

ATTN: JOHN BARBER

#8402

FOR OGCC USE ONLY

FORM

27

Rev 6/99

## 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): Pit lining

OGCC Operator Number: 10374

Name of Operator: Red Mountain Resources, LLC

Address: P.O. Box 2825

City: Evergreen

State: CO Zip: 90437-2825

Contact Name and Telephone:

Phil Barber

No: 303-808-8909

Fax:

API Number:

County: Logan

Facility Name: State A2 &amp; J18 Pit

Facility Number: 116192

Well Name:

Well Number:

Location (Qtr, Sec, Twp, Rng, Meridian): NWSW 21 6N 54W 6PM

Latitude: 40.46969

Longitude: -103.42412

## TECHNICAL CONDITIONS

Type of Waste Causing Impact (crude oil, condensate, produced water, etc.): produced 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.): cattle grazing

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

Potential receptors (water wells within 1/4 mi, surface waters, etc.): none identified

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

Impacted Media (check):

Extent of Impact:

How Determined:

☐

Soils

☐

Vegetation

☒

Groundwater

chloride concentration &gt;125% of upgradient

monitoring well network

☐

Surface Water

## REMEDIALATION WORKPLAN

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

Installed monitoring well network and tested groundwater. Submitted results to COGCC.

Describe how source is to be removed:

Produced water pit to be lined.

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.:

By lining the produced water pit, produced water saturating the soil will be eliminated or nearly eliminated and entry of dissolved solids will end, enabling groundwater to recover to natural chloride concentration.

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

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## REMEDIATION WORKPLAN (Cont.)

OGCC Employee:

If groundwater has been impacted, describe proposed monitoring plan (# of wells or sample points, sampling schedule, analytical methods, etc.):  
Maintain downgradient monitoring well and test groundwater annually for two years.

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.  
Halt water production; allow pit to discharge until 5/9/2014 allowed discharge date; test water pit bottom for contamination; following test results, remediate the pit as required, then prepare the pit for lining, then line. Install piping to direct water discharge off facility.

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:  
N/A - not at this time

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

## IMPLEMENTATION SCHEDULE

Date Site Investigation Began: 01/14/2014	Date Site Investigation Completed: 01/16/2014	Date Remediation Plan Submitted: 05/01/2014
Remediation Start Date: 05/12/2014	Anticipated Completion Date: 05/17/2014	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: Philip E. Barber

Signed:

Title: CEO

Date: 05/01/2014

OGCC Approved:

Title: NE EPS

Date: 5/6/14