

District I  
1625 N French Dr, Hobbs, NM 88240  
District II  
1301 W Grand Avenue, Artesia, NM 88210  
District III  
1000 Rio Brazos Road, Aztec, NM 87410  
District IV  
1220 S St Francis Dr, Santa Fe, NM 87505

State of New Mexico  
Energy Minerals and Natural Resources  
Department  
Oil Conservation Division  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-144  
July 21, 2008

For temporary pits, closed-loop systems, and below-grade tanks, submit to the appropriate NMOCD District Office  
For permanent pits and exceptions submit to the Santa Fe Environmental Bureau office and provide a copy to the appropriate NMOCD District Office.

10303

Pit, Closed-Loop System, Below-Grade Tank, or  
Proposed Alternative Method Permit or Closure Plan Application

- Type of action. ☐ Permit of a pit, closed-loop system, below-grade tank, or proposed alternative method  
☒ Closure of a pit, closed-loop system, below-grade tank, or proposed alternative method  
☐ Modification to an existing permit  
☐ Closure plan only submitted for an existing permitted or non-permitted pit, closed-loop system, below-grade tank, or proposed alternative method

**Instructions: Please submit one application (Form C-144) per individual pit, closed-loop system, below-grade tank or alternative request**

Please be advised that approval of this request does not relieve the operator of liability should operations result in pollution of surface water, ground water or the environment. Nor does approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances.

1  
Operator EnerVest Operating, LLC OGRID #: 143199  
Address: 1001 Fannin St Ste 800 Houston, Texas 77002  
Facility or well name: Jicarilla Apache 102 #30A  
API Number: 30-039-23232 OCD Permit Number \_\_\_\_\_  
U/L or Qtr/Qtr D Section 10 Township 26N Range 04W County: Rio Arriba  
Center of Proposed Design: Latitude 36 5052 Longitude -107.24585 NAD ☐ 1927 ☒ 1983  
Surface Owner ☐ Federal ☐ State ☐ Private ☒ Tribal Trust or Indian Allotment

2.  
☐ **Pit:** Subsection F or G of 19.15 17.11 NMAC  
Temporary: ☐ Drilling ☐ Workover  
☐ Permanent ☐ Emergency ☐ Cavitation ☐ P&A  
☐ Lined ☐ Unlined Liner type: Thickness \_\_\_\_\_ mil ☐ LLDPE ☐ HDPE ☐ PVC ☐ Other \_\_\_\_\_  
☐ String-Reinforced  
Liner Seams: ☐ Welded ☐ Factory ☐ Other \_\_\_\_\_ Volume: \_\_\_\_\_ bbl Dimensions L \_\_\_\_\_ x W \_\_\_\_\_ x D \_\_\_\_\_

RCVD AUG 8 '12  
OIL CONS. DIV.  
DIST. 3

3  
☐ **Closed-loop System:** Subsection H of 19.15 17.11 NMAC  
Type of Operation ☐ P&A ☐ Drilling a new well ☐ Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent)  
☐ Drying Pad ☐ Above Ground Steel Tanks ☐ Haul-off Bins ☐ Other \_\_\_\_\_  
☐ Lined ☐ Unlined Liner type: Thickness \_\_\_\_\_ mil ☐ LLDPE ☐ HDPE ☐ PVC ☐ Other \_\_\_\_\_  
Liner Seams ☐ Welded ☐ Factory ☐ Other \_\_\_\_\_

4.  
☒ **Below-grade tank:** Subsection I of 19.15 17.11 NMAC  
Volume 95 bbl Type of fluid Primarily produced water w/ compressor skid precipitation & incidental lubricating oil  
Tank Construction material: Steel w/ expanded metal cover  
☐ Secondary containment with leak detection ☐ Visible sidewalls, liner, 6-inch lift and automatic overflow shut-off  
☐ Visible sidewalls and liner ☐ Visible sidewalls only ☒ Other electronic monitoring  
Liner type: Thickness \_\_\_\_\_ mil ☐ HDPE ☐ PVC ☐ Other \_\_\_\_\_

5  
☐ **Alternative Method:**  
Submittal of an exception request is required Exceptions must be submitted to the Santa Fe Environmental Bureau office for consideration of approval

11.

**Temporary Pits, Emergency Pits, and Below-grade Tanks Permit Application Attachment Checklist:** Subsection B of 19 15 17 9 NMAC**Instructions:** Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are attached.

- ☒ Hydrogeologic Report (Below-grade Tanks) - based upon the requirements of Paragraph (4) of Subsection B of 19.15.17.9 NMAC
- ☐ Hydrogeologic Data (Temporary and Emergency Pits) - based upon the requirements of Paragraph (2) of Subsection B of 19 15 17 9 NMAC
- ☒ Siting Criteria Compliance Demonstrations - based upon the appropriate requirements of 19 15 17.10 NMAC
- ☒ Design Plan - based upon the appropriate requirements of 19 15 17 11 NMAC
- ☒ Operating and Maintenance Plan - based upon the appropriate requirements of 19.15 17 12 NMAC
- ☒ Closure Plan (Please complete Boxes 14 through 18, if applicable) - based upon the appropriate requirements of Subsection C of 19 15.17.9 NMAC and 19.15.17.13 NMAC

☐ Previously Approved Design (attach copy of design) API Number \_\_\_\_\_ or Permit Number. \_\_\_\_\_

12.

