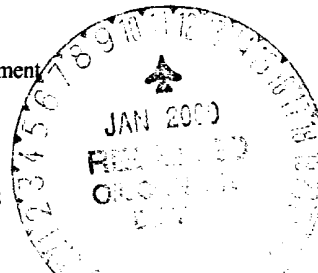


District I  
P.O. Box 1980, Hobbs, NM  
District II  
P.O. Drawer DD, Artesia, NM 88211  
District III  
1000 Rio Brazos Rd. Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088



SUBMIT 1 COPY TO  
APPROPRIATE  
DISTRICT OFFICE  
AND 1 COPY TO  
SANTA FE OFFICE

## PIT REMEDIATION AND CLOSURE REPORT

Operator: Questar Energy Company Telephone: (505) 326-9195

Address: P.O. Box 2330 Farmington, NM 87499

Facility Or: Knauff A #1

Well Name

Location: Unit or Qtr/Qtr Sec A Sec 13 T 27N R 10W County San Juan

Pit Type: Separator X Dehydrator        Other       

Land Type: BLM        State X Fee        Other       

Pit Location: Pit dimensions: Length 30 ft width 20 ft depth 10 ft  
(Attach diagram)

Reference: wellhead X other       

Footage from reference: 60 ft

Direction from reference:        Degrees        East North         
of  
X West South       

|                                                                                                                          |                          |                                     |             |           |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|-------------|-----------|
| Depth to Ground Water:<br>(vertical distance from<br>contaminants to seasonal<br>highwater elevation of<br>ground water) | <u>&gt;50', &lt;100'</u> | <u>      </u> Less than 50 feet     | (20 points) | <u>10</u> |
|                                                                                                                          |                          | <u>X</u> 50 ft to 99 feet           | (10 points) |           |
|                                                                                                                          |                          | <u>      </u> Greater than 100 feet | (0 points)  |           |

|                                                                                                                                                     |                   |             |          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------|----------|
| Wellhead Protection Area:<br>(less than 200 feet from a private<br>domestic water source, or: less than<br>1000 feet from all other water sources). | <u>      </u> Yes | (20 points) | <u>0</u> |
|                                                                                                                                                     | <u>X</u> No       | (0 points)  |          |

|                                                                                                                                              |                                     |             |          |
|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------|----------|
| Distance to Surface Water:<br>(Horizontal distance to perennial<br>lakes, ponds, rivers, streams, creeks,<br>irrigation canals and ditches.) | <u>      </u> Less than 200 feet    | (20 points) | <u>0</u> |
|                                                                                                                                              | <u>      </u> 200 feet to 1000 feet | (10 points) |          |
|                                                                                                                                              | <u>X</u> Greater than 1000 feet     | (0 points)  |          |

Date Remediation Started: 11/19/97 Date Completed: 1/29/99  
Excavation \_\_\_\_\_ Approx. cubic yards 205  
Landfarmed X Insitu Bioremediation \_\_\_\_\_  
Other \_\_\_\_\_

Remediation Method: Onsite X Offsite \_\_\_\_\_  
(Check all appropriate sections)

General Description of Remedial Action : On 11/19/97, the pit was excavated to a depth of 10 feet. A sample was obtained from the center bottom of the pit at a depth of 10 feet utilizing U.S.E.P.A. protocol and sent to On Site Technologies, Ltd. for GRO/DRO analysis. Results provided concentrations below NMOCD guidelines. On 1/29/99, the landfarm was tested and provided concentrations below NMOCD guidelines.

Ground Water Encountered: No X Yes \_\_\_\_\_ Depth \_\_\_\_\_

Final Pit:

Closure Sampling:  
(if multiple samples,  
attach sample results

and diagram of sample  
locations and depths)

Sample location Center Bottom

Sample depth 10 feet

Sample date 11/19/97

Sample time 14:15

Sample Results

Benzene (ppm) \_\_\_\_\_

Total BTEX (PPM) \_\_\_\_\_

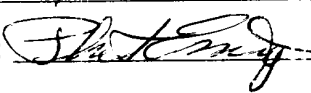
Field Headspace (ppm) 17.2

TPH 21

Ground Water Sample: Yes \_\_\_\_\_ No X (if yes, attach sample results)

