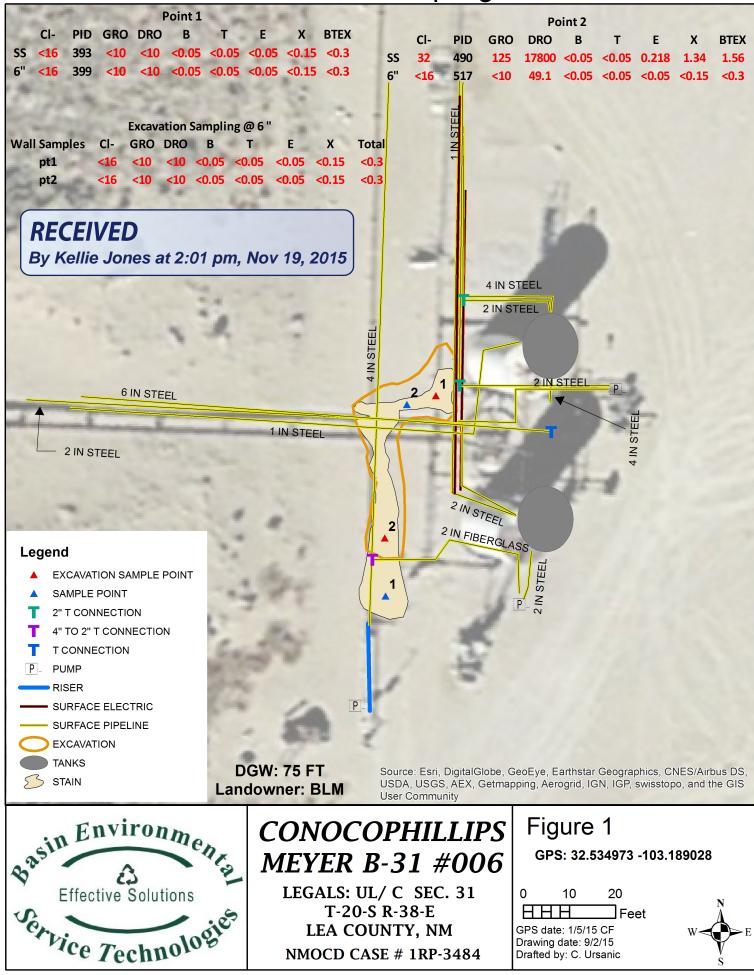
# Initial Sampling





November 18, 2015

KYLE NORMAN Basin Environmental Service P.O. Box 301 Lovington, NM 88260

RE: MEYER B-31 #006

Enclosed are the results of analyses for samples received by the laboratory on 11/17/15 14:20.

Cardinal Laboratories is accredited through Texas NELAP under certificate number T104704398-13-5. Accreditation applies to drinking water, non-potable water and solid and chemical materials. All accredited analytes are denoted by an asterisk (\*). For a complete list of accredited analytes and matrices visit the TCEQ website at <a href="https://www.tceq.texas.gov/field/ga/lab\_accred\_certif.html">www.tceq.texas.gov/field/ga/lab\_accred\_certif.html</a>.

Cardinal Laboratories is accreditated 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 (V1, 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. Keine

Celey D. Keene Lab Director/Quality Manager



## Analytical Results For:

Basin Environmental Service KYLE NORMAN P.O. Box 301 Lovington NM, 88260 Fax To: (575) 396-1429

| Received:         | 11/17/2015      | Sampling Date:      | 11/17/2015     |
|-------------------|-----------------|---------------------|----------------|
| Reported:         | 11/18/2015      | Sampling Type:      | Soil           |
| Project Name:     | MEYER B-31 #006 | Sampling Condition: | Cool & Intact  |
| Project Number:   | NONE GIVEN      | Sample Received By: | Celey D. Keene |
| Project Location: | NOT GIVEN       |                     |                |

