

NM1 - 6

C-118

YEAR(S):

1991-1995

| Controlled Recovery Inc. | 1990 | 1991  | 1992  | 1993  | 1994  | 1995  | 1996  | 1997  | 1998  |
|--------------------------|------|-------|-------|-------|-------|-------|-------|-------|-------|
| January                  |      | 1&1-A | 1&1-A | 1&1-A | 1&1-A | 1&1-A |       | 1&1-A | 1&1-A |
| February                 |      | 1&1-A | 1&1-A | 1&1-A | 1&1-A | 1&1-A |       | 1&1-A | 1&1-A |
| March                    |      | 1     | 1&1-A | 1&1-A | 1&1-A | 1&1-A |       | 1&1-A | 1&1-A |
| April                    |      |       | 1&1-A | 1&1-A | 1&1-A | 1&1-A |       |       | 1&1-A |
| May                      |      |       | 1&1-A | 1&1-A | 1&1-A | 1&1-A |       |       |       |
| June                     |      |       | 1&1-A | 1&1-A | 1&1-A | 1&1-A |       |       | 1&1-A |
| July                     |      | 1&1-A | 1&1-A | 1&1-A | 1&1-A | 1&1-A |       |       |       |
| August                   |      | 1&1-A | 1&1-A | 1&1-A | 1&1-A | 1&1-A | 1&1-A |       |       |
| September                |      | 1&1-A | 1&1-A | 1&1-A | 1&1-A | 1&1-A | 1&1-A | 1&1-A | 1&1-A |
| October                  |      | 1&1-A | 1&1-A | 1&1-A | 1&1-A | 1&1-A | 1&1-A | 1&1-A | 1&1-A |
| November                 |      | 1&1-A | 1&1-A | 1&1-A | 1&1-A | 1&1-A | 1&1-A | 1&1-A | 1&1-A |
| December                 |      | 1&1-A | 1&1-A | 1&1-A | 1&1-A | 1&1-A | 1&1-A | 1&1-A |       |

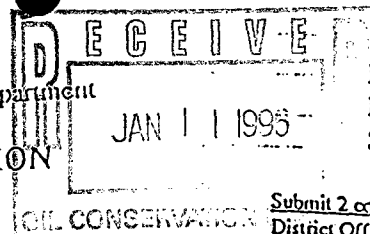
| Controlled Recovery Inc. | 1999  | 2000  | 2001 |
|--------------------------|-------|-------|------|
| January                  | 1&1-A |       |      |
| February                 | 1&1-A |       |      |
| March                    | 1&1-A |       |      |
| April                    | 1&1-A | 1&1-A |      |
| May                      | 1&1-A | 1&1-A |      |
| June                     | 1&1-A |       |      |
| July                     |       |       |      |
| August                   |       |       |      |
| September                | 1&1-A |       |      |
| October                  |       |       |      |
| November                 |       |       |      |
| December                 |       |       |      |

DISTRICT I  
P.O.Box 1980, Hobbs, NM 88241-1980  
DISTRICT II  
P.O. Drawer DD, Artesia, NM 88211-0719  
DISTRICT III  
1000 Rio Brazos Rd, Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088  
TREATING PLANT OPERATOR'S MONTHLY REPORT



Form C-118  
Revised 4-1-91  
Sheet 1

Submit 2 copies to appropriate  
District Office by 15th of next  
succeeding month.

Report of Controlled Recovery Inc. Month & year DECEMBER 1995

Address P.O. Box 369 Hobbs, NM 88241-0369

TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | 4402.82 |
| TOTAL ALL PLANTS         |                  | 4402.82 |

TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | 309.42  |
| TOTAL ALL PLANTS         |                  | 309.42  |

DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)

| FROM                     | TO   | BARRELS                               |
|--------------------------|--|---------------------------------------|
| Controlled Recovery Inc. | MIDLAND JADCO OIL PURCHASING<br>PETROLITE<br>WATER<br>SOLIDS | 656.70<br>603.26<br>1700.00<br>230.40 |

TOTAL ALL PLANTS 3190.36

TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | 1521.88 |
| TOTAL ALL PLANTS         |                  | 1521.88 |

hereby certify that this report is true and complete to the best of my knowledge and belief.

DONNA L. ROACH / OFFICE MANAGER

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-118  
Revised 4-1-91  
Sheet 1-A

**OIL CONSERVATION DIVISION**

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

**PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS**

| PERMIT<br>NUMBER | LEASE OPERATOR                            | LEASE NAME                               | GROSS VOLUME<br>SEDIMENT OIL | NET BBLS. P.L.<br>OIL RECOVERED |
|------------------|---|--|------------------------------|---------------------------------|
| H-18485          | TRANSPORTER:<br>SNYDER OIL<br>TOTAL       | GANDY CORPORATION<br>MALJAMAR NORTH UNIT | <u>65.00</u><br>65.00        | 20.80                           |
| H-18522          | TRANSPORTER:<br>TOTAL                     | PETROSOURCE<br>STEVENS & TULL            | FEDERAL 9 #1<br>205.24       | <u>205.24</u><br>200.45         |
| TEXAS            | TRANSPORTER:<br>ARCO<br>TOTAL             | MALCO TRUCKING<br>RUSSEL STATION         | <u>2.80</u><br>2.80          | 0.14                            |
| H-18428          | TRANSPORTER:<br>RICE ENGINEERING<br>TOTAL | MACLASKEY<br>N-18                        | <u>237.30</u><br>237.30      | 11.73                           |
| H-18429          | TRANSPORTER:<br>RICE ENGINEERING<br>TOTAL | SONNY'S OILFIELD<br>N-18                 | <u>232.20</u><br>232.20      | 76.30                           |
|                  | TOTAL GROSS BARRELS                       |  | 742.54                       |                                 |
|                  | TOTAL NET BARRELS                         |  |                              | 309.42                          |

DISTRICT I

P.O. Box 1980, Hobbs, NM 88241-1980

State of New Mexico

Energy, Minerals and Natural Resources Department

Form C-118

Revised 4-1-91

Sheet 1

DISTRICT II

P.O. Drawer DD, Artesia, NM 88211-0719

## OIL CONSERVATION DIVISION

DISTRICT III

1000 Rio Brazos Rd, Aztec, NM 87410

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

## TREATING PLANT OPERATOR'S MONTHLY REPORT

Submit 2 copies to appropriate  
District Office by 15th of next  
succeeding month.

Report of Controlled Recovery Inc. Month & year NOVEMBER 1995

Address P.O. Box 369 Hobbs, NM 88241-0369

## TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | 7313.24 |
| TOTAL ALL PLANTS         |                  |         |

## TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | 304.92  |
| TOTAL ALL PLANTS         |                  |         |

## DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)

| FROM   | TO   | BARRELS                      |
|--|--|------------------------------|
| Controlled Recovery Inc.<br>TRANSFERED FROM TREATING PLANT<br>TRANSFERED FROM TREATING PLANT | PETROSOURCE LTD<br>DISPOSAL AREA - WATER<br>DISPOSAL AREA - SOLIDS | 1069.74<br>1800.00<br>345.60 |
| TOTAL ALL PLANTS   |  | 3215.34                      |

## TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | 4402.82 |
| TOTAL ALL PLANTS         |                  | 4402.82 |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

*Donna L. Roach* DONNA L. ROACH / OFFICE MANAGER

(505)-393-1079

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-118  
Revised 4-1-91  
Sheet 1-A

**OIL CONSERVATION DIVISION**

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

**PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS**

| PERMIT<br>NUMBER   | LEASE OPERATOR                                       | LEASE NAME   | GROSS VOLUME<br>SEDIMENT OIL    | NET BBLS. P.L.<br>OIL RECOVERED |
|--------------------|--|--|---------------------------------|---------------------------------|
| H-18386            | TRANSPORTER:<br>AA OILFIELD<br>TOTAL                 | A.A. OILFIELD SERVICE<br>STATE AB SWD #1                     | <u>125.00</u><br>125.00         | 0.00                            |
| H-18335<br>WATER   | TRANSPORTER:<br>BURRO PIPELINE<br>TOTAL              | GANDY CORPORATION<br>LANE LAKE SWD                           | <u>110.00</u><br>110.00         | 0.00                            |
| H-18424            | TRANSPORTER:<br>BTA<br>TOTAL                         | I & W INC.<br>GEM #4   | <u>45.90</u><br>45.90           | 35.80                           |
| H-18324<br>H-18350 | TRANSPORTER:<br>OXY USA<br>RICE ENGINEERING<br>TOTAL | LUCKY SERVICES<br>LITTLE BOX CANYON #3<br>H 35 SWD BD SYSTEM | 40.00<br><u>66.30</u><br>106.30 | 0.00                            |
| TEXAS              | TRANSPORTER:<br>ARCO PIPELINE<br>TOTAL               | MALCO TRUCKING<br>DENVER CITY STATION                        | <u>304.50</u><br>304.50         | 267.92                          |
| H-18356            | TRANSPORTER:<br>RICE ENGINEERING<br>TOTAL            | PATE TRUCKING<br>H 35 SWD BD SYSTEM                          | <u>10.00</u><br>10.00           | 2.00                            |
| WATER              | TRANSPORTER:<br>TEXACO<br>TOTAL                      | ROWLAND TRUCKING<br>REMUDA BASIN #3                          | <u>240.00</u><br>240.00         | 0.00                            |
|                    | TOTAL GROSS BARRELS                                  |  | 941.70                          |                                 |
|                    | TOTAL NET BARRELS                                    |  |                                 | 304.92                          |

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

## PART I:

Generator ARCO Pipeline  
Address P.O. Box 960  
City/State Denver City, TX 79323

(806) 592-3765  
Telephone No.

## ORIGINATION OF WASTE:

Operations Center Midland, Texas  
Property Name Russell Station  
(Well, Tank Battery, Plant, Facility)

RRC No. \_\_\_\_\_

### WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                           |              |                    |       |                         |       |
|---------------------------|--------------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste     | _____        | Oily Waste         | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids            | _____        | Plant Waste Water  | _____ | Storm Water Run-off     | _____ |
| Drilled Pit Liquids       | _____        | Produced Sand      | _____ | Used Containers         | _____ |
| Filter Elements           | _____        | Produced Water     | _____ | Used Containers         | _____ |
| General Refuse            | _____        | Rinsate            | _____ | Used Lube Oils          | _____ |
| H2S Scavengers/Sweetening | _____        | Scale              | _____ | Completion Solids       | _____ |
| BS&W/Crude                | <u>72.50</u> | Sludge (Water)     | _____ | Completion Liquids      | _____ |
| (Tank Bottoms)            | _____        | Sludge (Petroleum) | _____ | Other                   | _____ |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

[Signature]  
Signature of Generator's Authorized Agent

11-30-95 11:15 AM  
Date and Time of Shipment

## PART II:

### TRANSPORTER: (To be completed in full by Transporter)

Name MALCO TRUCKING CO.  
Address P.O. Box 14787  
City/State Odessa, TX 79768-4787

915-366-4080  
Telephone No.  
30  
Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

[Signature]  
Signature of Transporter's Agent

11-30-95 2:53 PM  
Date and Time Received

## PART III:

### RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
Address P.O. Box 369  
City/State Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
Signature of Facility Agent

11-30-95 2:55 PM  
Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

**PART I:**

Generator  
Address  
City/State

ARCO Pipeline  
P.O. Box 960  
DENVER City, TX 79323

(906) 592-3765  
Telephone No.

