### 1R-427-363

### REPORTS

DATE: - 20 - 12

### Rice Environmental Consulting & Safety

P.O. Box 2948, Hobbs, NM 88241 Phone 575.393.2967

CERTIFIED MAIL RETURN RECEIPT NO. 7007 2560 0003 0320 5600

June 20th, 2013

Mr. Edward Hansen

New Mexico Energy, Minerals, & Natural Resources Oil Conservation Division, Environmental Bureau 1220 S. St. Francis Drive Santa Fe, New Mexico 87505 RECEIVED

JUN 2 1 2013

Oil Conservation Division 1220 S. St. Francis Drive Santa Fe, NM 87505

RE: Termination Request Rice Operating Company – EME SWD System EME I-35 EOL (1R427-363): UL/P sec. 35 T19S R36E

Mr. Hansen:

RICE Operating Company (ROC) has retained Rice Environmental Consulting and Safety (RECS) to address potential environmental concerns at the above-referenced site in the EME Salt Water Disposal (SWD) system. ROC is the service provider (agent) for the EME SWD System and has no ownership of any portion of the pipeline, well, or facility. The system is owned by a consortium of oil producers, System Parties, who provide all operating capital on a percentage ownership/usage basis.

### **Background and Previous Work**

The site is located approximately 3 miles southwest of Monument, New Mexico at UL/P sec. 35 T19S R36E as shown on the Site Location Map (Figure 1). RECS conducted a groundwater study of NM OSE records and BLM well records which indicated that groundwater would likely be encountered at a depth of approximately 46 +/- feet. However, soil bore installation at the site indicates that groundwater is located at approximately 33 feet.

In 2011, ROC initiated work on the former EME I-35 EOL junction box. The site was delineated using a backhoe to form a 30 ft x 30 ft x 12 ft deep excavation and soil samples were screened at regular intervals for both hydrocarbons and chlorides. From the excavation, the four-wall composite, the bottom composite and the blended backfill were taken to a commercial laboratory for analysis. Laboratory analysis of the composite samples resulted in elevated chloride concentrations and low concentrations of TPH. The excavated soil was blended on site and returned to the excavation to a depth of 5 ft bgs where a 20-mil reinforced poly liner was installed and properly seated into the excavation. The excavation was then backfilled with the remainder of the blended soil to ground surface.

The area was contoured to the surrounding landscape and seeded. NMOCD was notified of potential groundwater impact on February 15<sup>th</sup>, 2012 and a junction box disclosure report was submitted to NMOCD with all the 2011 junction box closures and disclosures.

As part of the Investigation and Characterization Plan (ICP) submitted to NMOCD on May 22<sup>nd</sup>, 2012, and approved on May 30<sup>th</sup>, 2012, thirteen soil bores were installed at the site on June 12<sup>th</sup> and 13<sup>th</sup>, 2012 and August 8<sup>th</sup> and 10<sup>th</sup>, 2012. While the bores were advanced, samples were taken at regular intervals for chloride and hydrocarbon field testing. Representative samples for each bore were taken to a commercial laboratory for confirmation of field numbers. Chloride concentrations decreased laterally with the edges being defined by SB-7 to the west, SB-13 to the south, SB-5 to the east, and SB-8 to the north. Chloride concentrations in SB-7 decreased from 1,220 mg/kg at 10 ft to 224 mg/kg at 25 ft. Chloride concentrations in SB-13 were low throughout, all less than 144 mg/kg. Chloride concentrations in SB-5, resulted in 336 mg/kg at 5 ft and 352 mg/kg at 10 ft, and SB-8 resulted in 416 mg/kg at 10 ft and 800 mg/kg at 20 ft. SB-10 was drilled near the Climax Chemical fence line and is representative of background soil concentrations.