I HEREBY CERTIFY THAT THE INFORMATION ABOVE IS TRUE AND COMPLETED TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DATE 1-4-00 PRINTED NAME Phil Emig

SIGNATURE  and TITLE Senior Operator

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: September 30, 1990

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill, deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well: oil well gas well ☒ other  
2. Name of Operator: **Questar Energy Company**  
3. Address of Operator: **P.O. Box 2330 Farmington, NM 87499**  
4. Location of Well: (Footage, Sec., T., R., M., or Survey Description)  
**Unit A Sec. 13 T 27 N R 10 W**

5. Lease Designation and Serial No.  
**NM 027**  
6. If Indian, Allottee or Tribe Name  
7. If Unit or CA, Agmt. Design.:  
8. Well Name and No.:  
**Knauff A #1**  
9. API Well No.:  
**30-045-06554**  
10. Field & Pool/Exploratory Area:  
**Basin Dakota**  
11. County or Parish, State:  
**San Juan, New Mexico**

12. CHECK APPROPRIATE BOX(es) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION                                    | TYPE OF ACTION                                                                                        |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Notice of Intent             | <input type="checkbox"/> Abandonment <input type="checkbox"/> Change of Plans                         |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion <input type="checkbox"/> New Construction                       |
| <input type="checkbox"/> Final Abandonment Notice     | <input type="checkbox"/> Plugging Back <input type="checkbox"/> Non-Routine Fracturing                |
|                                                       | <input type="checkbox"/> Casing Repair <input type="checkbox"/> Water Shut-Off                        |
|                                                       | <input type="checkbox"/> Altering Casing <input type="checkbox"/> Conversion to Injection             |
|                                                       | <input checked="" type="checkbox"/> Other: <b>Pit Closure</b>                                         |
|                                                       | (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) |

13. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

**The pit associated with the subject well has been closed and replaced with a fiberglass tank.  
Details of the closure are attached.**

14. I hereby certify that the foregoing is true and correct.

Signed:  **Phil Emig** Title: **Senior Operator** Date: 1-4-00

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any: \_\_\_\_\_

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency or the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

|                                                                                                                                                                                                                                                                                                          |                                      |                                                                              |             |      |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------------------------------|-------------|------|--|
| Location : <u>Knauff # A-1</u>                                                                                                                                                                                                                                                                           |                                      | Overview of Location and Sampling : <div style="text-align: center;"> </div> |             |      |  |
| Quad : <u>A</u> Section : <u>13</u>                                                                                                                                                                                                                                                                      |                                      |                                                                              |             |      |  |
| Range : <u>10 W</u> Township: <u>27 N</u>                                                                                                                                                                                                                                                                |                                      |                                                                              |             |      |  |
| Pit : <u>Separator</u>                                                                                                                                                                                                                                                                                   | Reference : <u>60' W of wellhead</u> | Sample #                                                                     | Location    | OVM  |  |
|                                                                                                                                                                                                                                                                                                          |                                      | 1                                                                            | C Btm @ 10' | 17.2 |  |
|                                                                                                                                                                                                                                                                                                          |                                      | 2                                                                            | N wall @ 8' | 3.8  |  |
|                                                                                                                                                                                                                                                                                                          |                                      | 3                                                                            | E wall @ 8' | 2    |  |
|                                                                                                                                                                                                                                                                                                          |                                      | 4                                                                            | S wall @ 8' | 4    |  |
|                                                                                                                                                                                                                                                                                                          |                                      | 5                                                                            | W wall @ 6' | 0.4  |  |
|                                                                                                                                                                                                                                                                                                          |                                      | 6                                                                            |             |      |  |
|                                                                                                                                                                                                                                                                                                          |                                      | 7                                                                            |             |      |  |
|                                                                                                                                                                                                                                                                                                          |                                      | 8                                                                            |             |      |  |
|                                                                                                                                                                                                                                                                                                          |                                      | 9                                                                            |             |      |  |
|                                                                                                                                                                                                                                                                                                          |                                      | 10                                                                           |             |      |  |
|                                                                                                                                                                                                                                                                                                          |                                      | 11                                                                           |             |      |  |
|                                                                                                                                                                                                                                                                                                          |                                      | 12                                                                           |             |      |  |
| Initial Size : <u>15' x 15' x 2' deep</u>                                                                                                                                                                                                                                                                |                                      |                                                                              |             |      |  |
| Final Size : <u>30' x 20' x 10' deep</u>                                                                                                                                                                                                                                                                 |                                      |                                                                              |             |      |  |
| Yds. Excavated : <u>205 cy</u>                                                                                                                                                                                                                                                                           |                                      |                                                                              |             |      |  |
| Depth to Groundwater: <u>&gt; 50', &lt; 100'</u>                                                                                                                                                                                                                                                         |                                      |                                                                              |             |      |  |
| Nearest Water Source: <u>&gt; 1000'</u>                                                                                                                                                                                                                                                                  |                                      |                                                                              |             |      |  |
| Nearest Surface Water: <u>&gt; 1000'</u>                                                                                                                                                                                                                                                                 |                                      |                                                                              |             |      |  |
| NMOCD Ranking Score: <u>10</u>                                                                                                                                                                                                                                                                           |                                      |                                                                              |             |      |  |
| TPH Closure Standard: <u>1000</u>                                                                                                                                                                                                                                                                        |                                      |                                                                              |             |      |  |
| Comments : Soil is light brown, slightly moist, silty sand. Paraffin and staining were visible prior to excavation. Black staining occurs within excavation to a depth of 9 feet, and approximately 5 feet inside walls. Sample #1 from pit bottom was submitted to "On-Site" labs for DRO/GRO analysis. |                                      |                                                                              |             |      |  |
| Pit Profile : North to South : <div style="text-align: center;"> </div>                                                                                                                                                                                                                                  |                                      | Pit Profile : East to West : <div style="text-align: center;"> </div>        |             |      |  |