**Closed-loop Systems Permit Application Attachment Checklist:** Subsection B of 19 15 17.9 NMAC**Instructions:** Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are attached.

- ☐ Geologic and Hydrogeologic Data (only for on-site closure) - based upon the requirements of Paragraph (3) of Subsection B of 19 15 17.9
- ☐ Siting Criteria Compliance Demonstrations (only for on-site closure) - based upon the appropriate requirements of 19 15 17.10 NMAC
- ☐ Design Plan - based upon the appropriate requirements of 19 15 17 11 NMAC
- ☐ Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC
- ☐ Closure Plan (Please complete Boxes 14 through 18, if applicable) - based upon the appropriate requirements of Subsection C of 19 15 17.9 NMAC and 19.15 17.13 NMAC

☐ Previously Approved Design (attach copy of design) API Number \_\_\_\_\_

☐ Previously Approved Operating and Maintenance Plan API Number. \_\_\_\_\_ (Applies only to closed-loop system that use above ground steel tanks or haul-off bins and propose to implement waste removal for closure)

13.

**Permanent Pits Permit Application Checklist:** Subsection B of 19.15.17.9 NMAC**Instructions:** Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are attached.

- ☐ Hydrogeologic Report - based upon the requirements of Paragraph (1) of Subsection B of 19.15 17 9 NMAC
- ☐ Siting Criteria Compliance Demonstrations - based upon the appropriate requirements of 19 15 17 10 NMAC
- ☐ Climatological Factors Assessment
- ☐ Certified Engineering Design Plans - based upon the appropriate requirements of 19 15 17 11 NMAC
- ☐ Dike Protection and Structural Integrity Design - based upon the appropriate requirements of 19.15.17.11 NMAC
- ☐ Leak Detection Design - based upon the appropriate requirements of 19.15.17.11 NMAC
- ☐ Liner Specifications and Compatibility Assessment - based upon the appropriate requirements of 19 15.17 11 NMAC
- ☐ Quality Control/Quality Assurance Construction and Installation Plan
- ☐ Operating and Maintenance Plan - based upon the appropriate requirements of 19 15 17 12 NMAC
- ☐ Freeboard and Overtopping Prevention Plan - based upon the appropriate requirements of 19 15 17.11 NMAC
- ☐ Nuisance or Hazardous Odors, including H<sub>2</sub>S, Prevention Plan
- ☐ Emergency Response Plan
- ☐ Oil Field Waste Stream Characterization
- ☐ Monitoring and Inspection Plan
- ☐ Erosion Control Plan
- ☐ Closure Plan - based upon the appropriate requirements of Subsection C of 19 15 17 9 NMAC and 19.15.17 13 NMAC

14.

**Proposed Closure:** 19 15 17 13 NMAC**Instructions:** Please complete the applicable boxes, Boxes 14 through 18, in regards to the proposed closure plan.

Type: ☐ Drilling ☐ Workover ☐ Emergency ☐ Cavitation ☐ P&A ☐ Permanent Pit ☒ Below-grade Tank ☐ Closed-loop System

☐ Alternative

Proposed Closure Method ☒ Waste Excavation and Removal

☐ Waste Removal (Closed-loop systems only)

☐ On-site Closure Method (Only for temporary pits and closed-loop systems)

☐ In-place Burial ☐ On-site Trench Burial

☐ Alternative Closure Method (Exceptions must be submitted to the Santa Fe Environmental Bureau for consideration)

15.

**Waste Excavation and Removal Closure Plan Checklist:** (19 15 17 13 NMAC) **Instructions:** Each of the following items must be attached to the closure plan. Please indicate, by a check mark in the box, that the documents are attached.

- ☒ Protocols and Procedures - based upon the appropriate requirements of 19 15 17 13 NMAC
- ☒ Confirmation Sampling Plan (if applicable) - based upon the appropriate requirements of Subsection F of 19 15 17 13 NMAC
- ☒ Disposal Facility Name and Permit Number (for liquids, drilling fluids and drill cuttings)
- ☒ Soil Backfill and Cover Design Specifications - based upon the appropriate requirements of Subsection H of 19 15 17.13 NMAC
- ☒ Re-vegetation Plan - based upon the appropriate requirements of Subsection I of 19 15 17 13 NMAC
- ☒ Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19 15 17 13 NMAC

16.

**Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only:** (19.15.17.13 D NMAC)

**Instructions:** Please identify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two facilities are required.

Disposal Facility Name: \_\_\_\_\_ Disposal Facility Permit Number \_\_\_\_\_

Disposal Facility Name: \_\_\_\_\_ Disposal Facility Permit Number \_\_\_\_\_

Will any of the proposed closed-loop system operations and associated activities occur on or in areas that *will not* be used for future service and operations?

☐ Yes (If yes, please provide the information below) ☐ No

*Required for impacted areas which will not be used for future service and operations*

☐ Soil Backfill and Cover Design Specifications - based upon the appropriate requirements of Subsection H of 19 15 17 13 NMAC

☐ Re-vegetation Plan - based upon the appropriate requirements of Subsection I of 19 15 17 13 NMAC

☐ Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19 15 17 13 NMAC

17.