**ORIGINATION OF WASTE:**

Operations Center Midland, TX

RRC No. \_\_\_\_\_

Property Name Russell STATION  
(Well, Tank Battery, Plant, Facility)

**WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)**

|                                 |                          |                               |
|---------------------------------|--------------------------|-------------------------------|
| Commercial/Site Waste _____     | Oily Waste _____         | Spill Clean-up & Debris _____ |
| Drilled Solids _____            | Plant Waste Water _____  | Storm Water Run-off _____     |
| Drilled Pit Liquids _____       | Produced Sand _____      | Used Containers _____         |
| Filter Elements _____           | Produced Water _____     | Used Containers _____         |
| General Refuse _____            | Rinsate _____            | Used Lube Oils _____          |
| H2S Scavengers/Sweetening _____ | Scale _____              | Completion Solids _____       |
| <u>BS&amp;W/Crude</u> <u>79</u> | Sludge (Water) _____     | Completion Liquids _____      |
| (Tank Bottoms)                  | Sludge (Petroleum) _____ | Other _____                   |

**CERTIFICATION:**

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

[Signature]  
Signature of Generator's Authorized Agent

11-22-95 9:30  
Date and Time of Shipment

**PART II:**

**TRANSPORTER: (To be completed in full by Transporter)**

Name  
Address  
City/State

Maleo Trucking Co.  
P.O. Box 14787  
ODESSA, TX 79768-4787

915-366-4080  
Telephone No.  
31

Truck No. \_\_\_\_\_

**CERTIFICATION:**

I certify that the waste in quantity above was received by me for shipment to the destination below.

[Signature]  
Signature of Transporter's Agent

11-22-95 12:15pm  
Date and Time Received

**PART III:**

**RECLAMATION SITE:**

Name  
Address  
City/State

Controlled Recovery, Inc./Inland Products  
P.O. Box 369  
Hobbs, NM 88241

**CERTIFICATION:**

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
Signature of Facility Agent

11-22-95 12:15pm  
Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

## PART I:

Generator  
Address  
City/State

Arco Pipeline  
P.O. Box 460  
Dumas, TX 79323

(806) 592 3765  
Telephone No.

## ORIGINATION OF WASTE:

Operations Center

Midland, TX

RRC No. \_\_\_\_\_

Property Name

Russell Station  
(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                           |              |                    |       |                         |       |
|---------------------------|--------------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste     | _____        | Oily Waste         | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids            | _____        | Plant Waste Water  | _____ | Storm Water Run-off     | _____ |
| Drilled Pit Liquids       | _____        | Produced Sand      | _____ | Used Containers         | _____ |
| Filter Elements           | _____        | Produced Water     | _____ | Used Containers         | _____ |
| General Refuse            | _____        | Rinsate            | _____ | Used Lube Oils          | _____ |
| H2S Scavengers/Sweetening | _____        | Scale              | _____ | Completion Solids       | _____ |
| BS&W/Crude                | <u>76.50</u> | Sludge (Water)     | _____ | Completion Liquids      | _____ |
| (Tank Bottoms)            | _____        | Sludge (Petroleum) | _____ | Other                   | _____ |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

[Signature]  
Signature of Generator's Authorized Agent

11-28-95 2:00 PM  
Date and Time of Shipment

## PART II:

### TRANSPORTER: (To be completed in full by Transporter)

Name  
Address  
City/State

Malco Trucking Co.  
P.O. Box 14787  
Odessa, TX 79768-4787

915-566-4080  
Telephone No.

Truck No. \_\_\_\_\_

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

[Signature]  
Signature of Transporter's Agent

11-28-95 1:40 PM  
Date and Time Received

## PART III:

### RECLAMATION SITE:

Name  
Address  
City/State

Controlled Recovery, Inc./Inland Products  
P.O. Box 369  
Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
Signature of Facility Agent

11-28-95 11:40 AM  
Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

## PART I:

Generator  
Address  
City/State

Acro Pipeline  
P.O. Box 960  
Danville City, TX 79323

(506) 597-3765  
Telephone No.

## ORIGINATION OF WASTE:

Operations Center

Midland, TX

RRC No. \_\_\_\_\_

Property Name

Russell Station  
(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                           |              |                    |       |                         |       |
|---------------------------|--------------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste     | _____        | Oily Waste         | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids            | _____        | Plant Waste Water  | _____ | Storm Water Run-off     | _____ |
| Drilled Pit Liquids       | _____        | Produced Sand      | _____ | Used Containers         | _____ |
| Filter Elements           | _____        | Produced Water     | _____ | Used Containers         | _____ |
| General Refuse            | _____        | Rinsate            | _____ | Used Lube Oils          | _____ |
| H2S Scavengers/Sweetening | _____        | Scale              | _____ | Completion Solids       | _____ |
| BS&W/Crude                | <u>76.50</u> | Sludge (Water)     | _____ | Completion Liquids      | _____ |
| (Tank Bottoms)            | _____        | Sludge (Petroleum) | _____ | Other                   | _____ |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

[Signature]  
Signature of Generator's Authorized Agent

11-28-95 8:00 AM  
Date and Time of Shipment

## PART II:

### TRANSPORTER: (To be completed in full by Transporter)

Name  
Address  
City/State

MALCO Trucking Co.  
P.O. Box 14787  
ODESSA, TX 79768-4787

915-366-4080  
Telephone No.

Truck No. \_\_\_\_\_

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

[Signature]  
Signature of Transporter's Agent

11-28-95 11:15 AM  
Date and Time Received

## PART III:

### RECLAMATION SITE:

Name  
Address  
City/State

Controlled Recovery, Inc./Inland Products  
P.O. Box 369  
Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
Signature of Facility Agent

11-28-95 11:15 AM  
Date and Time Received

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88241-1980

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88211-0719

DISTRICT III  
1000 Rio Brazos Rd, Aztec, NM 87410

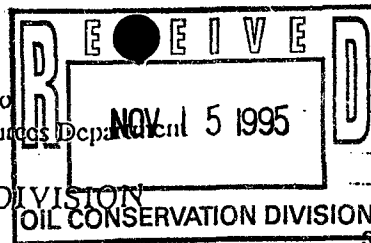
State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

TREATING PLANT OPERATOR'S MONTHLY REPORT



Form C-118  
Revised 4-1-91  
Sheet 1

Submit 2 copies to appropriate  
District Office by 15th of next  
succeeding month.

Report of Controlled Recovery Inc. Month & year OCTOBER 1995

Address P.O. Box 369 Hobbs, NM 88241-0369

TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | 8885.05 |
| TOTAL ALL PLANTS         |                  | 8885.05 |

TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | 2709.17 |
| TOTAL ALL PLANTS         |                  | 2709.17 |

DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)

| FROM                            | TO                     | BARRELS |
|---------------------------------|------------------------|---------|
| Controlled Recovery Inc.        | PETROLITE              | 1214.00 |
| CONTROLLED RECOVERY INC.        | PETRO SOURCE LTD       | 1794.18 |
| TRANSFERRED FROM TREATING PLANT | DISPOSAL AREA - WATER  | 1100.00 |
| TRANSFERRED FROM TREATING PLANT | DISPOSAL AREA - SOLIDS | 172.80  |
| TOTAL ALL PLANTS                |                        | 4280.98 |

TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | 7313.24 |
| TOTAL ALL PLANTS         |                  | 7313.24 |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

*Donna L. Roach*

DONNA L. ROACH / OFFICE MANAGER

(505)-393-1079

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-118  
Revised 4-1-91  
Sheet 1-A

**OIL CONSERVATION DIVISION**

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

**PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS**

| PERMIT<br>NUMBER | LEASE OPERATOR                      | LEASE NAME                               | GROSS VOLUME<br>SEDIMENT OIL | NET BBLs. P.L.<br>OIL RECOVERED |
|------------------|-------------------------------------|--|------------------------------|---------------------------------|
| H-18315          | TRANSPORTER:<br>AA OILFIELD         | A.A. OILFIELD SERVICE<br>STATE AB SWD #1 | 220.00                       |                                 |
| H-18259          | AA OILFIELD                         | ALPHA PHI CRUDE                          | 125.00                       |                                 |
| H-18284          | AA OILFIELD                         | STATE AB SWD #1                          | 260.00                       |                                 |
| H-18247          | OXY USA                             | CENTRAL CORBIN QUEEN                     | <u>420.00</u>                |                                 |
|                  | TOTAL                               |  | 1025.00                      | 168.25                          |
| H-18317          | TRANSPORTER:<br>BURRO PIPELINE      | GANDY CORPORATION<br>LANE LAKE SWD       | 360.00                       |                                 |
| TEXAS            | HARVARD PETROLEUM                   | M.A. CARE C                              | <u>60.00</u>                 |                                 |
|                  | TOTAL                               |  | 360.00                       | 27.00                           |
| A-8925           | TRANSPORTER:<br>SOUTHWEST ROYALTIES | I & W INC.<br>CAT CLAW FED #1            | 130.00                       |                                 |
| H-18246          | I & W                               | L.C. STATE #2                            | 60.00                        |                                 |
| H-18363          | DEVON ENERGY                        | KEEL WEST LEASES                         | <u>130.00</u>                |                                 |
|                  | TOTAL                               |  | 320.00                       | 0.00                            |
| H-18342          | TRANSPORTER:<br>BONNEVILLE FUELS    | KELLY MACLASKEY<br>LEA FARMS             | 70.00                        |                                 |
| TEXAS            | AMERICAN EXPLORATION                | TAYLOR A                                 | <u>50.00</u>                 |                                 |
|                  | TOTAL                               |  | 120.00                       | 7.50                            |
| H-18240          | TRANSPORTER:<br>ARCO PIPELINE       | MALCO TRUCKING<br>HOBBS STATION          | 1858.59                      |                                 |
| TEXAS            | PRIDE PIPELINE                      | STATION #24                              | 485.00                       |                                 |
| TEXAS            | MERIDIAN OIL CO.                    | VARIOUS LEASES                           | <u>2400.00</u>               |                                 |
|                  | TOTAL                               |  | 4743.59                      | 1808.98                         |
| TEXAS            | TRANSPORTER:<br>MERIDIAN OIL CO.    | ROWLAND TRUCKING CO.<br>VARIOUS LEASES   | 2740.00                      |                                 |
| H-18321          | SCURLOCK PERMIAN                    | ROAMER SWD                               | <u>715.00</u>                |                                 |
|                  | TOTAL                               |  | 3455.00                      | 521.71                          |
| TEXAS            | TRANSPORTER:<br>PLACID OIL          | PATE TRUCKING<br>RED DOG #1              | <u>45.00</u>                 |                                 |
|                  | TOTAL                               |  | 45.00                        | 41.40                           |
| H-18321          | TRANSPORTER:<br>YATES PETROLEUM     | RAPID TRANSPORT<br>WELCH ABU FED #1      | <u>50.00</u>                 |                                 |
|                  | TOTAL                               |  | 50.00                        | 0.00                            |
| H-18309          | TRANSPORTER:<br>RICE ENGINEERING    | SONNY'S OILFIELD<br>HOBBS DISPOSAL       | <u>318.75</u>                |                                 |
|                  | TOTAL                               |  | 318.75                       | 134.33                          |
|                  | TOTAL GROSS BARRELS                 |  | 10497.34                     |                                 |
|                  | TOTAL NET BARRELS                   |  |                              | 2709.17                         |

# NON-HAZARDOUS WASTE MANIFEST

Manifest No **1934**

**PART I: DISPOSAL**

☐ Onsite  
☒ Offsite

**LOCATION**

☒ Facility  
☐ Lease  
☐ Well

☐ Drilling  
☐ Workover/  
Completion

Generator: Prine Pipeline Co.  
Address \_\_\_\_\_  
City/State \_\_\_\_\_

Telephone No. \_\_\_\_\_

FOR OFFICE USE ONLY  
FLAC \_\_\_\_\_

**ORIGINATION OF WASTE**

Operations Center \_\_\_\_\_  
Property Name CRANE STA. #24  
(Well, Tank Battery, Plant, Facility)