OFF: (505) 325-5667



LAB: (505) 325-1556

## ANALYTICAL REPORT

Attn: *Frank McDonald*  
Company: *Cimmaron Oilfield Service*  
Address: *P.O. Box 3235*  
City, State: *Farmington, NM 87401*

Date: *26-Nov-97*  
COC No.: *6592*  
Sample No.: *16912*  
Job No.: *2-1000*

Project Name: ***Questar Energy - Knauff #A-1 Separator Pit***  
Project Location: ***Center Bottom @ 10'***

Sampled by: *FM* Date: *19-Nov-97* Time: *14:15*  
Analyzed by: *DC/HR* GRO Date: *24-Nov-97*  
Sample Matrix: *Soil* DRO Date: *25-Nov-97*

### Laboratory Analysis

| Parameter                                | Results as Received | Unit of Measure | Limit of Quantitation | Unit of Measure |
|------------------------------------------|---------------------|-----------------|-----------------------|-----------------|
| <i>Gasoline Range Organics (C5 - C9)</i> | ND                  | mg/kg           | 0.5                   | mg/kg           |
| <i>Diesel Range Organics (C10 - C28)</i> | 21                  | mg/kg           | 5                     | mg/kg           |

ND - Not Detected at Limit of Quantitation

### Quality Assurance Report

GRO QC No.: 0554-STD

DRO QC No.: 0555-STD

### Continuing Calibration Verification

| Parameter                       | Method Blank | Unit of Measure | True Value | Analyzed Value | RPD | RPD Limit |
|---------------------------------|--------------|-----------------|------------|----------------|-----|-----------|
|                                 |              |                 |            |                |     |           |
| <i>Gasoline Range (C5 - C9)</i> | ND           | ppb             | 1,801      | 1,866          | 3.5 | 15%       |
| <i>Diesel Range (C10 - C28)</i> | ND           | ppm             | 200        | 194            | 2.8 | 15%       |

### Matrix Spike

| Parameter                     | 1- Percent Recovered | 2 Percent Recovered | Limit    | RPD | RPD Limit |
|-------------------------------|----------------------|---------------------|----------|-----|-----------|
|                               |                      |                     |          |     |           |
| <i>Gasoline Range (C5-C9)</i> | 102                  | 101                 | (80-120) | 1   | 20%       |
| <i>Diesel Range (C10-C28)</i> | 89                   | 92                  | (75-125) | 3   | 20%       |