**Siting Criteria (regarding on-site closure methods only):** 19.15.17 10 NMAC

**Instructions:** Each siting criteria requires a demonstration of compliance in the closure plan. Recommendations of acceptable source material are provided below. Requests regarding changes to certain siting criteria may require administrative approval from the appropriate district office or may be considered an exception which must be submitted to the Santa Fe Environmental Bureau office for consideration of approval. Justifications and/or demonstrations of equivalency are required. Please refer to 19.15.17.10 NMAC for guidance.

Ground water is less than 50 feet below the bottom of the buried waste

- NM Office of the State Engineer - iWATERS database search, USGS; Data obtained from nearby wells

☐ Yes ☐ No  
☐ NA

Ground water is between 50 and 100 feet below the bottom of the buried waste

- NM Office of the State Engineer - iWATERS database search, USGS; Data obtained from nearby wells

☐ Yes ☐ No  
☐ NA

Ground water is more than 100 feet below the bottom of the buried waste.

- NM Office of the State Engineer - iWATERS database search, USGS; Data obtained from nearby wells

☐ Yes ☐ No  
☐ NA

Within 300 feet of a continuously flowing watercourse, or 200 feet of any other significant watercourse or lakebed, sinkhole, or playa lake (measured from the ordinary high-water mark).

- Topographic map, Visual inspection (certification) of the proposed site

☐ Yes ☐ No

Within 300 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application.

- Visual inspection (certification) of the proposed site, Aerial photo; Satellite image

☐ Yes ☐ No

Within 500 horizontal feet of a private, domestic fresh water well or spring that less than five households use for domestic or stock watering purposes, or within 1000 horizontal feet of any other fresh water well or spring, in existence at the time of initial application

- NM Office of the State Engineer - iWATERS database, Visual inspection (certification) of the proposed site

☐ Yes ☐ No

Within incorporated municipal boundaries or within a defined municipal fresh water well field covered under a municipal ordinance adopted pursuant to NMSA 1978, Section 3-27-3, as amended.

- Written confirmation or verification from the municipality, Written approval obtained from the municipality

☐ Yes ☐ No

Within 500 feet of a wetland

- US Fish and Wildlife Wetland Identification map, Topographic map; Visual inspection (certification) of the proposed site

☐ Yes ☐ No

Within the area overlying a subsurface mine.

- Written confirmation or verification or map from the NM EMNRD-Mining and Mineral Division

☐ Yes ☐ No

Within an unstable area

- Engineering measures incorporated into the design, NM Bureau of Geology & Mineral Resources, USGS, NM Geological Society; Topographic map

☐ Yes ☐ No

Within a 100-year floodplain.

- FEMA map

☐ Yes ☐ No

18.

**On-Site Closure Plan Checklist:** (19 15 17 13 NMAC) **Instructions:** Each of the following items must be attached to the closure plan. Please indicate, by a check mark in the box, that the documents are attached.

☐ Siting Criteria Compliance Demonstrations - based upon the appropriate requirements of 19.15 17.10 NMAC

☐ Proof of Surface Owner Notice - based upon the appropriate requirements of Subsection F of 19.15 17 13 NMAC

☐ Construction/Design Plan of Burial Trench (if applicable) based upon the appropriate requirements of 19 15 17 11 NMAC

☐ Construction/Design Plan of Temporary Pit (for in-place burial of a drying pad) - based upon the appropriate requirements of 19 15 17 11 NMAC

☐ Protocols and Procedures - based upon the appropriate requirements of 19.15.17.13 NMAC

☐ Confirmation Sampling Plan (if applicable) - based upon the appropriate requirements of Subsection F of 19 15 17 13 NMAC

☐ Waste Material Sampling Plan - based upon the appropriate requirements of Subsection F of 19.15 17 13 NMAC

☐ Disposal Facility Name and Permit Number (for liquids, drilling fluids and drill cuttings or in case on-site closure standards cannot be achieved)

☐ Soil Cover Design - based upon the appropriate requirements of Subsection H of 19.15.17 13 NMAC

☐ Re-vegetation Plan - based upon the appropriate requirements of Subsection I of 19 15 17 13 NMAC

☐ Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19 15 17 13 NMAC

19

**Operator Application Certification:**

I hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief

Name (Print) Janet M Bienski Title Associate Regulatory Analyst  
 Signature *Janet Bienski* Date 07/25/2012  
 e-mail address jbienski@enervest.net Telephone 713-495-1571

20.

**OCD Approval:** ☐ Permit Application (including closure plan) ☒ ~~Closure Plan (only)~~ ☐ OCD Conditions (see attachment)

OCD Representative Signature: *Jonathan D. Kelly* Approval Date: 8/10/2012  
 Title: Compliance Officer OCD Permit Number: \_\_\_\_\_

21

**Closure Report (required within 60 days of closure completion):** Subsection K of 19 15.17.13 NMAC

**Instructions:** Operators are required to obtain an approved closure plan prior to implementing any closure activities and submitting the closure report. The closure report is required to be submitted to the division within 60 days of the completion of the closure activities. Please do not complete this section of the form until an approved closure plan has been obtained and the closure activities have been completed.

☒ Closure Completion Date: 4/28/2011

22

**Closure Method:**

☐ Waste Excavation and Removal ☐ On-Site Closure Method ☐ Alternative Closure Method ☐ Waste Removal (Closed-loop systems only)  
☐ If different from approved plan, please explain

23.

**Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only:**

**Instructions:** Please identify the facility or facilities for where the liquids, drilling fluids and drill cuttings were disposed. Use attachment if more than two facilities were utilized.

Disposal Facility Name \_\_\_\_\_ Disposal Facility Permit Number \_\_\_\_\_  
 Disposal Facility Name \_\_\_\_\_ Disposal Facility Permit Number \_\_\_\_\_

Were the closed-loop system operations and associated activities performed on or in areas that *will not* be used for future service and operations?

☐ Yes (If yes, please demonstrate compliance to the items below) ☐ No

*Required for impacted areas which will not be used for future service and operations*

- ☐ Site Reclamation (Photo Documentation)  
☐ Soil Backfilling and Cover Installation  
☐ Re-vegetation Application Rates and Seeding Technique

24.

**Closure Report Attachment Checklist:** *Instructions: Each of the following items must be attached to the closure report. Please indicate, by a check mark in the box, that the documents are attached.*

- ☐ Proof of Closure Notice (surface owner and division)  
☐ Proof of Deed Notice (required for on-site closure)  
☐ Plot Plan (for on-site closures and temporary pits)  
☐ Confirmation Sampling Analytical Results (if applicable)  
☐ Waste Material Sampling Analytical Results (required for on-site closure)  
☐ Disposal Facility Name and Permit Number  
☐ Soil Backfilling and Cover Installation  
☐ Re-vegetation Application Rates and Seeding Technique  
☐ Site Reclamation (Photo Documentation)

On-site Closure Location Latitude \_\_\_\_\_ Longitude \_\_\_\_\_ NAD ☐ 1927 ☐ 1983

25

**Operator Closure Certification:**

I hereby certify that the information and attachments submitted with this closure report is true, accurate and complete to the best of my knowledge and belief I also certify that the closure complies with all applicable closure requirements and conditions specified in the approved closure plan

Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 e-mail address \_\_\_\_\_ Telephone \_\_\_\_\_

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-107  
Revised 10-1-78

All distances must be from the outer boundaries of the Section.

Operator <b>AMOCO PRODUCTION COMPANY</b>			Lease <b>JICARILLA APACHE 102</b>		Well No. <b>30A</b>
Unit Letter <b>D</b>	Section <b>10</b>	Township <b>26N</b>	Range <b>4W</b>	County <b>Rio Arriba</b>	
Actual Footage Location of Well: <b>970</b> feet from the <b>North</b> line and <b>550</b> feet from the <b>West</b> line					
Ground Level Elev. <b>6907</b>	Producing Formation <b>Mesa Verde</b>		Pool <b>Blanco Mesa Verde</b>	Dedicated Acreage: <b>N 320</b> Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation \_\_\_\_\_

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) \_\_\_\_\_

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.

Scale: 1"=1000'

CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

*Dale H. Shoemaker*

Name  
**DALE H. SHOEMAKER**  
Position  
**DISTRICT ENGINEER**  
Company  
**AMOCO PRODUCTION COMPANY**  
Date  
**MARCH 18, 1983**

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed  
**March 9, 1983**  
Registered Professional Engineer and Land Surveyor  
*Fred B. Kery Jr.*  
**Fred B. Kery Jr.**  
Certificate No. **3950**

## **EnerVest Operating, LLC**

### **Below-Grade Tank Closure Report**

**Lease & Well: Jicarilla Apache 102 30A**

**API No: 30-039-23232**

In accordance with Rule 19.15.17.13 NMAC, the following information describes the closure of the below-grade tank on the above well. All proper documentation regarding closure activities is being included with the C-144, closure report. This below-grade tank was constructed prior to June 16, 2008, the effective date of this rule.

The surface owner shall be notified of the closure of this below-grade tank.

**Manuel Myore/Bureau of Indian Affairs was notified of the closure of this below-grade tank via U. S. Mail Registered Mail with a Return Receipt Requested on March 31, 2011.**

At least a 72 hour notice will be given to the appropriate division district office, via U. S. Mail or electronic e-mail, prior to the closure of any below-grade tank.

**The Aztec OCD Office was notified on April 25, 2011 via email of the proposed closure operations for this below-grade tank.**

All free standing liquids will be removed prior to any other activity concerning the closure of the below-grade tank. All liquids were disposed of in a division-approved facility in a manner that the appropriate division district office approves.

**All recovered liquids were disposed of at TNT Land Farm/Permit #NM-01-008. This below-grade tank was steam-cleaned and sold for private use.**

Upon removal of the below-grade tank from its containment area, the surface directly below this tank will be inspected for any visible signs of leakage. If leakage is detected, a grab sample will be taken from that area. Also, a five point composite sample will be taken from where the tank was sitting. All samples will be analyzed for the following:

<b>Components</b>	<b>Test Method</b>	<b>Limits (mg/Kg)</b>
Benzene	EPA SW-846 8021B or 8260B	0.2
BTEX	EPA SW-846 8021B or 8260B	50
TPH	EPA SW-846 418.1	100
Chlorides	EPA 300.1	250 or background, whichever is greater

The results of all sampling shall be reported to the division on Form C-141.