Field 47497

**WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)**

|  |                                |   |
|--|--------------------------------|---|
| Asbestos _____                                   | Oily Waste ( ) _____           | Spill Clean-up & Debris ( ) _____       |
| Commercial/Site Waste _____                      | Plant Waste Water-Trans _____  | Storm Water Runoff _____                |
| Drilled Solids ( ) _____                         | Produced Sand _____            | Used Containers ( ) _____               |
| Drilled Pit Liquids ( ) _____                    | Produced Water-Trans ( ) _____ | Used Lube Oils ( ) _____                |
| Filter Elements (1) _____                        | Rinsate ( ) _____              | Workover/Compl. Solids _____            |
| (2) _____  | Scale ( ) _____                | Workover/Compl. Liquids _____           |
| (3) _____  | Sludge (water) ( ) _____       | Other <u>Tank Bottoms</u> <u>100 lb</u> |
| General Refuse _____                             | Sludge (petroleum) ( ) _____   |   |
| H <sub>2</sub> S Scavengers/Sweetening ( ) _____ | Sludge (chemical) ( ) _____    |   |

**CERTIFICATION:** The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Generator's Authorized Agent

10-25-95  
Date and Time of Shipment

**PART II: TRANSPORTER: (To be completed in full by Transporter)**

Name MALCO TRUCKING INC.  
Address 2800 W. 42nd.  
City/State Odessa, TX 79764

(915) 366-4080

20411  
Telephone No.  
Truck License No.  
Trailer License No.

Estimated Transportation Cost \_\_\_\_\_

**CERTIFICATION:** I certify that the waste in quantity above was received by me for shipment to the destination below.

10-25-95  
Signature of Transporter's Agent

10-25-95  
Date and Time Received

**PART III: DISPOSAL SITE:**

Name Controllco Recovery INC  
Address P.O. Box 369  
City/State Abbs, n.m. 88241

Method of Disposal \_\_\_\_\_  
Estimated Disposal Fee \_\_\_\_\_

**CERTIFICATION:** I certify that the waste described in Part I was received by me via the transporter described in Part II.

10-25-95  
Signature of Facility Agent

10-25-95  
Date and Time Received

## Manifest № 1935

☐ Onsite  
☒ Offsite

Generator: 2016-01-01 10:10:10

Address \_\_\_\_\_

**Telephone No.****LOCATION**

☒ Facility  
☐ Lease  
☐ Well

City/State \_\_\_\_\_

## ORIGINATION OF WASTE

Operations Center \_\_\_\_\_

Property Name Rowe STA #24

(Well, Tank Battery, Plant, Facility)

Field 497497

**FOR OFFICE USE ONLY**

FLAC \_\_\_\_\_

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|  |           |                         |           |                         |           |
|--|-----------|-------------------------|-----------|-------------------------|-----------|
| Asbestos                               | _____     | Oily Waste              | ( ) _____ | Spill Clean-up & Debris | ( ) _____ |
| Commercial/Site Waste                  | _____     | Plant Waste Water-Trans | _____     | Storm Water Runoff      | _____     |
| Drilled Solids                         | ( ) _____ | Produced Sand           | _____     | Used Containers         | ( ) _____ |
| Drilled Pit Liquids                    | ( ) _____ | Produced Water-Trans    | ( ) _____ | Used Lube Oils          | ( ) _____ |
| Filter Elements                        | (1) _____ | Rinsate                 | ( ) _____ | Workover/Compl. Solids  | _____     |
|  | (2) _____ | Scale                   | ( ) _____ | Workover/Compl. Liquids | _____     |
|  | (3) _____ | Sludge (water)          | ( ) _____ | Other                   | _____     |
| General Refuse                         | _____     | Sludge (petroleum)      | ( ) _____ | <u>Tank Bottom</u>      | _____     |
| H <sub>2</sub> S Scavengers/Sweetening | ( ) _____ | Sludge (chemical)       | ( ) _____ | _____                   | _____     |

**CERTIFICATION:** The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of Generator's Authorized Agent

Date and Time of Shipment

PART II: TRANSPORTER: (To be completed in full by Transporter)

Name MALCO TRUCKING INC.

Address 2800 W. 42nd.

City/State Odessa, TX 79764

**(915) 366-4080**

Telephone No. \_\_\_\_\_

Truck License No.

Trailer License No

Estimated Transportation Cost \_\_\_\_\_

**CERTIFICATION:** I certify that the waste in quantity above was received by me for shipment to the destination below.

Signature of Transporter's Agent

Date and Time Received

PART III: DISPOSAL SITE:

Name CONTINUED RECOVERY INC

Address CHS

City/State **CONTROLLED RECOVERY, INC.**

Method of Disposal HOBBBS, N.M. 88241

Estimated Disposal Fee \_\_\_\_\_

**CERTIFICATION:** I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST

Manifest No. **1936**

**PART I:**

**DISPOSAL**

☐ Onsite  
☒ Offsite

**LOCATION**

☒ Facility  
☐ Lease  
☐ Well

☐ Drilling  
☐ Workover/  
Completion

Generator: PRIDE Pipeline Co.

Address \_\_\_\_\_

City/State \_\_\_\_\_

Telephone No. \_\_\_\_\_

FOR OFFICE USE ONLY  
FLAC \_\_\_\_\_

**ORIGINATION OF WASTE**

Operations Center \_\_\_\_\_

Property Name CRANE STATION #24  
(Well, Tank Battery, Plant, Facility)

Field 24777

**WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)**

|  |                                |                                   |
|--|--------------------------------|-----------------------------------|
| Asbestos _____                                   | Oily Waste ( ) _____           | Spill Clean-up & Debris ( ) _____ |
| Commercial/Site Waste _____                      | Plant Waste Water-Trans _____  | Storm Water Runoff _____          |
| Drilled Solids ( ) _____                         | Produced Sand _____            | Used Containers ( ) _____         |
| Drilled Pit Liquids ( ) _____                    | Produced Water-Trans ( ) _____ | Used Lube Oils ( ) _____          |
| Filter Elements (1) _____                        | Rinsate ( ) _____              | Workover/Compl. Solids _____      |
| (2) _____  | Scale ( ) _____                | Workover/Compl. Liquids _____     |
| (3) _____  | Sludge (water) ( ) _____       | Other <u>TANK BOTTOMS</u>         |
| General Refuse _____                             | Sludge (petroleum) ( ) _____   |                                   |
| H <sub>2</sub> S Scavengers/Sweetening ( ) _____ | Sludge (chemical) ( ) _____    |                                   |

**CERTIFICATION:** The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Generator's Authorized Agent

\_\_\_\_\_  
Date and Time of Shipment

**PART II: TRANSPORTER: (To be completed in full by Transporter)**

Name MALCO TRUCKING INC.

Address 2800 W. 42nd.

City/State Odessa, TX 79764

(915) 366-4080

Telephone No.

204 113

Truck License No.

Trailer License No.

Estimated Transportation Cost \_\_\_\_\_

**CERTIFICATION:** I certify that the waste in quantity above was received by me for shipment to the destination below.

\_\_\_\_\_  
Signature of Transporter's Agent

10-26-95  
Date and Time Received

**PART III: DISPOSAL SITE:**

Name CONTROLLED RECOVERY INC.

Address CRI

City/State CONTROLLED RECOVERY, INC.

P.O. BOX 369

Method of Disposal HOBBS, N.M. 88241

Estimated Disposal Fee \_\_\_\_\_

**CERTIFICATION:** I certify that the waste described in Part I was received by me via the transporter described in Part II.

\_\_\_\_\_  
Signature of Facility Agent

10-26-95  
Date and Time Received

## PART I:

Generator  
Address  
City/StatePride Pipeline CompanyODESSA, TEXAS( )  
Telephone No.

## ORIGINATION OF WASTE:

Operations Center

ODESSARRC No. 497497

Property Name

STATION #42

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU. FT., LBS., UNITS, ETC.)

Commercial/Site Waste

Oily Waste

Spill Clean-up &amp; Debris

Drilled Solids

Plant Waste Water

Storm Water Run-off

Drilled Pit Liquids

Produced Sand

Used Containers

Filter Elements

Produced Water

Used Containers

General Refuse

Rinsate

Used Lube Oils

H2S Scavengers/Sweetening

Scale

Completion Solids

BS&amp;W/Crude

Sludge (Water)

Completion Liquids

(Tank Bottoms)

Sludge (Petroleum)

Other

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Signature of Generator's Authorized Agent

10/24/95  
Date and Time of Shipment

## PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name

Malco Trucking INC.

Address

City/State

ODESSA, TEXAS

Telephone No.

Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Signature of Transporter's Agent

10/24/95  
Date and Time Received

## PART III:

RECLAMATION SITE:

Name

Controlled Recovery, Inc./Inland Products

Address

P.O. Box 369

City/State

Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST

Manifest No **1932**

**PART I: DISPOSAL**

☐ Onsite  
☒ Offsite

**LOCATION**

☒ Facility  
☐ Lease  
☐ Well

☐ Drilling  
☐ Workover/  
Completion

Generator: Prine Pipeline Co.

Address \_\_\_\_\_

City/State Waco, Texas

Telephone No. \_\_\_\_\_

FOR OFFICE USE ONLY  
FLAC \_\_\_\_\_

**ORIGINATION OF WASTE**

Operations Center Odessa

Property Name \_\_\_\_\_

(Well, Tank Battery, Plant, Facility)

Field 117777

**WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)**

|  |                                |   |
|--|--------------------------------|---|
| Asbestos _____                                   | Oily Waste ( ) _____           | Spill Clean-up & Debris ( ) _____         |
| Commercial/Site Waste _____                      | Plant Waste Water-Trans _____  | Storm Water Runoff _____                  |
| Drilled Solids ( ) _____                         | Produced Sand _____            | Used Containers ( ) _____                 |
| Drilled Pit Liquids ( ) _____                    | Produced Water-Trans ( ) _____ | Used Lube Oils ( ) _____                  |
| Filter Elements (1) _____                        | Rinsate ( ) _____              | Workover/Compl. Solids _____              |
| (2) _____  | Scale ( ) _____                | Workover/Compl. Liquids _____             |
| (3) _____  | Sludge (water) ( ) _____       | Other <u>Tank Bottoms</u> <u>1005 BCS</u> |
| General Refuse _____                             | Sludge (petroleum) ( ) _____   |   |
| H <sub>2</sub> S Scavengers/Sweetening ( ) _____ | Sludge (chemical) ( ) _____    |   |

**CERTIFICATION:** The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Generator's Authorized Agent

10-24-95  
Date and Time of Shipment

**PART II: TRANSPORTER: (To be completed in full by Transporter)**

Name MALCO TRUCKING INC.

Address 2800 W. 42nd.

City/State Odessa, TX 79764

(915) 366-4080

Telephone No.

201113  
Truck License No.

Trailer License No.

Estimated Transportation Cost \_\_\_\_\_

**CERTIFICATION:** I certify that the waste in quantity above was received by me for shipment to the destination below.

\_\_\_\_\_  
Signature of Transporter's Agent

10-24-95  
Date and Time Received

**PART III: DISPOSAL SITE:**

Name CONTROLLED RECOVERY, INC.

Address CRI

City/State CONTROLLED RECOVERY, INC.

Method of Disposal P.O. BOX 369  
HOBBS, N.M. 88241

Estimated Disposal Fee \_\_\_\_\_

**CERTIFICATION:** I certify that the waste described in Part I was received by me via the transporter described in Part II.

