTHER
401969184	OTHER

Total Attach: 11 Files

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

		Stamp Upon Approval
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Total: 0 comment(s)