

State of Colorado
Oil and Gas Conservation Commission



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

#8442

FOR OGCC USE ONLY

RECEIVED
4/29/2014

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.

OGCC Employee:

Spill Complaint
 Inspection NOAV

Tracking No:

CAUSE OF CONDITION BEING INVESTIGATED AND REMEDIATED

Spill or Release Plug & Abandon Central Facility Closure Site/Facility Closure Other (describe): _____

OGCC Operator Number: <u>42640</u>	Contact Name and Telephone: <u>Jim Berger</u>
Name of Operator: <u>Hyndrex Resources</u>	No: <u>970-336-8830</u>
Address: <u>300 East 16th Street, #201</u>	Fax: _____
City: <u>Greeley</u> State: <u>CO</u> Zip: <u>80631</u>	

API Number: <u>08707986000</u>	County: _____
Facility Name: <u>Hyndrex Resources</u>	Facility Number: _____
Well Name: <u>Wirth #6</u>	Well Number: _____
Location: (QtrQtr, Sec, Twp, Rng, Meridian): <u>NE-SW, T6 North, R58 West, Section 6</u> Latitude: <u>40.516387</u> Longitude: <u>-103.910555</u>	

TECHNICAL CONDITIONS

Type of Waste Causing Impact (crude oil, condensate, produced water, etc): No visible impact

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 farming

Soil type, if not previously identified on Form 2A or Federal Surface Use Plan: Fine well sorted sand

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

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

Impacted Media (check):	Extent of Impact:	How Determined:
<input type="checkbox"/> Soils	_____	_____
<input type="checkbox"/> Vegetation	_____	_____
<input type="checkbox"/> Groundwater	_____	_____
<input type="checkbox"/> Surface Water	_____	_____

REMEDATION WORKPLAN

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

The Wirth #6 well was plugged in July, 2002. An environmental assessment was completed on April 22, 2014 and indicates subsurface soil remaining at this location is within COGCC soil quality standards.

Describe how source is to be removed:

No soil remediation was performed, as this location tested to be within soil quality limits. There were no BTEX, DRO or GRO compounds detected in subsurface soil samples and there is no indication of a release of produced water at the location.

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.:

No remediation performed at this location.

FORM
27
Rev 6/99

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

Page 2
REMEDATION WORKPLAN (Cont.)

OGCC Employee: _____

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

Ground water has not been impacted.

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.

The location will be graded and recontoured in accordance with the land owners requests. The owner has approved the recontouring work plans. After grading, the site area will be reseeded with a Prarie Grass mix. Weed control will be performed as needed. Gravel will be removed and placed in an area designated by the land owner.

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:

Analytical test results have been provided in a recent environmental assessment report submitted to the COGCC on April 22, 2014.

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

Subsurface soil at this location has tested to be within COGCC soil quality standards and no further remediation of this location has recently been performed.

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: 3/25/14 Date Site Investigation Completed: 4/22/14 Date Remediation Plan Submitted: _____
Remediation Start Date: 3/23/14 Anticipated Completion Date: _____ Actual Completion Date: 3/25/14

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

Print Name: James Berger Signed: _____
Title: President Date: 4-29-14

OGCC Approved: _____ Title: _____ Date: _____