Method: *SW-846 EPA Method 8015A mod. - Nonhalogenated Volatile Hydrocarbons by Gas Chromatography*

Approved by: *[Signature]*  
Date: *11/26/97*

P.O. BOX 2606 • FARMINGTON, NM 87499

- TECHNICAL SERVICE BLENDING INDUSTRY WITH THE ENVIRONMENT -

[illegible]

| Distribution: | White - On Site | Yellow - LAB | Pink - Sampler | Goldenrod - Client |
|---------------|-----------------|--------------|----------------|--------------------|
|---------------|-----------------|--------------|----------------|--------------------|

Client : Questar Energy Company

Date Started : January 29, 1999 Date Completed : January 29, 1999

| <p>Location: <u>Knauff A #1</u></p> <p>Quad: <u>A</u> Section: <u>13</u></p> <p>Township: <u>27N</u> Range: <u>10W</u></p> <p>Pits: Separator &amp; Production Tank</p> <p>Reference: 100' North 45° West of wellhead</p> <p>Size: 21' x 10' x 1' deep</p> <p>Yds: 205 cubic yards</p> <p>2 <u>5</u> - Point Composite(s)</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p style="text-align: center;">Overview of Landfarm and Sampling :</p> |          |     |   |         |   |   |         |     |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |  |  |    |  |  |    |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------|-----|---|---------|---|---|---------|-----|---|--|--|---|--|--|---|--|--|---|--|--|---|--|--|---|--|--|---|--|--|----|--|--|----|--|--|----|--|--|
|                                                                                                                                                                                                                                                                                                                               | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Sample #</th> <th>Location</th> <th>OVM</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Comp. 1</td> <td>9</td> </tr> <tr> <td>2</td> <td>Comp. 2</td> <td>7.5</td> </tr> <tr> <td>3</td> <td></td> <td></td> </tr> <tr> <td>4</td> <td></td> <td></td> </tr> <tr> <td>5</td> <td></td> <td></td> </tr> <tr> <td>6</td> <td></td> <td></td> </tr> <tr> <td>7</td> <td></td> <td></td> </tr> <tr> <td>8</td> <td></td> <td></td> </tr> <tr> <td>9</td> <td></td> <td></td> </tr> <tr> <td>10</td> <td></td> <td></td> </tr> <tr> <td>11</td> <td></td> <td></td> </tr> <tr> <td>12</td> <td></td> <td></td> </tr> </tbody> </table> | Sample #                                                               | Location | OVM | 1 | Comp. 1 | 9 | 2 | Comp. 2 | 7.5 | 3 |  |  | 4 |  |  | 5 |  |  | 6 |  |  | 7 |  |  | 8 |  |  | 9 |  |  | 10 |  |  | 11 |  |  | 12 |  |  |
| Sample #                                                                                                                                                                                                                                                                                                                      | Location                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | OVM                                                                    |          |     |   |         |   |   |         |     |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |  |  |    |  |  |    |  |  |
| 1                                                                                                                                                                                                                                                                                                                             | Comp. 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9                                                                      |          |     |   |         |   |   |         |     |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |  |  |    |  |  |    |  |  |
| 2                                                                                                                                                                                                                                                                                                                             | Comp. 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7.5                                                                    |          |     |   |         |   |   |         |     |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |  |  |    |  |  |    |  |  |
| 3                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        |          |     |   |         |   |   |         |     |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |  |  |    |  |  |    |  |  |
| 4                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        |          |     |   |         |   |   |         |     |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |  |  |    |  |  |    |  |  |
| 5                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        |          |     |   |         |   |   |         |     |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |  |  |    |  |  |    |  |  |
| 6                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        |          |     |   |         |   |   |         |     |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |  |  |    |  |  |    |  |  |
| 7                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        |          |     |   |         |   |   |         |     |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |  |  |    |  |  |    |  |  |
| 8                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        |          |     |   |         |   |   |         |     |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |  |  |    |  |  |    |  |  |
| 9                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        |          |     |   |         |   |   |         |     |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |  |  |    |  |  |    |  |  |
| 10                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        |          |     |   |         |   |   |         |     |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |  |  |    |  |  |    |  |  |
| 11                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        |          |     |   |         |   |   |         |     |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |  |  |    |  |  |    |  |  |
| 12                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        |          |     |   |         |   |   |         |     |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |  |  |    |  |  |    |  |  |
| <p>Comments: Soil is slightly moist, light brown silty sand with no staining or hydrocarbon odor.</p> <p>A sample from Composite # 1 was sent to "On-Site Technologies, Ltd." for 8015 GRO/DRO analysis.</p>                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        |          |     |   |         |   |   |         |     |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |  |  |    |  |  |    |  |  |
|                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        |          |     |   |         |   |   |         |     |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |  |  |    |  |  |    |  |  |
|                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        |          |     |   |         |   |   |         |     |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |  |  |    |  |  |    |  |  |
|                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        |          |     |   |         |   |   |         |     |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |  |  |    |  |  |    |  |  |
|                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        |          |     |   |         |   |   |         |     |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |  |  |    |  |  |    |  |  |
|                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        |          |     |   |         |   |   |         |     |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |  |  |    |  |  |    |  |  |
|                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        |          |     |   |         |   |   |         |     |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |  |  |    |  |  |    |  |  |
|                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        |          |     |   |         |   |   |         |     |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |  |  |    |  |  |    |  |  |
|                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        |          |     |   |         |   |   |         |     |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |  |  |    |  |  |    |  |  |
| Environmental Specialist : RB                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        |          |     |   |         |   |   |         |     |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |  |  |    |  |  |    |  |  |