**Upon removal of this below-grade tank, there was no visible evidence of any leakage. a five point composite sample was taken from where the tank was sitting. The samples were sent in for analysis and the results reported to the OCD Aztec Office on C-141. The results of all testing were within tolerance levels as established by the OCD.**

Upon sampling has confirmed no leaks were evidence, the area was back filled and surrounding area restored. These below-grade tanks are on the approved pad sites and no re-seeding was performed.

Photographic evidence of this work was taken and will be submitted with our completed C-144 for the closure of this below-grade tank.



CERTIFIED MAIL W/ RETURN RECEIPT  
7009-2250-0003-1416-2989

March 31, 2011

Mr. Manuel Myore  
Bureau of Indian Affairs  
Jicarilla Agency  
Branch of Real Property  
P. O. Box 167  
Dulce, New Mexico 87528

RE: Closure of Below-Grade Tank  
JICARILLA APACHE 102 No. 030A  
API 30-039-23232

Dear Mr. Myore,

In an effort to be in compliance with NMAC 19.15.17.13 (J) regarding notifications to surface owners concerning the closure of below-grade tanks, please be advised that EnerVest Operating, LLC is in process of preparing OCD Form C-144 to close the below-grade tank(s) on the above referenced property.

The tank located on this site is a below-grade tank and is no longer necessary. EnerVest has permanently plugged and abandoned this well. It is our intent to close this tank by June 2011. This timeline is completely dependent upon the availability of equipment, testing requirements, and weather conditions. Enervest will fully comply with NMAC 19.15.17.13 (E) in all work performed.

If you have any questions regarding this process, please feel free to contact the undersigned at 713-495-6530 at any time.

Sincerely,

Janet M. Bienski  
Regulatory Assistant  
EnerVest Operating, LLC  
Western Division



- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to

Mr Manuel Myore  
Bureau of Indian Affairs  
Jicarilla Agency  
Branch of Real Property  
P O Box 167  
Dulce, New Mexico 87528

2. Article Number  
(Transfer from service label)

PS Form 3811, February 2004

A Signature

X

*He 11*

☒ Agent

☐ Addressee

B Received by (Printed Name)

*He 11*

C Date of Delivery

*4.4.11*

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☒ No

*JK 102 30A*

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

*192250 0003 1 6 80*

Domestic Return Receipt

102595-02-M-1540

**Bienski, Janet**

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**From:** Young, Ronnie  
**Sent:** Monday, April 25, 2011 1:23 PM  
**To:** Bienski, Janet  
**Subject:** FW: Three day notice on pit closure - Jic 102 #3 and Jic 102 30A

-----Original Message-----

From: Gardner, Wilbert  
Sent: Wednesday, April 20, 2011 3:38 PM  
To: Young, Ronnie  
Subject: Three day notice on pit closure

*APR 28*

Ronnie

The 102 3. And the 102 30A are ready to be closed. We are scheduling them next Thursday. We need the 3 day notice sent.

Thanks.

Lee  
Sent from my BlackBerry Smartphone provided by Alltel

**Bienski, Janet**

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**From:** Bienski, Janet  
**Sent:** Monday, April 25, 2011 1 33 PM  
**To:** 'Powell, Brandon, EMNRD'  
**Subject:** BGT closures

Please be advised that we will be closing the below mentioned tanks on Thursday, April 28.

Jicarilla Apache 102 #003, API 30-039-06561, Unit Letter K, Section 9, TS 26N, Range 04W.

Jicarilla Apache 102 #30A, API 30-039-23232, Unit Letter D, Section 10, TS 26N, Range 04W.

Please contact me should there be any problems with this notice. Thank you.

Janet Bienski  
Regulatory Assistant  
713-495-1571  
[jbienski@enervest.net](mailto:jbienski@enervest.net)

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State of New Mexico  
Energy Minerals and Natural Resources

Form C-141  
Revised August 8, 2011

Oil Conservation Division  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Submit 1 Copy to appropriate District Office in  
accordance with 19.15 29 NMAC

### Release Notification and Corrective Action

#### OPERATOR

☒ Initial Report ☐ Final Report

Name of Company	EnerVest Operating, LLC	Contact	Janet M. Bienski
Address	1001 Fannin Street, Ste. 800, Houston, Tx 77002	Telephone No.	713-495-1571
Facility Name	Jicarilla Apache 102 No. 030A	Facility Type	Below Grade Tank Closure
Surface Owner	Jicarilla Apache Nation	Mineral Owner	API No 30-039-23232

#### LOCATION OF RELEASE

Unit Letter	Section	Township	Range	Feet from the	North/South Line	Feet from the	East/West Line	County
D	10	26N	04 W	970	North	550	West	Rio Arriba

Latitude 36.505214 Longitude 107.245848

#### NATURE OF RELEASE

Type of Release	None	Volume of Release	Volume Recovered
Source of Release		Date and Hour of Occurrence	Date and Hour of Discovery
Was Immediate Notice Given?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required	If YES, To Whom?	
By Whom?		Date and Hour	
Was a Watercourse Reached?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, Volume Impacting the Watercourse	


If a Watercourse was Impacted, Describe Fully \*

Describe Cause of Problem and Remedial Action Taken \*

No release detected – Closure of below-grade tank

Describe Area Affected and Cleanup Action Taken \*

I hereby certify that the information given above is true and complete to the best of my knowledge and understand that pursuant to NMOCD rules and regulations all operators are required to report and/or file certain release notifications and perform corrective actions for releases which may endanger public health or the environment. The acceptance of a C-141 report by the NMOCD marked as "Final Report" does not relieve the operator of liability should their operations have failed to adequately investigate and remediate contamination that pose a threat to ground water, surface water, human health or the environment. In addition, NMOCD acceptance of a C-141 report does not relieve the operator of responsibility for compliance with any other federal, state, or local laws and/or regulations.