\_\_\_\_\_  
Signature of Facility Agent

10-24-95  
Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST

Manifest No **1933**

**PART I: DISPOSAL**

☐ Onsite  
☒ Offsite

**LOCATION**

☒ Facility  
☐ Lease  
☐ Well

☐ Drilling  
☐ Workover/  
Completion

Generator: Pring Pipeline

Address \_\_\_\_\_

City/State \_\_\_\_\_

Telephone No. \_\_\_\_\_

FOR OFFICE USE ONLY  
**FLAC** \_\_\_\_\_

**ORIGINATION OF WASTE**

Operations Center \_\_\_\_\_

Property Name \_\_\_\_\_ Field \_\_\_\_\_

(Well, Tank Battery, Plant, Facility)

**WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)**

|  |                                |   |
|--|--------------------------------|---|
| Asbestos _____                                   | Oily Waste ( ) _____           | Spill Clean-up & Debris ( ) _____       |
| Commercial/Site Waste _____                      | Plant Waste Water-Trans _____  | Storm Water Runoff _____                |
| Drilled Solids ( ) _____                         | Produced Sand _____            | Used Containers ( ) _____               |
| Drilled Pit Liquids ( ) _____                    | Produced Water-Trans ( ) _____ | Used Lube Oils ( ) _____                |
| Filter Elements (1) _____                        | Rinsate ( ) _____              | Workover/Compl. Solids _____            |
| (2) _____  | Scale ( ) _____                | Workover/Compl. Liquids _____           |
| (3) _____  | Sludge (water) ( ) _____       | Other <u>Tank Bottoms</u> <u>110000</u> |
| General Refuse _____                             | Sludge (petroleum) ( ) _____   |   |
| H <sub>2</sub> S Scavengers/Sweetening ( ) _____ | Sludge (chemical) ( ) _____    |   |

**CERTIFICATION:** The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Generator's Authorized Agent

10-24-95  
Date and Time of Shipment

**PART II: TRANSPORTER: (To be completed in full by Transporter)**

Name MALCO TRUCKING INC.

Address 2800 W. 42nd.

City/State Odessa, TX 79764

**(915) 366-4080**

Telephone No.

20H 543  
Truck License No.

Trailer License No. \_\_\_\_\_

Estimated Transportation Cost \_\_\_\_\_

**CERTIFICATION:** I certify that the waste in quantity above was received by me for shipment to the destination below.

Robert H. Kauter  
Signature of Transporter's Agent

10-24-95  
Date and Time Received

**PART III: DISPOSAL SITE:**

Name CRI

Address CONTROLLED RECOVERY, INC.

P.O. BOX 369

City/State HOBBS, N.M. 88241

Method of Disposal \_\_\_\_\_

Estimated Disposal Fee \_\_\_\_\_

**CERTIFICATION:** I certify that the waste described in Part I was received by me via the transporter described in Part II.

Joe J. Jorgensen  
Signature of Facility Agent

10-24-95  
Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST

Manifest **N2**      **2685**

**PART I:  
DISPOSAL**

- ☐ Onsite  
☐ Offsite

**LOCATION**

- ☐ Facility  
☐ Lease  
☐ Well

- ☐ Drilling  
☐ Workover/  
Completion

Generator: Meridian Oil

Address \_\_\_\_\_

City/State Odessa, Texas

Telephone No. \_\_\_\_\_

FOR OFFICE USE ONLY

FLAC \_\_\_\_\_

**ORIGINATION OF WASTE**

Operations Center Crowl

Property Name ML BAKER

(Well, Tank Battery, Plant, Facility)

Field 00914

**WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)**

|  |   |                                   |
|--|---|-----------------------------------|
| Asbestos _____                                   | Oily Waste ( ) _____                        | Spill Clean-up & Debris ( ) _____ |
| Commercial/Site Waste _____                      | Plant Waste Water-Trans _____               | Storm Water Runoff _____          |
| Drilled Solids ( ) _____                         | Produced Sand _____                         | Used Containers ( ) _____         |
| Drilled Pit Liquids ( ) _____                    | Produced Water-Trans ( ) _____              | Used Lube Oils ( ) _____          |
| Filter Elements (1) _____                        | Rinsate ( ) _____                           | Workover/Compl. Solids _____      |
| (2) _____  | Scale ( ) _____                             | Workover/Compl. Liquids _____     |
| (3) _____  | Sludge (water) ( ) _____                    | Other _____                       |
| General Refuse _____                             | Sludge (petroleum) <u>BS</u> ( ) <u>100</u> |                                   |
| H <sub>2</sub> S Scavengers/Sweetening ( ) _____ | Sludge (chemical) ( ) _____                 |                                   |

**CERTIFICATION:** The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge.

E. D. Pounds  
Signature of Generator's Authorized Agent

10-23-90  
Date and Time of Shipment

**PART II: TRANSPORTER: (To be completed in full by Transporter)**

Name MALCO TRUCKING INC.

Address 2800 W. 42nd.

City/State Odessa, TX 79764

(915) 366-4080

Telephone No.

15  
Truck License No.

Trailer License No.

Bill

Estimated Transportation Cost \_\_\_\_\_

**CERTIFICATION:** I certify that the waste in quantity above was received by me for shipment to the destination below.

\_\_\_\_\_  
Signature of Transporter's Agent

\_\_\_\_\_  
Date and Time Received

**PART III: DISPOSAL SITE:**

Name C.R.I.

Address CRI

City/State Wabbe **CONTROLLED RECOVERY, INC.**

P.O. BOX 369  
HOBBS, N.M. 88241

Method of Disposal \_\_\_\_\_

Estimated Disposal Fee \_\_\_\_\_

**CERTIFICATION:** I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
Signature of Facility Agent

10-23-90  
Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST

Manifest No. **2684**

**PART I: DISPOSAL**

☐ Onsite  
☐ Offsite

**LOCATION**

☐ Facility  
☐ Lease  
☐ Well

☐ Drilling  
☐ Workover/  
Completion

Generator: Meridian Oil

Address \_\_\_\_\_

City/State: Crane TX

Telephone No. \_\_\_\_\_

**FOR OFFICE USE ONLY:**

FLAC \_\_\_\_\_

**ORIGINATION OF WASTE**

Operations Center: Crane TX

Property Name: Choney

(Well, Tank Battery, Plant, Facility)

Field: 00860

**WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)**

|  |                                       |                                   |
|--|---------------------------------------|-----------------------------------|
| Asbestos _____                                   | Oily Waste ( ) _____                  | Spill Clean-up & Debris ( ) _____ |
| Commercial/Site Waste _____                      | Plant Waste Water-Trans _____         | Storm Water Runoff _____          |
| Drilled Solids ( ) _____                         | Produced Sand _____                   | Used Containers ( ) _____         |
| Drilled Pit Liquids ( ) _____                    | Produced Water-Trans ( ) _____        | Used Lube Oils ( ) _____          |
| Filter Elements (1) _____                        | Rinsate ( ) _____                     | Workover/Compl. Solids _____      |
| (2) _____  | Scale ( ) _____                       | Workover/Compl. Liquids _____     |
| (3) _____  | Sludge (water) ( ) _____              | Other _____                       |
| General Refuse _____                             | Sludge (petroleum) 8.5 ( ) <u>100</u> |                                   |
| H <sub>2</sub> S Scavengers/Sweetening ( ) _____ | Sludge (chemical) ( ) _____           |                                   |

**CERTIFICATION:** The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge.

E. P. Pounce

Signature of Generator's Authorized Agent

10-23-85

Date and Time of Shipment

**PART II: TRANSPORTER: (To be completed in full by Transporter)**

Name: MALCO TRUCKING INC.

(915) 366-4080

Address: 2800 W. 42nd.

Telephone No.

City/State: Odessa, TX 79764

Truck License No.

Trailer License No.

alon

Estimated Transportation Cost \_\_\_\_\_

**CERTIFICATION:** I certify that the waste in quantity above was received by me for shipment to the destination below.

Signature of Transporter's Agent

Date and Time Received

**PART III: DISPOSAL SITE:**

Name: CRI

**CRI**

Address: \_\_\_\_\_

**CONTROLLED RECOVERY, INC.**

City/State: Hobbs, N.M.

P.O. BOX 369

HOBBS, N.M. 88241

Method of Disposal \_\_\_\_\_

Estimated Disposal Fee \_\_\_\_\_

**CERTIFICATION:** I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

102395  
Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator

Meridian Oil

Address

1112 W. Hwy. 329 HCR 65 Box 58

(915) 563-0274

City/State

CRANE, TEX. 79731

Telephone No.

## ORIGINATION OF WASTE:

Operations Center

Midland, Tex

RRC No. 00921

Property Name

J. F. LANE "B" BTTY.

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

Commercial/Site Waste

Oily Waste

Spill Clean-up & Debris

Drilled Solids

Plant Waste Water

Storm Water Run-off

Drilled Pit Liquids

Produced Sand

Used Containers

Filter Elements

Produced Water

Used Containers

General Refuse

Rinsate

Used Lube Oils

H2S Scavengers/Sweetening

Scale

Completion Solids

BS&W/Crude

135 BBLs

Sludge (Water)

Completion Liquids

(Tank Bottoms)

Sludge (Petroleum)

Other

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Steve D. Walker

Signature of Generator's Authorized Agent

10-17-95 7:00

Date and Time of Shipment

## PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name

Rowland Trucking

505-394-2581

Address

P.O. Box 99

Telephone No.

City/State

Ennice, N.M. 88231

57

Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Tommy Motes

Signature of Transporter's Agent

10-17-95 7:00

Date and Time Received

## PART III:

RECLAMATION SITE:

Name

Controlled Recovery, Inc./Inland Products

Address

P.O. Box 369

City/State

Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

D. Larson

Signature of Facility Agent

10-17-95 4:00 p.m.

Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

## PART I:

Generator

Meridian Oil

Address

1112 W. HWY 329 HCR 65 Box 58

(915) 563-0274

City/State

CRANE, TEX 79731

Telephone No.

## ORIGINATION OF WASTE:

Operations Center

Midland, TEX.

RRC No. 00943

Property Name

J. F. LANE (ODOM) BTTY.

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

Commercial/Site Waste

Oily Waste

Spill Clean-up & Debris

Drilled Solids

Plant Waste Water

Storm Water Run-off

Drilled Pit Liquids

Produced Sand

Used Containers

Filter Elements

Produced Water

Used Containers

General Refuse

Rinsate

Used Lube Oils

H2S Scavengers/Sweetening

Scale

Completion Solids

BS&W/Crude

125 BBLs.

Sludge (Water)

Completion Liquids

(Tank Bottoms)

Sludge (Petroleum)

Other

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Steve D. Walker

Signature of Generator's Authorized Agent

10-10-95 11:30

Date and Time of Shipment

## PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name

Rowland Trucking

505-394-2581

Address

P.O. Box 99

Telephone No.

City/State

ENRICE, N.M. 88231

57

Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Tammy Potes

Signature of Transporter's Agent

10-10-95 11:30

Date and Time Received

## PART III:

RECLAMATION SITE:

Name

Controlled Recovery, Inc./Inland Products

Address

P.O. Box 369

City/State

Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]

Signature of Facility Agent

10-12-95

Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

## PART I:

Generator MERIDIAN Oil  
 Address 1112 W. HWY. 329 HCR 65 Box 58  
 City/State CRANE, TEX. 79731 Telephone No. (915) 563-0274

## ORIGINATION OF WASTE:

Operations Center MIDLAND, TEX RRC No. 00933  
 Property Name ROGERS "4" BTTY.  
 (Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                           |                 |                    |       |                         |       |
|---------------------------|-----------------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste     | _____           | Oily Waste         | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids            | _____           | Plant Waste Water  | _____ | Storm Water Run-off     | _____ |
| Drilled Pit Liquids       | _____           | Produced Sand      | _____ | Used Containers         | _____ |
| Filter Elements           | _____           | Produced Water     | _____ | Used Containers         | _____ |
| General Refuse            | _____           | Rinsate            | _____ | Used Lube Oils          | _____ |
| H2S Scavengers/Sweetening | _____           | Scale              | _____ | Completion Solids       | _____ |
| BS&W/Crude                | <u>70 BBLs.</u> | Sludge (Water)     | _____ | Completion Liquids      | _____ |
| (Tank Bottoms)            | _____           | Sludge (Petroleum) | _____ | Other                   | _____ |

CERTIFICATION: The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Steve D. Walker  
 Signature of Generator's Authorized Agent

\_\_\_\_\_  
 Date and Time of Shipment

## PART II: TRANSPORTER: (To be completed in full by Transporter)

Name Rowland Trucking Telephone No. 505-394-2581  
 Address P.O. Box 99  
 City/State Ennice, N.M. 88231 Truck No. 41

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the destination below.

