

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



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FOR OGCC USE ONLY	
<b>#9854</b>	
<b>Document 2527000</b>	
OGCC Employee:	
Spill Inspection	Complaint NOAV
Tracking No:	

**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: _____	Contact Name and Telephone: _____
Name of Operator: _____	_____
Address: _____	No: _____
City: _____ State: _____ Zip: _____	Fax: _____

API Number: _____	County: _____
Facility Name: _____	Facility Number: _____
Well Name: _____	Well Number: _____
Location: (QtrQtr, Sec, Twp, Rng, Meridian): _____	Latitude: _____ Longitude: _____

**TECHNICAL CONDITIONS**

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

**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.): \_\_\_\_\_

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

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

\_\_\_\_\_

**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	_____	_____

**REMEDIALTION WORKPLAN**

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

\_\_\_\_\_

**Describe how source is to be removed:**

\_\_\_\_\_

**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.:**

\_\_\_\_\_



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.):

**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.  
A reclamation plan will be submitted with the updated Form 27 if revegetation will be required at the site following remedial activities.

**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:

Confirmation samples will be taken to confirm that all soils above the Table 910-1 limits have been removed.

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

Impacted soils will either be disposed of at the DADS landfill or landfarmed on site.

**IMPLEMENTATION SCHEDULE**

Date Site Investigation Began: Sept 22, 2016 Date Site Investigation Completed: \_\_\_\_\_ Date Remediation Plan Submitted: Sept 26, 2016  
Remediation Start Date: \_\_\_\_\_ Anticipated Completion Date: Oct 31, 2016 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: David K Nicholson Signed: *DK Nicholson*

Title: Consultant to HRM Resources II LLC Date: Sept 26, 2016

OGCC Approved: \_\_\_\_\_ Title: EPS Date: 10/3/2016