An ICP Report and Corrective Action Plan (CAP) was submitted to NMOCD on August 28<sup>th</sup>, 2012. As a part of this plan, ROC proposed to install a 105 ft x 60 ft liner at approximately 4-4.5 ft bgs and to remove 1,739 kg of chloride impacted groundwater from the existing groundwater recovery system located at EME K-6. An addendum to the CAP was submitted September 13<sup>th</sup>, 2012, which stated that groundwater recovery would occur from both the EME K-6 and the EME L-6. NMOCD approved the ICP Report and CAP with Addendum on September 13<sup>th</sup>, 2012.

According to the NMOCD approved CAP, RECS personnel were on site to begin excavating for liner installation on January 22<sup>nd</sup>, 2013. The site was excavated to dimensions of 105 ft x 60 ft x 4.5 ft bgs. The excavation was padded with 6 inches of blow sand, and the 20-mil, reinforced liner was properly seated into the excavation. The liner was then padded with an additional 6 inches of blow sand. The site was then backfilled with stockpiled soil from the excavation. Top soil was imported onto the site to bring the excavation to the surface and contour it to the surrounding location. Silt net fencing was installed around the excavated area. Soil amendments were added to the top soil and the site was seeded with a blend of native vegetation. Vegetation above the liner will provide a natural infiltration barrier for the site since plants capture water through their roots thereby reducing the volume of water moving through the vadose zone to groundwater.

An Excavation Summary and Initial CAP Report detailing the excavation and liner installation and requesting soil closure was submitted to NMOCD on March 12<sup>th</sup>, 2013. NMOCD approved the request for soil closure on March 20<sup>th</sup>, 2013.

On September 27<sup>th</sup>, 2012, groundwater removal for the site began at EME K-6. Groundwater recovery did not start at EME L-6 due to technical difficulties. The K-6 site was shut down October 25<sup>th</sup>, 2012 for the winter season and began pumping again on April 16<sup>th</sup>, 2013. Pumping began at EME L-6 on April 22<sup>nd</sup>, 2013. The EME K-6 and L-

6 sites continued pumping until May 24<sup>th</sup>, 2013. During that time, the EME K-6 site extracted 1,058 barrels of groundwater at a chloride concentration of 12,300 mg/L for a total of 2,069 kg of chlorides removed from the site. The EME L-6 extracted 420 barrels of groundwater at a chloride concentration of 13,500 mg/L for a total of 901 kg of chlorides removed from the site. Together the two sites extracted a total of 2,970 kg of chlorides from the groundwater (Appendix A).

ROC extracted the requisite 1,739 kg of chlorides from the groundwater as approved by NMOCD in the ICP Report and CAP. Given that the site has already received soil closure, ROC respectfully requests 'remediation termination' of the regulatory file.

RECS appreciates the opportunity to work with you on this project. Please call Hack Conder at (575) 393-9174 or me if you have any questions or wish to discuss the site.

Sincerely,

Lara Weinheimer

**Project Scientist** 

**RECS** 

(575) 441-0431

Attachments:

Figure 1 – Site Location Map Appendix A – Groundwater Withdrawal Documentation



**Site Location Map** 

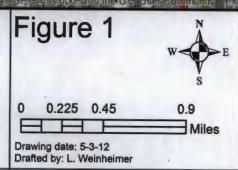
| _ |           |     |     |            |          |     |          |                   |                 | IVIC                              |             |               |            |           |                      |          |
|---|-----------|-----|-----|------------|----------|-----|----------|-------------------|-----------------|-----------------------------------|-------------|---------------|------------|-----------|----------------------|----------|
| N | 0 14      | P   | M   | N 1        | 3 0      | P   | M        | N 1               | 8 0             | P                                 | M           | N 1           | 750        | P         | M 16                 | N        |
| C | В         | Α   | D   | С          | В        | А   | D        | С                 | В               | A                                 | D           | 0             | В          | A         | D                    | С        |
| F | G         | Н   | E   | F          | G        | Н   | E        | F                 | G               | Н                                 | E           | F             | G          | Н         | E                    | F        |
| K | J.        | 1   | L   | К          | IJ       | 1   | 9        | К                 | 1               |                                   | L           | К             | J          | ]         | 21<br>L              | К        |
| Z | 0         | P   | М   | N          | 0        | Р   | М        | N                 | 0               | Р                                 | M           | N             | 0          | Pag       | М                    | 2        |
| C | В         | A   | D   | 6          | В        | А   | D        | Č                 | В               | A                                 | D           | C             | В          | A         | D                    | С        |
| F | G         | -   | 19S | 36E<br>F   | G        | Н   | E        | F                 | G               | н                                 | E           | F             | .G         | Н         | E                    | F        |
| K | - 20<br>J | 1   | L   | K          | J        | 7   | 195<br>L | <b>37E</b> ₃<br>K | 0<br>J          | 1                                 | ı           | К             | J          | IN        | 28<br>L              | K        |
| N | 0         | Р   | M   | N          | 0        | P   | M        | N                 | 0               | PI                                | M           | Ņ             | MC         | NUI       | MEN                  | P        |
| C | В         | A   | D   | С          | В        | A   | D        | С                 | В               | A                                 | D           | a             | В          | A         | D.                   | c        |
| F | G         | Ħ   | E   | F          | G        | H   | E        | F                 | G               | Н                                 | E           | F.            | G          | Н         | — э.<br>Б            | The same |
| K | 31        |     | ı.  | - 3<br>- K | 6<br>J   |     | -        | 3<br>K            | 1<br>J          | -1                                |             | K             | 3 <b>2</b> | 1         | <del>- 33</del><br>L | K        |
| N |           | °,E | ME  | -3,5 I     | QL       |     | M        | N                 | 0               | P                                 | M           | N             | 0          | Р         | I≕M                  | N        |
| 0 | В         | JA  | D   | C          | В        | V   | D        | C                 |                 | A                                 | D           |               |            | A         |                      | G        |
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|   | 2         |     | 1   | E          |          |     | 20\$     | 37E               | C               | #-                                | 8           | F             | G          | H         | E4-                  | N. C.    |
| K | 4         | 1   | 1   | 36E        | 1        |     | -м       | K                 | 0               |                                   | Y           | K-            |            | 1         |                      | K        |
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| 7 | alexa )   | C   | D   |            | 2 B      | A   | D        | Getm              | appins, A       | erogrid, IG                       | N, IGP, sv  | isstubo.      | and the GR | S User Co | or or unity          | W.       |



### EME I-35 EOL

Legals: UL/P sec. 35 T-19-S R-36-E LEA COUNTY, NM

NMOCD CASE #: 1R427-363





### Record of Groundwater Withdrawal from EME K-6 Recovery System

Site Name: EME I-35 EOL

| 9/27/2012  |                                 | started pum | ping |      |             |          |    |
|------------|---------------------------------|-------------|------|------|-------------|----------|----|
| 9/28/2012  |                                 | 130         |      |      |             |          |    |
| 10/5/2012  |                                 | 130         |      |      |             |          |    |
| 10/8/2012  |                                 | 10          |      |      |             |          |    |
| 10/11/2012 |                                 | 20          |      |      |             |          |    |
| 10/19/2012 |                                 | 90          |      |      |             |          |    |
| 10/25/2012 |                                 | 50          |      |      |             |          |    |
|            | Total for September and October | 430         | bbls |      |             |          |    |
|            |                                 | 18,060      | gals |      |             |          |    |
|            |                                 |             |      |      |             |          |    |
| 2/5/2013   |                                 |             |      | RW-1 | 9,500       | mg/L     |    |
| 4/16/2013  |                                 | 180         |      |      |             |          |    |
| 4/19/2013  |                                 | 60          |      |      |             |          |    |
| 4/29/2013  |                                 | 130         |      |      |             |          |    |
|            | Total for April                 | 370         | bbls |      |             |          |    |
|            |                                 | 15,540      | gals |      |             |          |    |
|            |                                 |             |      |      |             |          |    |
| 5/6/2013   |                                 | 60          |      |      |             |          |    |
| 5/13/2013  |                                 | 70          |      |      |             |          |    |
| 5/14/2013  |                                 |             |      | RW-1 | 12,300      | mg/L     |    |
| 5/24/2013  |                                 | 128         |      |      |             |          |    |
|            | Total for May                   | 258         | bbls |      |             |          |    |
|            |                                 | 10,836      | gals |      |             |          |    |
|            |                                 |             |      |      |             |          |    |
|            | Total for Project               | 1,058       |      | (    | CI- Removed | 2,068.97 | kg |
|            |                                 | 44,436      | gals |      |             |          |    |