Signature: 	<u>OIL CONSERVATION DIVISION</u>		
Printed Name Janet M Bienski	Approved by Environmental Specialist:		
Title. Associate Regulatory Analyst	Approval Date	Expiration Date	
E-mail Address jbienski@enervest.net	Conditions of Approval		Attached <input type="checkbox"/>
Date 08/01/2012	Phone 713-495-1571		

\* Attach Additional Sheets If Necessary

April 08, 2011

LEE GARDNER

ENERVEST

2700 FARMINGTON BLD K SUITE #1

FARMINGTON, NM 87401

RE: SOIL SAMPLES

Enclosed are the results of analyses for samples received by the laboratory on 04/06/11 9:30.

Cardinal Laboratories is accredited through Texas NELAP for:

Method SW-846 8021	Benzene, Toluene, Ethyl Benzene, and Total Xylenes
Method SW-846 8260	Benzene, Toluene, Ethyl Benzene, and Total Xylenes
Method TX 1005	Total Petroleum Hydrocarbons

Certificate number T104704398-08-TX. Accreditation applies to solid and chemical materials and non-potable water matrices.

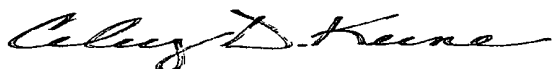
Cardinal Laboratories is accredited through the State of Colorado Department of Public Health and Environment for:

Method EPA 552.2	Haloacetic Acids (HAA-5)
Method EPA 524.2	Total Trihalomethanes (TTHM)
Method EPA 524.4	Regulated VOCs (V2, V3)

Accreditation applies to public drinking water matrices.

This report meets NELAP requirements and is made up of a cover page, analytical results, and a copy of the original chain-of-custody. If you have any questions concerning this report, please feel free to contact me.

Sincerely,



Celey D. Keene

Lab Director/Quality Manager

**Analytical Results For:**

ENERVEST  
LEE GARDNER  
2700 FARMINGTON BLD K SUITE #1  
FARMINGTON NM, 87401  
Fax To: NOT GIVEN

Received: 04/06/2011  
Reported: 04/08/2011  
Project Name: SOIL SAMPLES  
Project Number: NONE GIVEN  
Project Location: NOT GIVEN

Sampling Date: 04/05/2011  
Sampling Type: Soil  
Sampling Condition: Cool & Intact  
Sample Received By: Jodi Henson

**Sample ID: 146 - 19 (H100680-01)**

BTEX 8021B			mg/kg		Analyzed By: CMS				
Analyte	Result	Reporting Limit	Analyzed	Method Blank	BS	% Recovery	True Value QC	RPD	Qualifier
Benzene*	<0.050	0.050	04/07/2011	ND	1.72	86.0	2.00	2.93	
Toluene*	<0.050	0.050	04/07/2011	ND	1.79	89.6	2.00	2.27	
Ethylbenzene*	<0.050	0.050	04/07/2011	ND	1.84	92.2	2.00	3.11	
Total Xylenes*	<0.150	0.150	04/07/2011	ND	5.55	92.5	6.00	2.34	

Surrogate 4-Bromofluorobenzene (PIL) 92.4 % 70-130

Chloride, SM4500Cl-B			mg/kg		Analyzed By: HM				
Analyte	Result	Reporting Limit	Analyzed	Method Blank	BS	% Recovery	True Value QC	RPD	Qualifier
Chloride	<16.0	16.0	04/07/2011	ND	416	104	400	3.77	

TPH 8015M			mg/kg		Analyzed By: AB				
Analyte	Result	Reporting Limit	Analyzed	Method Blank	BS	% Recovery	True Value QC	RPD	Qualifier
GRO C6-C10	<10.0	10.0	04/08/2011	ND	214	107	200	1.23	
DRO >C10-C28	12.0	10.0	04/08/2011	ND	204	102	200	6.06	


Surrogate 1-Chlorooctane 114 % 70-130

Surrogate 1-Chlorooctadecane 124 % 70-130

Cardinal Laboratories

\*=Accredited Analyte

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Celey D. Keene, Lab Director/Quality Manager

**Analytical Results For:**

ENERVEST  
LEE GARDNER  
2700 FARMINGTON BLD K SUITE #1  
FARMINGTON NM, 87401  
Fax To: NOT GIVEN

Received: 04/06/2011  
Reported: 04/08/2011  
Project Name: SOIL SAMPLES  
Project Number: NONE GIVEN  
Project Location: NOT GIVEN

Sampling Date: 04/05/2011  
Sampling Type: Soil  
Sampling Condition: Cool & Intact  
Sample Received By: Jodi Henson

