

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

FOR OGCC USE ONLY
Received 7/27/2015
Remediation 9287
OGCC Employee:
 Spill Complaint
 Inspection NOAV
Tracking No: 667400504

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: 10112
Name of Operator: Foundation Energy Management, LLC
Address: 16000 Dallas Parkway, Suite 875
City: Dallas State: TX Zip: 75248
Contact Name and Telephone:
Rachel Grant
No: 918-526-5592
Fax: 918-585-1660
API Number: 05-123-20097 County: Weld
Facility Name: Hoffman Facility Number:
Well Name: Hoffman Well Number: 34-10
Location: (QtrQtr, Sec, Twp, Rng, Meridian): NWSE, 34, 8N, 60W, 6 Latitude: 40.61831 Longitude: -104.076087

TECHNICAL CONDITIONS

Type of Waste Causing Impact (crude oil, condensate, produced water, etc): Unknown
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: unknown
Potential receptors (water wells within 1/4 mi, surface waters, etc.): None- verified through COGCC e-GIS website tool
Description of Impact (if previously provided, refer to that form or document):
Impacted Media (check): Soils Vegetation Groundwater Surface Water
Extent of Impact: Possible contamination
How Determined: Sampling taken on 7/17 to determine if impacted

REMEDATION WORKPLAN

Describe initial action taken (if previously provided, refer to that form or document):
This form is being submitted as follow up to Inspection # 667400504 that identified potential seeping from the pit's eastern sidewall. Sampling was conducted on 7/17/2015 to see if impacts need to be addressed.
Describe how source is to be removed:
Soil will be excavated using a backhoe or trackhoe while using a PID meter to direct digging to contaminated areas.
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.:
Depending on sample results, if contamination needs to be addressed, soil will either be treated on-site or hauled for disposal. Foundation will communicate a detailed plan for approval before executing.



Tracking Number: 657400504
Name of Operator: Foundation Energy Management
OGCC Operator No: 10112
Received Date: 7/27/2015
Well Name & No: Hoffman 34-10
Facility Name & No:

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REMEDATION WORKPLAN (Cont.)

OGCC Employee: R. ALLISON

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

Groundwater is not expected to be encountered- but if it is, Foundation will notify the COGCC and get guidance on how to proceed with the remediation project.

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.

If reseeding does need to take place, the seed mix will be discussed with the landowners and stormwater controls put in place when the location is reseeded.

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:

Sample results will be returned the week of July 27th and further determination will be made what steps need to be taken to address this site.

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

All manifest tickets will be collected for off-site disposal.

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: 7/17/2015 Date Site Investigation Completed: _____ Date Remediation Plan Submitted: 7/27/2015
Remediation Start Date: Anticipated: 8/1/2015 Anticipated Completion Date: 8/31/2015 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: Rachel Grant Signed: [Signature] Title: Sr. HSE/Regulatory Tech. Date: 7/27/15

OGCC Approved: [Signature] Title: NORTHEAST EPB Date: 7/30/2015

* See the attached Conditions of Approval - Document No. 2615071