### Record of Groundwater Withdrawal from EME L-6 Recovery System Site Name: EME I-35 EOL

| 4/22/2013 | S                 | tarted pum    | ping | MW-2R | 12,800 mg/L         |
|-----------|-------------------|---------------|------|-------|---------------------|
| 4/29/2013 |                   | 110           |      |       |                     |
|           | Total for April   | 110           | bbls |       |                     |
|           |                   | 4,620         | gals |       |                     |
| 5/6/2013  |                   | 70            |      |       |                     |
| 5/13/2013 |                   | 110           |      |       |                     |
| 5/14/2013 |                   |               |      | MW-2R | 13,500 mg/L         |
| 5/24/2013 |                   | 130           |      |       |                     |
|           | Total for May     | 310           | bbls |       |                     |
|           |                   | 13,020        | gals |       |                     |
|           | Total for Project | 420<br>17,640 | bbls | CI-   | - Removed 901.46 kg |

Total Chloride Removed from EME K-6 2,068.97 kg
Total Chloride Removed from EME L-6 901.46 kg

TOTAL CHLORIDE REMOVED 2,970.42 kg



May 16, 2013

Hack Conder

Rice Operating Company

112 W. Taylor

Hobbs, NM 88240

RE: EME K-6

Enclosed are the results of analyses for samples received by the laboratory on 05/14/13 15:00.

Cardinal Laboratories is accredited through Texas NELAP under certificate number T104704398-11-3. 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/qa/lab">www.tceq.texas.gov/field/qa/lab</a> accred certif.html.

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.

Celeg D. Keens

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

Sincerely,

Celey D. Keene

Lab Director/Quality Manager





### Analytical Results For:

Rice Operating Company

Hack Conder 112 W. Taylor Hobbs NM, 88240

Fax To:

(575) 397-1471

Received:

05/14/2013

Reported: Project Name: 05/16/2013

Project Number: Project Location:

EME K-6 NONE GIVEN

EME K-6

Sampling Date:

05/14/2013

Sampling Type: Sampling Condition: Water

\*\* (See Notes)

Sample Received By:

Jodi Henson

### Sample ID: RW-1 (H301158-01)

| Chioride, SM4500CI-B | mg,    | /L              | Anaiyze    | а ву: им     |     |            |               |      |           |
|----------------------|--------|-----------------|------------|--------------|-----|------------|---------------|------|-----------|
| Analyte              | Result | Reporting Limit | Analyzed   | Method Blank | BS  | % Recovery | True Value QC | RPD  | Qualifier |
| Chloride*            | 12300  | 4.00            | 05/15/2013 | ND           | 108 | 108        | 100           | 0.00 |           |

Amelianed Bir DM

Cardinal Laboratories \*=Accredited Analyte

PLEASE NOTE: Liability and Damages. Cardinal's liability and client's exclusive remedy for any claim arising, whether based in contract or tort, shall be limited to the amount paid by client for analyses. All claims, including those for negligence and any other cause whatsoever shall be deemed waived unless made in writing and received by Cardinal within thirty (30) days after completion of the applicable service. In no event shall Cardinal be liable for incidental or consequential damages, including, without limitation, business interruptions, loss of use, or loss of profits incurred by client, its subsidiaries, affiliates or successors arising out of or related to the performance of the services hereunder by Cardinal, regardless of whether such claim is based upon any of the above stated reasons or otherwise. Results relate only to the samples identified above. This report shall not be reproduced except in full with written approval of Cardinal Laboratories.