**Sample ID: 102 - 30 A (H100680-02)**

BTEX 8021B			mg/kg		Analyzed By: CMS				
Analyte	Result	Reporting Limit	Analyzed	Method Blank	BS	% Recovery	True Value QC	RPD	Qualifier
Benzene*	<0.050	0.050	04/07/2011	ND	1.72	86.0	2.00	2.93	
Toluene*	<0.050	0.050	04/07/2011	ND	1.79	89.6	2.00	2.27	
Ethylbenzene*	0.125	0.050	04/07/2011	ND	1.84	92.2	2.00	3.11	
Total Xylenes*	4.15	0.150	04/07/2011	ND	5.55	92.5	6.00	2.34	

Surrogate 4-Bromofluorobenzene (PIL) 88.0 % 70-130

Chloride, SM4500Cl-B			mg/kg		Analyzed By: HM				
Analyte	Result	Reporting Limit	Analyzed	Method Blank	BS	% Recovery	True Value QC	RPD	Qualifier
Chloride	32.0	16.0	04/07/2011	ND	416	104	400	3.77	

TPH 8015M			mg/kg		Analyzed By: AB			S-04		
Analyte	Result	Reporting Limit	Analyzed	Method Blank	BS	% Recovery	True Value QC	RPD	Qualifier	
GRO C6-C10	238	10.0	04/08/2011	ND	214	107	200	1.23		
DRO >C10-C28	859	10.0	04/08/2011	ND	204	102	200	6.06		

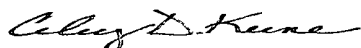
Surrogate 1-Chlorooctane 137 % 70-130

Surrogate 1-Chlorooctadecane 131 % 70-130

Cardinal Laboratories

\*=Accredited Analyte

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Celey D. Keene, Lab Director/Quality Manager

**Notes and Definitions**

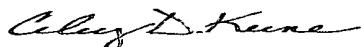
- S-04            The surrogate recovery for this sample is outside of established control limits due to a sample matrix effect.
- ND             Analyte NOT DETECTED at or above the reporting limit
- RPD            Relative Percent Difference
- \*\*              Samples not received at proper temperature of 6°C or below
- \*\*\*             Insufficient time to reach temperature.
- Chloride by SM4500Cl-B does not require samples be received at or below 6°C
- Samples reported on an as received basis (wet) unless otherwise noted on report

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\*=Accredited Analyte

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Celey D. Keene, Lab Director/Quality Manager





## CHAIN OF CUSTODY RECORD

Page 1 of 1Client GREEN ANESTContact: WEE GARDNERAddress: 2750 FAIRMINGTON3100 FAIRMINGTON NW 8769Phone Number: 505-320-7514FAX Number: WEE GARDNERGREENEST, INC.

### NOTES

- 1) Ensure proper container packaging.
  - 2) Ship samples promptly following collection
  - 3) Designate Sample Reject Disposition.
- PO# \_\_\_\_\_

Project Name: \_\_\_\_\_

### Table 1. - Matrix Type

1 = Surface Water, 2 = Ground Water  
3 = Soil/Sediment, 4 = Rinsate, 5 = Oil  
6 = Waste, 7 = Other (Specify) \_\_\_\_\_

FOR GAL USE ONLY

GAL JOB # \_\_\_\_\_

Samplers Signature \_\_\_\_\_

Lab Name		Green Analytical Laboratories		(970) 247-4220		FAX (970) 247-4227		Analyses Required										Comments				
Address:		75 Suttle Street, Durango, CO 81303																				
Sample ID	Collection		Collected by (Int)	Miscellaneous			Preservative(s)					BTEX	GASES	COH	CHL	CAH	CAHIDES					
	Date	Time		Matrix Type From Table 1	No of Containers	Sample Filtered Y/N	Unpreserved (Ice Only)	HNO3	HCL	H2SO4	NAOH							Other (Specify)				
H100680																						
1. 11C-17	4/5/11	10:00	LG	3	1	N	X															
2. 10A-30A	4/5/11	2:18	LG	3	1	N	X															
3.																						
4.																						
5.																						
6.																						
7.																						
8.																						
9.																						
10.																						
Relinquished by: <u>[Signature]</u>			Date: <u>4/5/11</u>		Time: <u>14:42</u>		Received by: <u>[Signature]</u>		Date: <u>4/5/11</u>		Time: <u>14:42</u>		Received by: <u>[Signature]</u>		Date: <u>4/5/11</u>		Time: <u>14:42</u>					
Relinquished by: <u>[Signature]</u>			Date: <u>4/5/11</u>		Time: <u>14:42</u>		Received by: <u>[Signature]</u>		Date: <u>4/5/11</u>		Time: <u>14:42</u>		Received by: <u>[Signature]</u>		Date: <u>4/5/11</u>		Time: <u>14:42</u>					

\* Sample Reject [ ] Return [ ] Dispose [ ] Store (30 Days)

50C #26

JIC APACHE 102 030A-MV

API# 3003923232

FEDERAL LEASE# JIC102

NW/4 NW/4 (D) S.10-T26N-R4W

Rio Arriba County (ELEV. 6,917)

**ENERVEST OPERATING, LLC**

LAT 36.50541 LONG 107.24582

## 1 PETROLEUM CRUDE OIL

### WARNING FLAMMABLE

FLAMMABLE VAPORS MAY CONTAIN  
HYDROGEN SULFIDE ( $H_2S$ )  
GAS CAN BE HARMFUL OR FATAL  
CAN CAUSE SKIN IRRITATION UPON  
PROLONGED OR REPEATED CONTACT  
HARMFUL IF SWALLOWED AND/OR  
ASPIRATED INTO THE LUNGS

#### HANDLING

WEAR PROTECTIVE CLOTHING AND GLOVES IF PROLONGED OR REPEATED  
CONTACT IS LIKELY. USE WITH ADEQUATE VENTILATION. IF OPERATING  
CONDITIONS CAUSE HIGH VAPOR CONCENTRATIONS OR TLV (10PPM)  
IS EXCEEDED, USE SUPPLIED AIR RESPIRATOR APPROVED BY  
NIOSH/MSHA.