### Sample ID: PT. 1 @ 6" (H503034-01)

| BTEX 8021B                                          | mg/                    | kg              | Analyze       | d By: MS     |      |            |               |      |           |
|-----------------------------------------------------|------------------------|-----------------|---------------|--------------|------|------------|---------------|------|-----------|
| Analyte                                             | Result Reporting Limit |                 | Analyzed      | Method Blank | BS   | % Recovery | True Value QC | RPD  | Qualifier |
| Benzene*                                            | <0.050 0.050           |                 | 11/18/2015    | ND 1.64      |      | 82.2       | 2.00          | 16.6 |           |
| Toluene*                                            | <0.050                 | < 0.050 0.050   |               | ND           | 1.77 | 88.7       | 2.00          | 16.9 |           |
| Ethylbenzene*                                       | <0.050                 | 0.050           | 11/18/2015    | ND           | 1.58 | 79.1       | 2.00          | 16.1 |           |
| Total Xylenes*                                      | <0.150                 | 0.150           | 11/18/2015    | ND           | 4.91 | 81.8       | 6.00          | 16.4 |           |
| Total BTEX                                          | <0.300                 | 0.300           | 11/18/2015    | ND           |      |            |               |      |           |
| Surrogate: 4-Bromofluorobenzene (PID 101 % 73.6-140 |                        | 0               |               |              |      |            |               |      |           |
| Chloride, SM4500Cl-B                                | mg/kg                  |                 | Analyze       | d By: AP     |      |            |               |      |           |
| Analyte                                             | Result                 | Reporting Limit | Analyzed      | Method Blank | BS   | % Recovery | True Value QC | RPD  | Qualifier |
| Chloride                                            | <16.0                  | 16.0            | 11/18/2015 ND |              | 416  | 104        | 400           | 0.00 |           |
| TPH 8015M                                           | mg/                    | kg              | Analyze       | d By: MS     |      |            |               |      |           |
| Analyte                                             | Result                 | Reporting Limit | Analyzed      | Method Blank | BS   | % Recovery | True Value QC | RPD  | Qualifier |
| GRO C6-C10                                          | <10.0                  | 10.0            | 11/17/2015    | ND           | 203  | 102        | 200           | 1.70 |           |
| DRO >C10-C28                                        | <10.0                  | 10.0            | 11/17/2015    | ND           | 196  | 98.1       | 200           | 4.55 |           |
| Surrogate: 1-Chlorooctane                           | 89.2 % 35-147          |                 |               |              |      |            |               |      |           |
| Surrogate: 1-Chlorooctadecane 96.5 % 28-            |                        | % 28-171        |               |              |      |            |               |      |           |

#### Cardinal Laboratories

\*=Accredited Analyte

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Celeg D. Keine

Celey D. Keene, Lab Director/Quality Manager



## Analytical Results For:

Basin Environmental Service KYLE NORMAN P.O. Box 301 Lovington NM, 88260 Fax To: (575) 396-1429

| Received:         | 11/17/2015      | Sampling Date:      | 11/17/2015     |
|-------------------|-----------------|---------------------|----------------|
| Reported:         | 11/18/2015      | Sampling Type:      | Soil           |
| Project Name:     | MEYER B-31 #006 | Sampling Condition: | Cool & Intact  |
| Project Number:   | NONE GIVEN      | Sample Received By: | Celey D. Keene |
| Project Location: | NOT GIVEN       |                     |                |