Alfred Aragon  
 Signature of Transporter's Agent

10-10-95  
 Date and Time Received

## PART III: RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
 Address P.O. Box 369  
 City/State Hobbs, NM 88241

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

\_\_\_\_\_  
 Signature of Facility Agent

\_\_\_\_\_  
 Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

## PART I:

Generator

Meridian Oil

Address

1112 W. Hwy. 329 HCR 65 Box 58

City/State

CRANE, TEX. 79731

(915) 563-0274

Telephone No.

## ORIGINATION OF WASTE:

Operations Center

Midland, Tex.

RRC No. 00943

Property Name

J. F. LANE (ODOM) BTTY.

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

Commercial/Site Waste

Oily Waste

Spill Clean-up & Debris

Drilled Solids

Plant Waste Water

Storm Water Run-off

Drilled Pit Liquids

Produced Sand

Used Containers

Filter Elements

Produced Water

Used Containers

General Refuse

Rinsate

Used Lube Oils

H2S Scavengers/Sweetening

Scale

Completion Solids

BS&W/Crude

55 BBLs

Sludge (Water)

Completion Liquids

(Tank Bottoms)

Sludge (Petroleum)

Other

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Steve D. Walker

Signature of Generator's Authorized Agent

Date and Time of Shipment

## PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name

Rowland Trucking

505-394-2581

Address

P.O. Box 99

Telephone No.

City/State

Ennice, N.M. 88231

Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Alfred Anderson

Signature of Transporter's Agent

10-10-95

Date and Time Received

## PART III:

RECLAMATION SITE:

Name

Controlled Recovery, Inc./Inland Products

Address

P.O. Box 369

City/State

Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

## PART I:

Generator

MERIDIAN OIL

Address

1112 W. Hwy. 329 HCR 65 Box 58

(915) 563-0274

City/State

CRANE, TEX. 79731

Telephone No.

## ORIGINATION OF WASTE:

Operations Center

MIDLAND, TEX.

RRC No. 00933

Property Name

ROGERS "4" BTTY.

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU. FT., LBS., UNITS, ETC.)

Commercial/Site Waste

Oily Waste

Spill Clean-up & Debris

Drilled Solids

Plant Waste Water

Storm Water Run-off

Drilled Pit Liquids

Produced Sand

Used Containers

Filter Elements

Produced Water

Used Containers

General Refuse

Rinsate

Used Lube Oils

H2S Scavengers/Sweetening

Scale

Completion Solids

BS&W/Crude

125 BBLs

Sludge (Water)

Completion Liquids

(Tank Bottoms)

Sludge (Petroleum)

Other

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Steve D. Walker

Signature of Generator's Authorized Agent

10-11-95 2:30

Date and Time of Shipment

## PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name

Rowland Trucking

505-394-2581

Address

P.O. Box 99

Telephone No.

City/State

EUNICE, N.M. 88231

Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

TOMMY MOTES

Signature of Transporter's Agent

10-11-95 2:30

Date and Time Received

## PART III:

RECLAMATION SITE:

Name

Controlled Recovery, Inc./Inland Products

Address

P.O. Box 369

City/State

Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]

Signature of Facility Agent

10/11/95 Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

## PART I:

Generator

Meridian Oil

Address

1112 W. Hwy 329 HCR 65 Box 58

City/State

CRANE, TEX. 79731

(915) 563-0274

Telephone No.

## ORIGINATION OF WASTE:

Operations Center

Midland, Tex.

RRC No. 00933

Property Name

ROGERS "4" BTTY.

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

Commercial/Site Waste

Oily Waste

Spill Clean-up & Debris

Drilled Solids

Plant Waste Water

Storm Water Run-off

Drilled Pit Liquids

Produced Sand

Used Containers

Filter Elements

Produced Water

Used Containers

General Refuse

Rinsate

Used Lube Oils

H2S Scavengers/Sweetening

Scale

Completion Solids

BS&W/Crude

125 BBLs

Sludge (Water)

Completion Liquids

(Tank Bottoms)

Sludge (Petroleum)

Other

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Steve D. Walker

Signature of Generator's Authorized Agent

10-11-95 7:30

Date and Time of Shipment

## PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name

Rowland Trucking

505-394-2581

Address

P.O. Box 99

Telephone No.

City/State

CLUNICE, N.M. 88231

57

Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Tony Mates

Signature of Transporter's Agent

10-11-95 7:30

Date and Time Received

## PART III:

RECLAMATION SITE:

Name

Controlled Recovery, Inc./Inland Products

Address

P.O. Box 369

City/State

Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Dr. [Signature]

Signature of Facility Agent

10-11-95 11:05 am

Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

## PART I:

Generator American Exploration  
 Address \_\_\_\_\_  
 City/State \_\_\_\_\_

( ) \_\_\_\_\_  
 Telephone No. \_\_\_\_\_

## ORIGINATION OF WASTE:

Operations Center \_\_\_\_\_

RRC No. \_\_\_\_\_

Property Name Taylor A  
 (Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU FT., LBS., UNITS, ETC.)

|                                 |                          |                               |
|---------------------------------|--------------------------|-------------------------------|
| Commercial/Site Waste _____     | Oily Waste _____         | Spill Clean-up & Debris _____ |
| Drilled Solids _____            | Plant Waste Water _____  | Storm Water Run-off _____     |
| Drilled Pit Liquids _____       | Produced Sand _____      | Used Containers _____         |
| Filter Elements _____           | Produced Water _____     | Used Containers _____         |
| General Refuse _____            | Rinsate _____            | Used Lube Oils _____          |
| H2S Scavengers/Sweetening _____ | Scale _____              | Completion Solids _____       |
| BS&W/Crude <u>50 bbls.</u>      | Sludge (Water) _____     | Completion Liquids _____      |
| (Tank Bottoms) _____            | Sludge (Petroleum) _____ | Other _____                   |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Thomas Rogers  
 Signature of Generator's Authorized Agent

10-10-95 2:00pm  
 Date and Time of Shipment

## PART II:

### TRANSPORTER: (To be completed in full by Transporter)

Name MacLuskey  
 Address P.O. Box 580  
 City/State Hobbs, NM 88241

505-393-1016  
 Telephone No. \_\_\_\_\_  
 Truck No. \_\_\_\_\_

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

[Signature]  
 Signature of Transporter's Agent

10-10-95 2:00pm  
 Date and Time Received

## PART III:

### RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
 Address P.O. Box 369  
 City/State Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
 Signature of Facility Agent

10-10-95 4:30pm  
 Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

## PART I:

Generator American Exploration  
 Address \_\_\_\_\_  
 City/State \_\_\_\_\_

( ) \_\_\_\_\_  
 Telephone No. \_\_\_\_\_

## ORIGINATION OF WASTE:

Operations Center \_\_\_\_\_

RRC No. \_\_\_\_\_

Property Name TAIL A  
 (Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                                 |                          |                               |
|---------------------------------|--------------------------|-------------------------------|
| Commercial/Site Waste _____     | Oily Waste _____         | Spill Clean-up & Debris _____ |
| Drilled Solids _____            | Plant Waste Water _____  | Storm Water Run-off _____     |
| Drilled Pit Liquids _____       | Produced Sand _____      | Used Containers _____         |
| Filter Elements _____           | Produced Water _____     | Used Containers _____         |
| General Refuse _____            | Rinsate _____            | Used Lube Oils _____          |
| H2S Scavengers/Sweetening _____ | Scale _____              | Completion Solids _____       |
| BS&W/Crude <u>50 bbl</u>        | Sludge (Water) _____     | Completion Liquids _____      |
| (Tank Bottoms) _____            | Sludge (Petroleum) _____ | Other _____                   |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

[Signature]  
 Signature of Generator's Authorized Agent

10-10-95 2:00pm  
 Date and Time of Shipment

## PART II:

## TRANSPORTER: (To be completed in full by Transporter)

Name Macloskey  
 Address P.O. Box 580  
 City/State McBbs. NM 88241

505-398-1016  
 Telephone No. \_\_\_\_\_  
 Truck No. \_\_\_\_\_

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

[Signature]  
 Signature of Transporter's Agent

10-10-95 4:30pm  
 Date and Time Received

## PART III:

## RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
 Address P.O. Box 369  
 City/State Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
 Signature of Facility Agent

10-10-95 4:30pm  
 Date and Time Received

# NON-HAZARDOUS WASTE MANIFESTATION TICKET

## PART I:

Generator MERIDIAN OIL  
 Address 1112 W. Hwy. 329 ACR 65 Box 58  
 City/State CRANE, TEX. 79731

(915) 563-0274  
 Telephone No.

## ORIGINATION OF WASTE:

Operations Center MIDLAND, TEX.

RRC No. 00921

Property Name J. F. LANE "B" BTTY.  
 (Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                           |                   |                    |       |                         |       |
|---------------------------|-------------------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste     | _____             | Oily Waste         | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids            | _____             | Plant Waste Water  | _____ | Storm Water Run-off     | _____ |
| Drilled Pit Liquids       | _____             | Produced Sand      | _____ | Used Containers         | _____ |
| Filter Elements           | _____             | Produced Water     | _____ | Used Containers         | _____ |
| General Refuse            | _____             | Rinsate            | _____ | Used Lube Oils          | _____ |
| H2S Scavengers/Sweetening | _____             | Scale              | _____ | Completion Solids       | _____ |
| BS&W/Crude                | <u>125 E.BLS.</u> | Sludge (Water)     | _____ | Completion Liquids      | _____ |
| (Tank Bottoms)            | _____             | Sludge (Petroleum) | _____ | Other                   | _____ |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Steve D. Walker  
 Signature of Generator's Authorized Agent

10-9-95 6:00  
 Date and Time of Shipment

## PART II:

### TRANSPORTER: (To be completed in full by Transporter)

Name Rowland Trucking  
 Address P.O. Box 99  
 City/State EUNICE, N.M. 88231

505-294-2581  
 Telephone No.  
57  
 Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Tony Motes  
 Signature of Transporter's Agent

10-9-95 6:00  
 Date and Time Received

## PART III:

### RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
 Address P.O. Box 369  
 City/State Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
 Signature of Facility Agent

10-9-95 9:45  
 Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

## PART I:

Generator

Meridian Oil

Address

1112 W. Hwy. 329 HCR 65 Box 58

(915) 563-0274

City/State

CRANE, TEX. 79731

Telephone No.

## ORIGINATION OF WASTE:

Operations Center

Midland, Tex.

RRC No. 00921

Property Name

J.F. LANE "B" BTTY.