Celeg D. Keine



### **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 |

Cardinal Laboratories \*=Accredited Analyte

PLEASE NOTE: Liability and Damages. Cardinal's liability and client's exclusive remetly for any claim arising, whether based in contract or tort, shall be limited to the amount paid by client for analyses. All claims, including those for negligence and any other cause whatsoever shall be deemed waived unless made in writing and received by Cardinal within thirty (30) days after completion of the applicable service. In no event shall Cardinal be liable for incidental or consequential damages, including, without limitation, business interruptions, loss of use, or loss of profits incurred by client, its subsidiaries, affiliates or successors arising out of or related to the performance of the services hereunder by Cardinal, regardless of whether such claim is based upon any of the above stated reasons or otherwise. Results relate only to the samples identified above. This report shall not be reproduced except in full with written approval of Cardinal Laboratories.

Celey D. Keene

# CHAIN-OF-CUSTODY AND ANALYSIS REQUEST

ARDINAL LABORATORIES
101 East Marland, Hobbs, NM 88240 2111 Beechwood, Abilene, TX 79603

(505) 393-2326 FAX (505) 393-2476 (325) 673-7001 FAX (325)673-7020

| Company Name:                                                                                                        | " K'2L                                                                                                                 | 01718                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                    |                   |                   |              | ANALYSIS        |          | REQUEST                                                                               | _                                                                                        |   |             |
|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------|-------------------|--------------|-----------------|----------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---|-------------|
| Project Manager:                                                                                                     | Hack Conder                                                                                                            | P.O. #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                    |                   | ļ <u></u>         |              |                 |          |                                                                                       |                                                                                          |   |             |
| Address:                                                                                                             |                                                                                                                        | Company:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                    |                   |                   |              | SI              |          |                                                                                       |                                                                                          | - | -           |
| city: Hobbs                                                                                                          | State: NM Zip: 88240                                                                                                   | Attn:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                    | <del></del>       |                   |              | JO              |          |                                                                                       |                                                                                          |   |             |
| Phone #:                                                                                                             | Fax#:                                                                                                                  | Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                    |                   |                   |              | in/             |          |                                                                                       |                                                                                          |   |             |
| Project#:                                                                                                            | Project Owner:                                                                                                         | City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                    |                   | M                 | H            | //S             |          | *******                                                                               |                                                                                          |   |             |
| Project Name:                                                                                                        |                                                                                                                        | State: Zip:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |                   |                   |              | uc              | ·        |                                                                                       |                                                                                          |   |             |
| Project Location:                                                                                                    | FME K-6                                                                                                                | Phone #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                    | oiro              | .E)               | L S          | ije             | SC       | ···                                                                                   |                                                                                          |   |             |
| Sampler Name: Kyle Norman                                                                                            |                                                                                                                        | Fax #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                    |                   |                   |              | ဘ               | ΙL       |                                                                                       |                                                                                          |   |             |
| FOR LAB USE ONLY                                                                                                     | MATRIX                                                                                                                 | PRESERV. SAMPLING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | NG                                                                 |                   |                   |              | əĵ              |          |                                                                                       |                                                                                          |   |             |
| Lab I.D.                                                                                                             |                                                                                                                        | OOF<br>Page:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                    |                   | 1.                | <u>L</u>     | əldmo           |          |                                                                                       |                                                                                          | · | <del></del> |
| H301158                                                                                                              | SEUDO<br>SOIL<br>SOIL<br>OIL<br>BCON                                                                                   | OTHEF<br>CID/B<br>ICE / C<br>OTHEF<br>OTHEF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TIME                                                               |                   |                   |              | )               |          |                                                                                       |                                                                                          |   |             |
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| Relinguished By                                                                                                      | Date: Received By:                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | email results: zconder@rice-ecs.com                                | esult             | s: zco            | nder(        | <b></b>         | ecs.     | mo                                                                                    | ,                                                                                        |   |             |
|                                                                                                                      | Time:                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Knorm                                                              | an@i              | ice-e             | cs.co        | m; lpe          | ana@     | Knorman@rice-ecs.com; Ipena@riceswd.com                                               | .com                                                                                     |   |             |
| Delivered By:                                                                                                        | Delivered By: (Circle One) Sample Condition Cool Intact                                                                | on CHECKED BY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | None:                                                              |                   | eswa.             | com;         | אממט<br>ייין יי |          | Njones@nceswa.com; boaker@rice-ecs.com;<br>hconder@rice-ecs.com: I weinhoimor@rice oc | Notices@riceswa.com; bbaker@rice-ecs.com;<br>bconder@rice-ecs.com: I weinboimor@rice.com | Ş |             |
| Sampler - UPS                                                                                                        | - Bus - Other:                                                                                                         | CAN THE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                    | <u>.</u>          | י<br>פרים<br>פרים |              | ', L.W          | <u> </u> |                                                                                       | 77.679.67                                                                                | = |             |
|                                                                                                                      |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                   |                   |              |                 |          |                                                                                       |                                                                                          |   | 1           |

