

**State of Colorado
Oil and Gas Conservation Commission**



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

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): _____

OGCC Operator Number: 10273

Name of Operator: HRM Resources, LLC

Address: 410 17th Street, Suite 1100

City: Denver State: CO Zip: 80202

Contact Name and Telephone:

Terry Pape

No: O: (303) 893-6621 / C: (970) 768-5700

Fax: (303) 897-6892

API Number: 05-081-07317

County: Moffat

Facility Name: Gruwell

Facility Number: 313299

Well Name: Gruwell

Well Number: 44-32

Location: (QtrQtr, Sec, Twp, Rng, Meridian): SESE Sec 32-T10N-R93W, 6th PM Latitude: 40.7770721 Longitude: -107.851899

TECHNICAL CONDITIONS

Type of Waste Causing Impact (crude oil, condensate, produced water, etc): Crude oil and frac water

Site Conditions: Is location within a sensitive area (according to Rule 901e)? ☐ Y ☒ N If yes, attach evaluation.

Adjacent land use (cultivated, irrigated, dry land farming, industrial, residential, etc.): Dry land

Soil type, if not previously identified on Form 2A or Federal Surface Use Plan: Clay

Potential receptors (water wells within 1/4 mi, surface waters, etc.): n/a

Description of Impact (if previously provided, refer to that form or document):

Impacted Media (check):



Soils



Vegetation



Groundwater



Surface Water

Extent of Impact:

Well location / pasture leading from well to the North

How Determined:

Visual

REMEDIALTION WORKPLAN

Describe Initial action taken (if previously provided, refer to that form or document):

Crew had hot oil truck wash affected location with hot water and sucked up the water with a vac truck.

Describe how source is to be removed:

Moved washed fluid with the vac truck to HRM disposal well in Moffat County.

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.:

FOR OGCC USE ONLY

RECEIVED

JAN - 9 2014

OGCC Employee

☒ Spill ☐ Complaint

☐ Inspection ☐ NOAV

Tracking No: 2147879



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REMEDIAL WORKPLAN (Cont.)

Tracking Number: _____
Name of Operator: _____
OGCC Operator No: _____
Received Date: _____
Well Name & No: _____
Facility Name & No: _____

OGCC Employee: _____

If groundwater has been impacted, describe proposed monitoring plan (# of wells or sample points, sampling schedule, analytical methods, etc.):

No groundwater impact, surface was covered in snow and icy; little if any fluid soaked into ground.

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.

Spill fluids are recovered frac water (fresh). Area outside of tank berm will be reviewed in the spring for further mitigation of spill area that may be necessary. Tank berms will be re-established, inside the tank berm appears to be lined and any contaminated soil inside the tank berms will be remediated in place.

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:

Final disposition of E&P waste (landtreated and disposed onsite, name of licensed disposal facility, recycling, reuse, etc.):

No offsite disposal anticipated.

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: _____ Date Site Investigation Completed: 1/2/2014 Date Remediation Plan Submitted: 1/6/2014
Remediation Start Date: _____ Anticipated Completion Date: _____ Actual Completion Date: _____

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

Print Name: April Prohaska Signed: April Prohaska
Title: Production Technician Date: 1/6/2013

OGCC Approved: Chris Nessel Title: Environmental Protection Spec. Date: 3/6/14