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

Commercial/Site Waste

Oily Waste

Spill Clean-up & Debris

Drilled Solids

Plant Waste Water

Storm Water Run-off

Drilled Pit Liquids

Produced Sand

Used Containers

Filter Elements

Produced Water

Used Containers

General Refuse

Rinsate

Used Lube Oils

H2S Scavengers/Sweetening

Scale

Completion Solids

BS&W/Crude

33 BBLs.

Sludge (Water)

Completion Liquids

(Tank Bottoms)

Sludge (Petroleum)

Other

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Steve D. Walker

Signature of Generator's Authorized Agent

10-9-95 1:30

Date and Time of Shipment

## PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name

Rowland Trucking

505-394-2581

Address

P.O. Box 99

Telephone No.

City/State

Edwice, N.M. 88231

Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Tommy notes

Signature of Transporter's Agent

10-9-95 1:30

Date and Time Received

## PART III:

RECLAMATION SITE:

Name

Controlled Recovery, Inc./Inland Products

Address

P.O. Box 369

City/State

Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]

Signature of Facility Agent

10-9-95 5:30

Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

## PART I:

Generator

Meridian Oil

Address

1112 W. Hwy 329 HCR 65 Box 58

City/State

CRANE, TEX. 79731

(915) 563-0274

Telephone No.

## ORIGINATION OF WASTE:

Operations Center

Midland, Tex.

RRC No. 00933

Property Name

Rogers "4" BTTY.

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU. FT., LBS., UNITS, ETC.)

Commercial/Site Waste

Oily Waste

Spill Clean-up & Debris

Drilled Solids

Plant Waste Water

Storm Water Run-off

Drilled Pit Liquids

Produced Sand

Used Containers

Filter Elements

Produced Water

Used Containers

General Refuse

Rinsate

Used Lube Oils

H2S Scavengers/Sweetening

Scale

Completion Solids

BS&W/Crude

92 BBLs.

Sludge (Water)

Completion Liquids

(Tank Bottoms)

Sludge (Petroleum)

Other

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Steve D. Walker

Signature of Generator's Authorized Agent

10-9-95 1:30  
Date and Time of Shipment

## PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name

Rowland Trucking

505-394-2581

Address

P.O. Box 99

Telephone No.

City/State

Ennice, N.M., 88231

52

Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Tony Hotes

Signature of Transporter's Agent

10-9-95 1:30  
Date and Time Received

## PART III:

RECLAMATION SITE:

Name

Controlled Recovery, Inc./Inland Products

Address

P.O. Box 369

City/State

Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]

Signature of Facility Agent

10-9-95 5:30pm  
Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

## PART I:

Generator Meridian Oil  
 Address 1112 W. Hwy 329 HCR 65 Box 58 (915) 563-0274  
 City/State CRANE, TEX 79731 Telephone No.

## ORIGINATION OF WASTE:

Operations Center MIDLAND, TEXAS RRC No. 06485  
 Property Name REESE 16 BATTERY  
 (Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                           |                 |                    |       |                         |       |
|---------------------------|-----------------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste     | _____           | Oily Waste         | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids            | _____           | Plant Waste Water  | _____ | Storm Water Run-off     | _____ |
| Drilled Pit Liquids       | _____           | Produced Sand      | _____ | Used Containers         | _____ |
| Filter Elements           | _____           | Produced Water     | _____ | Used Containers         | _____ |
| General Refuse            | _____           | Rinsate            | _____ | Used Lube Oils          | _____ |
| H2S Scavengers/Sweetening | _____           | Scale              | _____ | Completion Solids       | _____ |
| BS&W/Crude                | <u>125 BBLs</u> | Sludge (Water)     | _____ | Completion Liquids      | _____ |
| (Tank Bottoms)            | _____           | Sludge (Petroleum) | _____ | Other                   | _____ |

CERTIFICATION: The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Steve D. Walker 10-2-95 - 0900  
 Signature of Generator's Authorized Agent Date and Time of Shipment

## PART II: TRANSPORTER: (To be completed in full by Transporter)

Name Rowland Trucking 505-394-2581  
 Address P.O. Box 99 Telephone No.  
 City/State EUNICE, N.M. 88231  
 Truck No.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the destination below.

Bill Lyle 10-2-95  
 Signature of Transporter's Agent Date and Time Received

## PART III: RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
 Address P.O. Box 369  
 City/State Hobbs, NM 88241

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

Phil Lyle 10295 245 P  
 Signature of Facility Agent Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST

Manifest No. **2661**

**PART I:**

**DISPOSAL**

- ☐ Onsite  
☐ Offsite

**LOCATION**

- ☐ Facility  
☐ Lease  
☐ Well

- ☐ Drilling  
☐ Workover/  
Completion

Generator: Meridian Oil

Address \_\_\_\_\_

City/State Crane TX

Telephone No. \_\_\_\_\_

**FOR OFFICE USE ONLY**

FLAC \_\_\_\_\_

**ORIGINATION OF WASTE**

Operations Center CRANE TX

Property Name AS. Burlington A  
(Well, Tank Battery, Plant, Facility)

Field 03172

**WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)**

|  |   |                                   |
|--|---|-----------------------------------|
| Asbestos _____                                   | Oily Waste ( ) _____                        | Spill Clean-up & Debris ( ) _____ |
| Commercial/Site Waste _____                      | Plant Waste Water-Trans _____               | Storm Water Runoff _____          |
| Drilled Solids ( ) _____                         | Produced Sand _____                         | Used Containers ( ) _____         |
| Drilled Pit Liquids ( ) _____                    | Produced Water-Trans ( ) _____              | Used Lube Oils ( ) _____          |
| Filter Elements (1) _____                        | Rinsate ( ) _____                           | Workover/Compl. Solids _____      |
| (2) _____  | Scale ( ) _____                             | Workover/Compl. Liquids _____     |
| (3) _____  | Sludge (water) ( ) _____                    | Other _____                       |
| General Refuse _____                             | Sludge (petroleum) <u>BS</u> ( ) <u>100</u> | _____                             |
| H <sub>2</sub> S Scavengers/Sweetening ( ) _____ | Sludge (chemical) ( ) _____                 | _____                             |

**CERTIFICATION:** The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge.

E. P. Pounds

Signature of Generator's Authorized Agent

10-2-95

Date and Time of Shipment

**PART II: TRANSPORTER: (To be completed in full by Transporter)**

Name MALCO TRUCKING INC.

Address 2800 W. 42nd.

City/State Odessa, TX 79764

**(915) 366-4080**

Telephone No.

14  
Truck License No.

Trailer License No.

Estimated Transportation Cost \_\_\_\_\_

**CERTIFICATION:** I certify that the waste in quantity above was received by me for shipment to the destination below.

Signature of Transporter's Agent

Date and Time Received

**PART III: DISPOSAL SITE:**

Name CRANE C RT

Address \_\_\_\_\_

City/State Odessa

**CRI**

**CONTROLLED RECOVERY, INC.**

P.O. BOX 369

HOBBS, N.M. 88241

Method of Disposal \_\_\_\_\_

Estimated Disposal Fee \_\_\_\_\_

**CERTIFICATION:** I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
Signature of Facility Agent

10295 630+  
Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST

Manifest **N2**      **2683**

**PART I:**

**DISPOSAL**

- ☐ Onsite  
☐ Offsite

**LOCATION**

- ☐ Facility  
☐ Lease  
☐ Well

- ☐ Drilling  
☐ Workover/  
Completion

Generator: Meridian Oil  
Address \_\_\_\_\_  
City/State: Crowl

( ) - \_\_\_\_\_  
Telephone No. \_\_\_\_\_

FOR OFFICE USE ONLY  
FLAC \_\_\_\_\_

**ORIGINATION OF WASTE**

Operations Center \_\_\_\_\_  
Property Name JE LANE A  
(Well, Tank Battery, Plant, Facility)

Field 00958

**WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)**

|  |   |                                   |
|--|---|-----------------------------------|
| Asbestos _____                                   | Oily Waste ( ) _____                        | Spill Clean-up & Debris ( ) _____ |
| Commercial/Site Waste _____                      | Plant Waste Water-Trans _____               | Storm Water Runoff _____          |
| Drilled Solids ( ) _____                         | Produced Sand _____                         | Used Containers ( ) _____         |
| Drilled Pit Liquids ( ) _____                    | Produced Water-Trans ( ) _____              | Used Lube Oils ( ) _____          |
| Filter Elements (1) _____                        | Rinsate ( ) _____                           | Workover/Compl. Solids _____      |
| (2) _____  | Scale ( ) _____                             | Workover/Compl. Liquids _____     |
| (3) _____  | Sludge (water) ( ) _____                    | Other _____                       |
| General Refuse _____                             | Sludge (petroleum) <u>PS</u> ( ) <u>100</u> |                                   |
| H <sub>2</sub> S Scavengers/Sweetening ( ) _____ | Sludge (chemical) ( ) _____                 |                                   |

**CERTIFICATION:** The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge.

E. P. Pouch  
Signature of Generator's Authorized Agent

PO-2-85  
Date and Time of Shipment

**PART II: TRANSPORTER: (To be completed in full by Transporter)**

Name MALCO TRUCKING INC.  
Address 2800 W. 42nd.  
City/State Odessa, TX 79764

(915) 366-4080  
Telephone No.  
\_\_\_\_\_  
Truck License No.  
\_\_\_\_\_  
Trailer License No.

Estimated Transportation Cost \_\_\_\_\_

**CERTIFICATION:** I certify that the waste in quantity above was received by me for shipment to the destination below.

Justin L. Dixon  
Signature of Transporter's Agent

10-2-85  
Date and Time Received

**PART III: DISPOSAL SITE:**

Name CRI **CRI**  
Address \_\_\_\_\_ **CONTROLLED RECOVERY, INC.**  
City/State Hobbs **P.O. BOX 363**  
**HOBB'S NEW MEX**

Method of Disposal \_\_\_\_\_  
Estimated Disposal Fee \_\_\_\_\_

**CERTIFICATION:** I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
Signature of Facility Agent

10295 900  
Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

## PART I:

Generator

Meridian Oil

Address

1112 W. Hwy 329 HCR 65 BOX 58

(915) 563-0274

City/State

CRANE, TEX. 79731

Telephone No.

## ORIGINATION OF WASTE:

Operations Center

Midland, TEX.

RRC No. 06485

Property Name

REESE 16 - BTTY.

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

Commercial/Site Waste

Oily Waste

Spill Clean-up & Debris

Drilled Solids

Plant Waste Water

Storm Water Run-off

Drilled Pit Liquids

Produced Sand

Used Containers

Filter Elements

Produced Water

Used Containers

General Refuse

Rinsate

Used Lube Oils

H2S Scavengers/Sweetening

Scale

Completion Solids

BS&W/Crude

125 BBLs

Sludge (Water)

Completion Liquids

(Tank Bottoms)

Sludge (Petroleum)

Other

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Steve D. Walker

Signature of Generator's Authorized Agent

10-3-95-0730

Date and Time of Shipment

## PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name

Rowland Trucking

(505) 394-2581

Address

P.O. Box 99

Telephone No.

City/State

Edwice, N.M. 88231

57

Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Tony notes

Signature of Transporter's Agent

10-3-95-0730

Date and Time Received

## PART III:

RECLAMATION SITE:

Name

Controlled Recovery, Inc./Inland Products

Address

P.O. Box 369

City/State

Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]

Signature of Facility Agent

10-3-95 11245

Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

## PART I:

Generator MERIDIAN OIL  
 Address 1112 W. Hwy 329 HCR 65 Box 58 (915) 563-0274  
 City/State CRANE, TEX 79731 Telephone No.