† Cardinal cannot accept verbal changes. Please fax written changes to 505-393.6476



May 16, 2013

Hack Conder

Rice Operating Company

112 W. Taylor

Hobbs, NM 88240

RE: EME L-6

Enclosed are the results of analyses for samples received by the laboratory on 05/14/13 15:00.

Cardinal Laboratories is accredited through Texas NELAP under certificate number T104704398-11-3. 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/qa/lab">www.tceq.texas.gov/field/qa/lab</a> accred certif.html.

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.

Celeg D. Keine

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

Sincerely,

Celey D. Keene

Lab Director/Quality Manager



### Analytical Results For:

Rice Operating Company Hack Conder

112 W. Taylor Hobbs NM, 88240

Fax To: (575) 397-1471

Received:

05/14/2013

Sampling Date:

05/14/2013

Reported:

05/16/2013

Sampling Type:

Water

Project Name:

Sampling Condition:

\*\* (See Notes)

Project Number:

EME L-6 NONE GIVEN

Sample Received By:

Jodi Henson

Project Location:

EME L-6

Sample ID: MW - 2R (H301159-01) Chloride, SM4500CI-B

mg/L

Analyzed By: DW

Analyte

Result Reporting Limit

Analyzed

Method Blank

BS

True Value QC

RPD

13500

4.00

05/15/2013

ND

108

Qualifier

Chloride\*

% Recovery

108

100

0.00

Cardinal Laboratories

\*=Accredited Analyte

PLEASE NOTE: Liability and Damages. Cardinal's liability and client's exclusive remedy for any claim arising, whether based in contract or tort, shall be limited to the amount paid by client for analyses. All claims, including those for negligence and any other cause whatsoever shall be deemed waived unless made in writing and received by Cardinal within thirty (30) days after completion of the applicable service. In no event shall Cardinal be liable for incidental or consequential damages, including, without limitation, business interruptions, loss of use, or loss of use, or loss of profits incurred by client, its subsidiaries, affiliates or successors arising out of or related to the performance of the services hereunder by Cardinal, regardless of whether such claim is based upon any of the above stated reasons or otherwise. Results relate only to the samples identified above. This report shall not be reproduced except in full with written approval of Cardinal Laboratories.