OFF: (505) 325-5667



LAB: (505) 325-1556

## ANALYTICAL REPORT

Date: 24-Feb-99

|                    |                           |                            |                    |
|--------------------|---------------------------|----------------------------|--------------------|
| <b>Client:</b>     | Cimarron Oilfield Service | <b>Client Sample Info:</b> | Questar            |
| <b>Work Order:</b> | 9902019                   | <b>Client Sample ID:</b>   | Knauß 1A Comp      |
| <b>Lab ID:</b>     | 9902019-01A               | <b>Matrix:</b>             | SOIL               |
| <b>Project:</b>    | Knauß 1A LF               | <b>Collection Date:</b>    | 1/29/99 1:00:00 PM |
|                    |                           | <b>COC Record:</b>         | 5685               |

| Parameter                      | Result | PQL           | Qual | Units | DF | Date Analyzed |
|--------------------------------|--------|---------------|------|-------|----|---------------|
| <b>DIESEL RANGE ORGANICS</b>   |        | <b>SW8015</b> |      |       |    | Analyst: DC   |
| T/R Hydrocarbons: C10-C28      | 320    | 25            |      | mg/Kg | 1  | 2/22/99       |
| <b>GASOLINE RANGE ORGANICS</b> |        | <b>SW8015</b> |      |       |    | Analyst: HR   |
| T/R Hydrocarbons: C6-C10       | ND     | 0.18          |      | mg/Kg | 1  | 2/7/99        |

**Qualifiers:**

PQL - Practical Quantitation Limit

S - Spike Recovery outside accepted recovery limits

ND - Not Detected at Practical Quantitation Limit

R - RPD outside accepted recovery limits

J - Analyte detected below Practical Quantitation Limit

E - Value above quantitation range

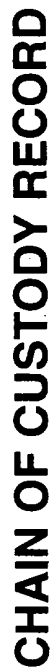
B - Analyte detected in the associated Method Blank

Surr: - Surrogate

1 of 1

**P.O. BOX 2606 • FARMINGTON, NM 87499**

- TECHNOLOGY BLENDING INDUSTRY WITH THE ENVIRONMENT -



5855

Page 1 of 1

Date:

657 W. Maple • P. O. Box 2606 • Farmington NM 87499  
LAB: (505) 325-5667 • FAX: (505) 325-6256

[illegible]

Distribution: White – On Site      Yellow – LAB      Pink – Sampler      Goldenrod – Client