#### Sample ID: PT. 2 @ 6" (H503034-02)

| BTEX 8021B                           | mg/                                          | kg              | Analyze         | d By: MS     |      |            |               |      |           |
|--------------------------------------|----------------------------------------------|-----------------|-----------------|--------------|------|------------|---------------|------|-----------|
| Analyte                              | Result                                       | Reporting Limit | Analyzed        | Method Blank | BS   | % Recovery | True Value QC | RPD  | Qualifier |
| Benzene*                             | <0.050 0.050                                 |                 | 11/18/2015      | ND           | 1.64 | 82.2       | 2.00          | 16.6 |           |
| Toluene*                             | <0.050                                       | 0.050           | 11/18/2015      | ND           | 1.77 | 88.7       | 2.00          | 16.9 |           |
| Ethylbenzene*                        | <0.050                                       | 0.050           | 11/18/2015      | ND           | 1.58 | 79.1       | 2.00          | 16.1 |           |
| Total Xylenes*                       | <0.150                                       | 0.150           | 11/18/2015      | ND           | 4.91 | 81.8       | 6.00          | 16.4 |           |
| Total BTEX                           | <0.300                                       | 0.300           | 11/18/2015      | ND           |      |            |               |      |           |
| Surrogate: 4-Bromofluorobenzene (PID | ate: 4-Bromofluorobenzene (PID 102 % 73.6-14 |                 | 0               |              |      |            |               |      |           |
| Chloride, SM4500Cl-B                 | mg/kg                                        |                 | Analyzed By: AP |              |      |            |               |      |           |
| Analyte                              | Result                                       | Reporting Limit | Analyzed        | Method Blank | BS   | % Recovery | True Value QC | RPD  | Qualifier |
| Chloride                             | <16.0                                        | 16.0            | 11/18/2015      | ND           | 416  | 104        | 400           | 0.00 |           |
| TPH 8015M                            | mg/                                          | kg              | Analyze         | d By: MS     |      |            |               |      |           |
| Analyte                              | Result                                       | Reporting Limit | Analyzed        | Method Blank | BS   | % Recovery | True Value QC | RPD  | Qualifier |
| GRO C6-C10                           | <10.0                                        | 10.0            | 11/17/2015      | ND           | 203  | 102        | 200           | 1.70 |           |
| DRO >C10-C28                         | <10.0                                        | 10.0            | 11/17/2015      | ND           | 196  | 98.1       | 200           | 4.55 |           |
| Surrogate: 1-Chlorooctane            | 91.9% 35-147                                 |                 |                 |              |      |            |               |      |           |
| Surrogate: 1-Chlorooctadecane 97.8 % |                                              | 28-171          |                 |              |      |            |               |      |           |

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Celeg D. Keine

Celey D. Keene, Lab Director/Quality Manager



## **Notes and Definitions**

- 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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Celeg D. Keine