## ORIGINATION OF WASTE:

Operations Center MIDLAND, TEX  
 Property Name REESE 16 BTTY.  
 (Well, Tank Battery, Plant, Facility)

RRC No. 06485

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                           |                  |                    |       |                         |       |
|---------------------------|------------------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste     | _____            | Oily Waste         | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids            | _____            | Plant Waste Water  | _____ | Storm Water Run-off     | _____ |
| Drilled Pit Liquids       | _____            | Produced Sand      | _____ | Used Containers         | _____ |
| Filter Elements           | _____            | Produced Water     | _____ | Used Containers         | _____ |
| General Refuse            | _____            | Rinsate            | _____ | Used Lube Oils          | _____ |
| H2S Scavengers/Sweetening | _____            | Scale              | _____ | Completion Solids       | _____ |
| BS&W/Crude                | <u>125 BBLs.</u> | Sludge (Water)     | _____ | Completion Liquids      | _____ |
| (Tank Bottoms)            | _____            | Sludge (Petroleum) | _____ | Other                   | _____ |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Steve D. Walker  
 Signature of Generator's Authorized Agent

10-2-95 - 0730  
 Date and Time of Shipment

## PART II:

### TRANSPORTER: (To be completed in full by Transporter)

Name Rowland Trucking  
 Address P.O. Box 99  
 City/State Funice, N.M. 88231

505-394-2581  
 Telephone No.  
42  
 Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Bill Lee  
 Signature of Transporter's Agent

10-2-95 - 0730  
 Date and Time Received

## PART III:

### RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
 Address P.O. Box 369  
 City/State Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
 Signature of Facility Agent

10-3-95 11:45  
 Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

## PART I:

Generator  
Address  
City/State

MERIDIAN OIL Co.  
\_\_\_\_\_  
\_\_\_\_\_

( ) \_\_\_\_\_  
Telephone No.

## ORIGINATION OF WASTE:

Operations Center \_\_\_\_\_

RRC No. 00958

Property Name

J.F. LANE "A"  
(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                           |            |                    |       |                         |       |
|---------------------------|------------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste     | _____      | Oily Waste         | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids            | _____      | Plant Waste Water  | _____ | Storm Water Run-off     | _____ |
| Drilled Pit Liquids       | _____      | Produced Sand      | _____ | Used Containers         | _____ |
| Filter Elements           | _____      | Produced Water     | _____ | Used Containers         | _____ |
| General Refuse            | _____      | Rinsate            | _____ | Used Lube Oils          | _____ |
| H2S Scavengers/Sweetening | _____      | Scale              | _____ | Completion Solids       | _____ |
| BS&W/Crude                | <u>100</u> | Sludge (Water)     | _____ | Completion Liquids      | _____ |
| (Tank Bottoms)            |            | Sludge (Petroleum) | _____ | Other                   | _____ |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Generator's Authorized Agent

10-3-95  
Date and Time of Shipment

## PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name  
Address  
City/State

Malco Trucking  
2800 W. 42nd  
ODESSA TEXAS

915-366-4080  
Telephone No.  
14  
Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Alan Dumas  
Signature of Transporter's Agent

10-3-95  
Date and Time Received

## PART III:

RECLAMATION SITE:

Name  
Address  
City/State

Controlled Recovery, Inc./Inland Products  
P.O. Box 369  
Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
Signature of Facility Agent

10-3-95 2:45  
Date and Time Received

# NON-HAZARDOUS WASTE MANIFESTATION TICKET

## PART I:

Generator  
Address  
City/State

Meridian Oil Co.  
CRANE, TEXAS

( )  
Telephone No.

## ORIGINATION OF WASTE:

Operations Center

RRC No. 00958

Property Name

J. F. LANG "A"  
(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                           |            |                    |       |                         |       |
|---------------------------|------------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste     | _____      | Oily Waste         | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids            | _____      | Plant Waste Water  | _____ | Storm Water Run-off     | _____ |
| Drilled Pit Liquids       | _____      | Produced Sand      | _____ | Used Containers         | _____ |
| Filter Elements           | _____      | Produced Water     | _____ | Used Containers         | _____ |
| General Refuse            | _____      | Rinsate            | _____ | Used Lube Oils          | _____ |
| H2S Scavengers/Sweetening | _____      | Scale              | _____ | Completion Solids       | _____ |
| BS&W/Crude                | <u>100</u> | Sludge (Water)     | _____ | Completion Liquids      | _____ |
| (Tank Bottoms)            | _____      | Sludge (Petroleum) | _____ | Other                   | _____ |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

[Signature]  
Signature of Generator's Authorized Agent

10-3-95  
Date and Time of Shipment

## PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name  
Address  
City/State

Malco Trucking INC  
2800 W. 42nd  
Odessa, TX

915-366-4080  
Telephone No.  
9  
Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

[Signature]  
Signature of Transporter's Agent

10-3-95  
Date and Time Received

## PART III:

RECLAMATION SITE:

Name  
Address  
City/State

Controlled Recovery, Inc./Inland Products  
P.O. Box 369  
Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
Signature of Facility Agent

10-3-95  
Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

## PART I:

Generator Mercidian Oil  
 Address 1112 W. Hwy. 329 HCR 65 Box 58  
 City/State CRANE, TEX. 79731

(915) 563-0274  
 Telephone No.

## ORIGINATION OF WASTE:

Operations Center Midland, Tex.  
 Property Name BAKER "C" BTTY.  
 (Well, Tank Battery, Plant, Facility)

RRC No. 00950

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                           |                 |                    |       |                         |       |
|---------------------------|-----------------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste     | _____           | Oily Waste         | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids            | _____           | Plant Waste Water  | _____ | Storm Water Run-off     | _____ |
| Drilled Pit Liquids       | _____           | Produced Sand      | _____ | Used Containers         | _____ |
| Filter Elements           | _____           | Produced Water     | _____ | Used Containers         | _____ |
| General Refuse            | _____           | Rinsate            | _____ | Used Lube Oils          | _____ |
| H2S Scavengers/Sweetening | _____           | Scale              | _____ | Completion Solids       | _____ |
| BS&W/Crude                | <u>40 BBLs.</u> | Sludge (Water)     | _____ | Completion Liquids      | _____ |
| (Tank Bottoms)            | _____           | Sludge (Petroleum) | _____ | Other                   | _____ |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Steve D. Walker

Signature of Generator's Authorized Agent

10-3-95

Date and Time of Shipment

## PART II:

### TRANSPORTER: (To be completed in full by Transporter)

Name Rowland Trucking  
 Address P.O. Box 99  
 City/State Ennice, N.M. 88231

505-394-2581

Telephone No.

57

Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Tommy Motes

Signature of Transporter's Agent

10-3-95

Date and Time Received

## PART III:

### RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
 Address P.O. Box 369  
 City/State Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
 Signature of Facility Agent

10395 830 P

Date and Time Received

# NON-HAZARDOUS WASTE MANIFESTATION TICKET

## PART I:

Generator MERIDIAN OIL  
 Address 1112 W. Hwy. 329 HCR 65 Box 58 (915) 563-0274  
 City/State CRANE, TEX. 79731 Telephone No.

## ORIGINATION OF WASTE:

Operations Center Midland, Tex. RRC No. 00862  
 Property Name ESTEP "A"  
 (Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                           |                |                    |       |                         |       |
|---------------------------|----------------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste     | _____          | Oily Waste         | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids            | _____          | Plant Waste Water  | _____ | Storm Water Run-off     | _____ |
| Drilled Pit Liquids       | _____          | Produced Sand      | _____ | Used Containers         | _____ |
| Filter Elements           | _____          | Produced Water     | _____ | Used Containers         | _____ |
| General Refuse            | _____          | Rinsate            | _____ | Used Lube Oils          | _____ |
| H2S Scavengers/Sweetening | _____          | Scale              | _____ | Completion Solids       | _____ |
| BS&W/Crude                | <u>80 BBLs</u> | Sludge (Water)     | _____ | Completion Liquids      | _____ |
| (Tank Bottoms)            | _____          | Sludge (Petroleum) | _____ | Other                   | _____ |

CERTIFICATION: The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Steve D. Walker

Signature of Generator's Authorized Agent

10-3-95

Date and Time of Shipment

## PART II:

### TRANSPORTER: (To be completed in full by Transporter)

Name Rowland Trucking 505-394-2581  
 Address P.O. Box 99 Telephone No.  
 City/State ENRICH, N.M. 88231 57  
 Truck No.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the destination below.

Tony notes

Signature of Transporter's Agent

10-3-95

Date and Time Received

## PART III:

### RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
 Address P.O. Box 369  
 City/State Hobbs, NM 88241

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
 Signature of Facility Agent

10395 830 P  
 Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

## PART I:

Generator Meridian Oil  
 Address 1112 W. Hwy. 329 HCR 66 Box 58 (915) 563-0274  
 City/State \_\_\_\_\_ Telephone No. \_\_\_\_\_

## ORIGINATION OF WASTE:

Operations Center Midland, Tex. RRC No. 00933  
 Property Name ROGERS # "4"  
 (Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                           |                |                    |       |                         |       |
|---------------------------|----------------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste     | _____          | Oily Waste         | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids            | _____          | Plant Waste Water  | _____ | Storm Water Run-off     | _____ |
| Drilled Pit Liquids       | _____          | Produced Sand      | _____ | Used Containers         | _____ |
| Filter Elements           | _____          | Produced Water     | _____ | Used Containers         | _____ |
| General Refuse            | _____          | Rinsate            | _____ | Used Lube Oils          | _____ |
| H2S Scavengers/Sweetening | _____          | Scale              | _____ | Completion Solids       | _____ |
| BS&W/Crude                | <u>5 BBLs.</u> | Sludge (Water)     | _____ | Completion Liquids      | _____ |
| (Tank Bottoms)            | _____          | Sludge (Petroleum) | _____ | Other                   | _____ |

**CERTIFICATION:** The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Steve D. Walker 10-3-95-  
 Signature of Generator's Authorized Agent Date and Time of Shipment

## PART II:

### TRANSPORTER: (To be completed in full by Transporter)

Name Rowland Trucking 505-394-2581  
 Address P.O. Box 99 Telephone No. \_\_\_\_\_  
 City/State Funice N.M. 88231 57  
 Truck No. \_\_\_\_\_

**CERTIFICATION:** I certify that the waste in quantity above was received by me for shipment to the destination below.

Tony notes 10-3-95  
 Signature of Transporter's Agent Date and Time Received

## PART III:

### RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
 Address P.O. Box 369  
 City/State Hobbs, NM 88241

**CERTIFICATION:** I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature] 10-3-95 830 P  
 Signature of Facility Agent Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

## PART I:

Generator Meridian Oil  
 Address 1112 W. Hwy. 329 HCR 65 Box 58  
 City/State CRANE, TEX. 79731

(915) 563-0274  
 Telephone No.

## ORIGINATION OF WASTE:

Operations Center Midland, TEX.

RRC No. 00934

Property Name G.H. ROGERS "B" BTTY.

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                           |                  |                    |       |                         |       |
|---------------------------|------------------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste     | _____            | Oily Waste         | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids            | _____            | Plant Waste Water  | _____ | Storm Water Run-off     | _____ |
| Drilled Pit Liquids       | _____            | Produced Sand      | _____ | Used Containers         | _____ |
| Filter Elements           | _____            | Produced Water     | _____ | Used Containers         | _____ |
| General Refuse            | _____            | Rinsate            | _____ | Used Lube Oils          | _____ |
| H2S Scavengers/Sweetening | _____            | Scale              | _____ | Completion Solids       | _____ |
| BS&W/Crude                | <u>125 BBLs.</u> | Sludge (Water)     | _____ | Completion Liquids      | _____ |
| (Tank Bottoms)            |                  | Sludge (Petroleum) | _____ | Other                   | _____ |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Steve D. Walker

Signature of Generator's Authorized Agent

10-4-95 - 0900

Date and Time of Shipment

## PART II:

## TRANSPORTER: (To be completed in full by Transporter)

Name Rowland Trucking  
 Address P.O. Box 99  
 City/State Eunice N.M. 88231

505-394-2581

Telephone No.