FOR EYES: IN CASE OF CONTACT, FLUSH EYES WITH PLENTY OF WATER

FOR SKIN: IN CASE OF CONTACT, WASH EXPOSED SKIN WITH SOAP  
AND WATER

FOR INGESTION: IF SWALLOWED, DO NOT INDUCE VOMITING. GET  
IMMEDIATE MEDICAL ATTENTION.

FOR INHALATION: IF ADVERSE EFFECTS OCCUR, REMOVE TO  
UNCONTAMINATED AREA. GIVE ARTIFICIAL RESPIRATION IF NOT  
BREATHING. GET IMMEDIATE MEDICAL ATTENTION.

## 2 METHANE

### DANGER! EXTREMELY FLAMMABLE

VAPOR CAN BE HARMFUL OR FATAL IF  
HIGH CONCENTRATIONS ARE INHALED

#### HANDLING

WEAR CHEMICAL GOGGLES. WEAR GLOVES, IMPERVIOUS CLOTHING AND FACE  
SHIELD TO PREVENT CONTACT WITH LIQUID. USE WITH ADEQUATE VENTILATION.  
IF VENTILATION IS INADEQUATE, USE SUPPLIED AIR RESPIRATOR APPROVED BY  
NIOSH/MSHA.

FOR EYES: IN CASE OF CONTACT WITH LIQUID, IMMEDIATELY FLUSH EYES  
WITH PLENTY OF WATER FOR AT LEAST 15 MINUTES. THEN GET IMMEDIATE  
MEDICAL ATTENTION.

FOR SKIN: IN CASE OF CONTACT WITH LIQUID, IMMEDIATELY FLUSH WITH  
PLENTY OF TEPID WATER (105-115 °F). DO NOT USE HOT WATER. GET  
PROMPT MEDICAL ATTENTION.

FOR INHALATION: IF ADVERSE EFFECTS OCCUR, REMOVE TO  
UNCONTAMINATED AREA. GIVE O<sub>2</sub>/GEN IF BREATHING IS DIFFICULT.  
GET IMMEDIATE MEDICAL ATTENTION.

## 4 HYDROGEN SULFIDE

### DANGER FLAMMABLE

VAPOR HARMFUL OR FATAL  
VAPOR CAN BE IRRITATING TO EYES

#### HANDLING

USE WITH ADEQUATE VENTILATION OR USE AIR-SUPPLIED RESPIRATOR  
APPROVED BY MSHA/NIOSH IF VENTILATION IS INADEQUATE.  
WEAR CHEMICAL GOGGLES.

FOR EYES: IN CASE OF CONTACT, FLUSH EYES WITH PLENTY OF WATER  
FOR AT LEAST 15 MINUTES. GET MEDICAL ATTENTION IF IRRITATION  
PERSISTS.

FOR INHALATION: IF WORKER IS OVERCOME, RESCUEE MUST  
WEAR SUPPLIED AIR RESPIRATOR TO REMOVE WORKER TO  
UNCONTAMINATED AREA. GIVE ARTIFICIAL RESPIRATION IF NOT  
BREATHING. GET IMMEDIATE MEDICAL ATTENTION.

## 5 NATURAL GAS LIQUIDS

### CONTAINS ETHANE BUTANE PROPANE

### DANGER

EXTREMELY FLAMMABLE  
VAPOR CAN BE HARMFUL OR FATAL IF  
HIGH CONCENTRATIONS ARE INHALED

#### HANDLING

WEAR CHEMICAL GOGGLES. WEAR GLOVES, IMPERVIOUS CLOTHING AND  
FACE SHIELD TO PREVENT CONTACT WITH LIQUID. USE WITH ADEQUATE  
VENTILATION. IF VENTILATION IS INADEQUATE, USE SUPPLIED AIR  
RESPIRATOR APPROVED BY MSHA/NIOSH.

FOR EYES: IN CASE OF CONTACT, IMMEDIATELY FLUSH EYES WITH  
PLENTY OF WATER FOR AT LEAST 15 MINUTES. THEN GET MEDICAL  
ATTENTION.

FOR SKIN: IN CASE OF CONTACT WITH LIQUID, IMMEDIATELY  
FLUSH WITH PLENTY OF TEPID WATER (105-115 °F). DO NOT USE HOT  
WATER. GET PROMPT MEDICAL ATTENTION.

FOR INHALATION: IF ADVERSE EFFECTS OCCUR, REMOVE TO  
UNCONTAMINATED AREA. GIVE O<sub>2</sub>/GEN IF BREATHING IS DIFFICULT.  
GET IMMEDIATE MEDICAL ATTENTION.