Celey D. Keene, Lab Director/Quality Manager

| † Cardinal c                                                                      | Relinquished By:<br>Delivered By: (Circle One)<br>Sampler - UPS - Bus - Other      | analyses. All claims including t<br>service. In no event shall Card<br>affiliates or succespors arising<br>Relinquis dd By:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PLEASE NOTE: Liability and D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2          | 10 LCOCKL  | Lab I.D.                                                           | Sampler Name:       | Project Name:         | Project #:     | Phone #: 575-393-2967 |                  | Address: 419 W Cain | Project Manager: Kv/a Norman |          | ARD                                                                                            | 7            |
|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|--------------------------------------------------------------------|---------------------|-----------------------|----------------|-----------------------|------------------|---------------------|------------------------------|----------|------------------------------------------------------------------------------------------------|--------------|
| Cardinal cannot accept verbal changes. Please fax written changes to 505-393-2476 | (Circle One)<br>Bus - Other:                                                       | analyses. At claims including those for negligence and any other rates winassorer since who in the induction business interruptions, loss of use, or loss of profits insurred by dient, its submanness exercise. In no event shall Cardinal be lable for incidental or concequential demages, including who of indiation, business interruptions, loss of use, or loss of profits insurred by dient, its submanness exercise. In no event shall Cardinal be lable for incidental or concequential demages, including who of indiation, business interruptions, loss of use, or loss of profits insurred by dient, its submanness exercise. In the event shall Cardinal be lable for incidental or concequential demages, including who of indiation, business and upon any of the above stated reasons or otherwise.<br>antilutes or successors anising out of or related to the performance of services hereunder by Cardinal, regardless of whether such claim is based upon any of the above stated reasons or otherwise.<br><b>Relinquisyed By:</b><br><b>Relinquisyed By:</b><br><b>Remarkes:</b> | Jamages, Cardinal's lability and clie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 27         | 1 2 6 1 10 | Sample I.D.                                                        | X                   | Meyer                 |                |                       | Com              | Cain                | ConocoPhillips               | 19       | ARDINAL LABORATORIES<br>101 East Marland, Hobbs, NM 88240<br>(FDE) 101-2326 FAX (505) 393-2476 |              |
| changes. Please fa                                                                | Time: 2.6°                                                                         | of services hereunder by Cardinal<br>of services hereunder by Cardinal<br>Date:<br>//: // 7 7 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Iny and client's exclusive remedy for any claim arising whether based in contract or fort, shall be limited to the an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (A)        | -          | (G)RAB OR (C)OMP.                                                  | Cample.m            | 6-31 120              | Project Owner: | Fax #: 575-393-0293   | State: NM Zip: 8 |                     |                              | - 1      | 6<br>10                                                                                        |              |
| x written changes t                                                               | Received By:<br>Sample Condition<br>Cool Intact<br>Cool Intact<br>Ves Ves<br>No No | thout initiation, business interruption<br>dinal, regardless of whether such clair<br>Received By:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | n arising whether based in contra                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ~          |            | # CONTAINERS<br>GROUNDWATER<br>WASTEWATER<br>SOIL<br>OIL<br>SLUDGE | MATRIX              | 1002                  |                | 93                    | Zip: 88240       |                     |                              |          | 2111 Beechwood, Abilene, TX 796<br>(325) 673-7001 FAX (325)673-7020                            |              |
| 0 505-393-2476<br>Aus 1                                                           | (Initials)<br>No                                                                   | s, loss of use, or loss of profits incu<br>m is based upon any of the above s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ct or tort, shall be limited to the am<br>not received by Cardinal within 30 d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ~ /F/7     | 1          |                                                                    | Fax #: 575-393-0293 | Phone #: 575-393-2967 | S              | Address: 419 W Cain   | Attn:            | Company: Basin      | P.O. #:                      | BILL TO  | 2111 Beechwood, Abilene, TX 79603<br>(325) 673-7001 FAX (325)673-7020                          | -            |
| 56.                                                                               |                                                                                    | tated reasons or otherwise.  Phone Result:  REMARKS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ount paid by the client for the average of the average of the second sec | 50:11 St.L | -15/1:00   | TIME                                                               | PLING               |                       |                | ain                   |                  |                     |                              | 9        |                                                                                                | CHAIN-OF-CU  |
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|                                                                                   | ; knor<br>pres@<br>lwards                                                          | Add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |            | Comple                                                             | te (                | Catio                 | ons            | /Ai                   | nio              | ns                  |                              | ANALYSIS |                                                                                                | AND          |
|                                                                                   | man@<br>basin<br>s@bas                                                             | Add'l Phone #:<br>Add'l Fax #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |            |                                                                    | -                   | DS                    |                | *                     |                  |                     |                              |          |                                                                                                | ANA          |
|                                                                                   | com; knorman@basin<br>; Iflores@basinenv; h<br>sedwards@basinenv                   | Ť.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |            |                                                                    |                     |                       |                |                       |                  |                     |                              | REQUEST  |                                                                                                | AND ANALYSIS |
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| /                                                                                 | om;<br>simer@                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |            |                                                                    |                     |                       |                |                       |                  |                     |                              |          |                                                                                                | REQUEST      |
|                                                                                   | ;<br>er@basine<br>@basinenv                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |            |                                                                    |                     |                       |                |                       |                  |                     |                              |          |                                                                                                | TS           |
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