

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.

**CAUSE OF CONDITION BEING INVESTIGATED AND REMEDIATED**

☐ Spill or Release ☐ Plug & Abandon ☐ Central Facility Closure ☒ Site/Facility Closure ☐ Other (describe): \_\_\_\_\_

OGCC Operator Number: 42640

Name of Operator: Hyndrex Resources

Address: 300 East 16th Street, #201

City: Greeley State: CO Zip: 80631

Contact Name and Telephone:

Jim Berger

No: 970-336-8830

Fax: \_\_\_\_\_

API Number: 08707986000

County: \_\_\_\_\_

Facility Name: Hyndrex Resources

Facility Number: \_\_\_\_\_

Well Name: Wirth #6

Well Number: \_\_\_\_\_

Location: (QtrQtr, Sec, Twp, Rng, Meridian): NE-SW, T6 North, R58 West, Section 6 Latitude: 40.516387 Longitude: -103.910555

**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:

☐

Soils

☐

Vegetation

☐

Groundwater

☐

Surface Water

**REMEDIALATION 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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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.):

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 Prairie 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  
Title: President

Signed: \_\_\_\_\_

Date: 4-29-14

OGCC Approved: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_