Celey 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

Cardinal Laboratories \*=Accredited Analyte

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Celeg & Keine

# CHAIN-OF-CUSTODY AND ANALYSIS REQUEST

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| Company Name:                                           | : K.C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                           |                                |                                |                             |                   |                   | (11)              |                              |           | 18                | 7177                                          | BILLTO                                                                                                                                                                                                                                                                                           |                                                |             |          |          | Ą         | ANALYSIS        |             | REQUEST | UES      | _        |         |   | 7        |
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| roject Manage                                           | Project Manager: Hack Conder                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                           |                                |                                |                             |                   |                   | 4                 | P.O. #:                      | #         |                   |                                               |                                                                                                                                                                                                                                                                                                  | П                                              |             |          | _        | _         |                 |             |         | -        |          |         |   |          |
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| sity: Hobbs                                             | State: NM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                           | Zip: 882                       | 824                            | 40                          |                   |                   | ∢                 | Attn:                        |           |                   |                                               |                                                                                                                                                                                                                                                                                                  |                                                |             |          |          |           | 10              |             |         |          |          |         |   |          |
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| sampler Name: Kyle Norman                               | Kvie Norman                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                           |                                |                                |                             |                   |                   | -                 | Fax#:                        | <b></b>   |                   |                                               |                                                                                                                                                                                                                                                                                                  |                                                |             |          |          |           |                 | —<br>1 I    |         |          |          |         |   |          |
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| Lab I.D.                                                | Sample I.D.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | GPRAB OR (C)OMP.                                          | # CONTAINERS                   | BEROUNDWATER                   | MASTEWATER                  | SOIL              |                   | SLUDGE            | OTHER:                       | CE / COOF | : ЯЭНТС           | DATE                                          | E                                                                                                                                                                                                                                                                                                | T                                              |             | 11       |          |           | Complet         |             |         | ·        |          | <u></u> |   |          |
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| Relinquished By                                         | Date: 14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 13                                                        | 9                              | Received By:                   | ĕ.                          | •••               | 7                 |                   |                              | <         | ,                 |                                               | Fax Result.                                                                                                                                                                                                                                                                                      | Phone Result                                   |             | Yes      | 2 2      |           | Add'l Phone #:  | ;;          |         |          |          |         |   |          |
| Kalall                                                  | To the state of th | 90                                                        | $\neq$                         | 4                              | K                           | <i>\(\omega\)</i> | and the           | 9                 | Z                            | endor     | \$                | 2                                             | REMARKS                                                                                                                                                                                                                                                                                          | RKS:                                           | 1           |          |          | 7         | 5               |             |         |          |          |         |   | Τ        |
| Relinquished By                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           | BCB                            | Received By:                   | 1 By                        | [,,               |                   |                   |                              |           |                   |                                               | emg                                                                                                                                                                                                                                                                                              | email results: zconder@rice-ecs.com            | sults       | ZCC      | onde     | <u>@</u>  | ice-            | ecs.        | COM     |          |          |         |   |          |
|                                                         | Time:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u> </u>                                                  |                                |                                |                             |                   |                   |                   |                              |           |                   |                                               | X.                                                                                                                                                                                                                                                                                               | Knorman@rice-ecs.com; Ipena@riceswd.com        | ر<br>9.     | ice-e    | SS.C     | om;       | lbe.            | ра <u>(</u> | rice.   | swd      | COT      | _       |   |          |
| Delivered By                                            | Delivered By: (Circle One)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                           |                                | -                              | San                         | ē                 | Con               | ditio             | -                            | 5         | СНЕСКЕВ           | ED BY:                                        | 호<br>- 조                                                                                                                                                                                                                                                                                         | Kjones@riceswd.com; Bbaker@rice-ecs.com;       | grice       | swd      | 8        |           | oake            | <u>.</u>    | -10e-1  | ecs.     | COM      |         |   |          |
| Sampler - UPS                                           | Sampler - UPS - Bus - Other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                           |                                |                                |                             |                   |                   | es/r              |                              |           |                   | X                                             | 0<br>0<br>0                                                                                                                                                                                                                                                                                      | nconder@rice-ecs.com; Lweinheimer@rice-ecs.com | <u>8</u>    | )6-e     | S. S.    | E,        | We              | inhe        | mer     | <u> </u> | φ<br>Ge  | SS.S    | E |          |
|                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |                                |                                | 2                           | Š                 | _                 | ŝ                 | _                            |           | 7                 |                                               | _                                                                                                                                                                                                                                                                                                |                                                |             |          |          |           |                 |             |         |          |          |         |   |          |

† Cardinal cannot accept verbal changes. Please fax written changes to 505-393-24% # 54