57

Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Tonny notes

Signature of Transporter's Agent

10-4-95 - 0900

Date and Time Received

## PART III:

## RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
 Address P.O. Box 369  
 City/State Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]

Signature of Facility Agent

10-4-95 12:30

Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST RUN TICKET

**PART I:**

Generator Maximilian Oil  
 Address \_\_\_\_\_  
 City/State Crane

( ) \_\_\_\_\_  
 Telephone No. \_\_\_\_\_

**ORIGINATION OF WASTE:**

Operations Center Crane

RRC No. 00958

Property Name J. F. LANE  
 (Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                                 |                          |                               |
|---------------------------------|--------------------------|-------------------------------|
| Commercial/Site Waste _____     | Oily Waste _____         | Spill Clean-up & Debris _____ |
| Drilled Solids _____            | Plant Waste Water _____  | Storm Water Run-off _____     |
| Drilled Pit Liquids _____       | Produced Sand _____      | Used Containers _____         |
| Filter Elements _____           | Produced Water _____     | Used Containers _____         |
| General Refuse _____            | Rinsate _____            | Used Lube Oils _____          |
| H2S Scavengers/Sweetening _____ | Scale _____              | Completion Solids _____       |
| BS&W/Crude <u>100</u>           | Sludge (Water) _____     | Completion Liquids _____      |
| (Tank Bottoms) _____            | Sludge (Petroleum) _____ | Other _____                   |

**CERTIFICATION:** The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

E. J. Roenke  
 Signature of Generator's Authorized Agent

10-4-85  
 Date and Time of Shipment

**PART II:**

**TRANSPORTER: (To be completed in full by Transporter)**

Name Males  
 Address \_\_\_\_\_  
 City/State Odessa

Telephone No. \_\_\_\_\_  
4  
 Truck No.

**CERTIFICATION:** I certify that the waste in quantity above was received by me for shipment to the destination below.

\_\_\_\_\_  
 Signature of Transporter's Agent

\_\_\_\_\_  
 Date and Time Received

**PART III:**

**RECLAMATION SITE:**

Name Controlled Recovery, Inc./Inland Products  
 Address P.O. Box 369  
 City/State Hobbs, NM 88241

**CERTIFICATION:** I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
 Signature of Facility Agent

10495 300  
 Date and Time Received

Truck  
Ticket



**INLAND PRODUCTS, INC.**  
A Subsidiary of Trans American Waste Industries, Inc.

*Alk Hovs*

No. 001049

Transporter Malco Hobbs, NM 105 Truck No. 14  
Permit or RRC 00994 Issued to \_\_\_\_\_  
Tender No. \_\_\_\_\_  
Pipe Line or \_\_\_\_\_  
Lease Station Sandolind budes on

Telephone No. \_\_\_\_\_

No. 00994

Operator \_\_\_\_\_  
Top Gauge Ft \_\_\_\_\_ In \_\_\_\_\_ Back Gauge Ft \_\_\_\_\_ In \_\_\_\_\_  
Water Gauge Ft \_\_\_\_\_ In \_\_\_\_\_

Barrels  
Delivered 100  
Barrels  
Water 100

7070  
For Transporter

Gross Bbls Received \_\_\_\_\_

**INLAND PRODUCTS, INC.**

Truck  
Driver Alan Dume

Checked  
By [Signature]

09-02-500-3-#601-bk50

**WITS, ETC.)**

Debris  
1-off \_\_\_\_\_

BS&W/Crude 100  
(Tank Bottoms)

Scale  
Sludge (Water)  
Sludge (Petroleum)

Used Lube Oils  
Completion Solids  
Completion Liquids  
Other

**CERTIFICATION:** The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

E. P. Pomeroy  
Signature of Generator's Authorized Agent

10-5-95  
Date and Time of Shipment

**PART II: TRANSPORTER: (To be completed in full by Transporter)**

Name Malco  
Address \_\_\_\_\_  
City/State Odessa

Telephone No. \_\_\_\_\_

14  
Truck No.

**CERTIFICATION:** I certify that the waste in quantity above was received by me for shipment to the destination below.

Alan Dume  
Signature of Transporter's Agent

\_\_\_\_\_  
Date and Time Received

**PART III: RECLAMATION SITE:**

Name Controlled Recovery, Inc./Inland Products  
Address P.O. Box 369  
City/State Hobbs, NM 88241

**CERTIFICATION:** I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
Signature of Facility Agent

10595 6857  
Date and Time Received

TRANSPORTER'S MANIFEST

MANIFEST # #1

SHIPPING FACILITY NAME & ADDRESS:

PLACID OIL CO.  
1 WALL PLAZA  
306 W. WALL SUITE 1000  
MIDLAND, TX 79701

LOCATION OF MATERIAL:

RED DOG #1

TRANSPORTER NAME & ADDRESS:

PATE TRUCKING CO. INC.  
P.O. BOX 639  
HOBBS, N.M. 88240

DESCRIPTION OF WASTE:

BS & W  
RECYCLABLE MATERIAL

QUANTITY:

130

Facility Contact:

GARY D. REID

Date:

10/6/95

Signature of Contact:

Gary D. Reid

NAME OF TRANSPORTER: (Driver)

T.D. LEWIS

Date:

10-6-95

Signature of Driver:

T.D. Lewis

DISPOSAL SITE:

Controlled Recovery, Inc.  
Mile Marker 66  
Carlsbad Hwy  
Halfway, NM

Date:

10695

Signature of CRI  
Representative

[Signature]

# NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

PART I:

Generator Meredith Oil  
Address \_\_\_\_\_  
City/State Dallas CRANE

( ) \_\_\_\_\_  
Telephone No. \_\_\_\_\_

## ORIGINATION OF WASTE:

Operations Center CRANE TX.

RRC No. 00881

Property Name As Barlesow A  
(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                           |            |                    |       |                         |       |
|---------------------------|------------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste     | _____      | Oily Waste         | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids            | _____      | Plant Waste Water  | _____ | Storm Water Run-off     | _____ |
| Drilled Pit Liquids       | _____      | Produced Sand      | _____ | Used Containers         | _____ |
| Filter Elements           | _____      | Produced Water     | _____ | Used Containers         | _____ |
| General Refuse            | _____      | Rinsate            | _____ | Used Lube Oils          | _____ |
| H2S Scavengers/Sweetening | _____      | Scale              | _____ | Completion Solids       | _____ |
| BS&W/Crude                | <u>100</u> | Sludge (Water)     | _____ | Completion Liquids      | _____ |
| (Tank Bottoms)            | _____      | Sludge (Petroleum) | _____ | Other                   | _____ |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

E. P. Pouch  
Signature of Generator's Authorized Agent

10-4-95  
Date and Time of Shipment

## PART II:

## TRANSPORTER: (To be completed in full by Transporter)

Name Males  
Address \_\_\_\_\_  
City/State Ocala

Telephone No. \_\_\_\_\_  
15  
Truck No. \_\_\_\_\_

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

\_\_\_\_\_  
Signature of Transporter's Agent

\_\_\_\_\_  
Date and Time Received

## PART III:

## RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
Address P.O. Box 369  
City/State Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
Signature of Facility Agent

10-4-95 5:00 pm  
Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST RUN TICKET

## PART I:

Generator Meridian Oil  
 Address 1112 W. Hwy 329 H&R 65 BOX 58  
 City/State CRANE, TEX. 79731

(915) 563-0274  
 Telephone No.

## ORIGINATION OF WASTE:

Operations Center Midland, Tex.

RRC No. 00876

Property Name J. F. LANE "L"  
 (Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                           |                 |                    |       |                         |       |
|---------------------------|-----------------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste     | _____           | Oily Waste         | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids            | _____           | Plant Waste Water  | _____ | Storm Water Run-off     | _____ |
| Drilled Pit Liquids       | _____           | Produced Sand      | _____ | Used Containers         | _____ |
| Filter Elements           | _____           | Produced Water     | _____ | Used Containers         | _____ |
| General Refuse            | _____           | Rinsate            | _____ | Used Lube Oils          | _____ |
| H2S Scavengers/Sweetening | _____           | Scale              | _____ | Completion Solids       | _____ |
| BS&W/Crude                | <u>36 BBLs.</u> | Sludge (Water)     | _____ | Completion Liquids      | _____ |
| (Tank Bottoms)            | _____           | Sludge (Petroleum) | _____ | Other                   | _____ |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Steve D. Walker  
 Signature of Generator's Authorized Agent

10-4-95 4:00  
 Date and Time of Shipment

## PART II:

### TRANSPORTER: (To be completed in full by Transporter)

Name Rowland Trucking  
 Address P.O. Box 99  
 City/State Ennice, N.M. 88231

505-394-2581  
 Telephone No.  
57  
 Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Tomy notes  
 Signature of Transporter's Agent

10-4-95 7:00  
 Date and Time Received

## PART III:

### RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
 Address P.O. Box 369  
 City/State Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
 Signature of Facility Agent

10495 900 P  
 Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

**PART I:**

Generator Meridian Oil  
 Address 1112 W. Hwy 329 HCR 65 Box 58  
 City/State CRANE TEX. 79731

(915) 563-0274  
 Telephone No.

**ORIGINATION OF WASTE:**

Operations Center Midland, Tex.

RRC No. 00934

Property Name G.H. ROGERS "B" BTTY  
 (Well, Tank Battery, Plant, Facility)

**WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)**

|                                 |                          |                               |
|---------------------------------|--------------------------|-------------------------------|
| Commercial/Site Waste _____     | Oily Waste _____         | Spill Clean-up & Debris _____ |
| Drilled Solids _____            | Plant Waste Water _____  | Storm Water Run-off _____     |
| Drilled Pit Liquids _____       | Produced Sand _____      | Used Containers _____         |
| Filter Elements _____           | Produced Water _____     | Used Containers _____         |
| General Refuse _____            | Rinsate _____            | Used Lube Oils _____          |
| H2S Scavengers/Sweetening _____ | Scale _____              | Completion Solids _____       |
| BS&W/Crude <u>89 BBLs</u>       | Sludge (Water) _____     | Completion Liquids _____      |
| (Tank Bottoms) _____            | Sludge (Petroleum) _____ | Other _____                   |

**CERTIFICATION:**

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Steve D. Walburn  
 Signature of Generator's Authorized Agent

10-4-95 - 4:00  
 Date and Time of Shipment

**PART II:**

**TRANSPORTER: (To be completed in full by Transporter)**

Name Rowland Trucking  
 Address P.O. Box 99  
 City/State Ennice N.M. 88231

505-894-2581  
 Telephone No.  
57  
 Truck No.

**CERTIFICATION:**

I certify that the waste in quantity above was received by me for shipment to the destination below.

Tammy notes  
 Signature of Transporter's Agent

10-4-95 - 4:00  
 Date and Time Received

**PART III:**

**RECLAMATION SITE:**

Name Controlled Recovery, Inc./Inland Products  
 Address P.O. Box 369  
 City/State Hobbs, NM 88241

**CERTIFICATION:**

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
 Signature of Facility Agent

10495 900P  
 Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

PART I:

Generator Meridian Oil  
 Address 1112 W. Hwy 329 HCR 65 Box 58  
 City/State CRANE, TEX. 79731

(915) 563-0274  
 Telephone No.

ORIGINATION OF WASTE:

Operations Center Midland, Tex.

RRC No. 00933

Property Name Roger "4"  
 (Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                                 |                          |                               |
|---------------------------------|--------------------------|-------------------------------|
| Commercial/Site Waste _____     | Oily Waste _____         | Spill Clean-up & Debris _____ |
| Drilled Solids _____            | Plant Waste Water _____  | Storm Water Run-off _____     |
| Drilled Pit Liquids _____       | Produced Sand _____      | Used Containers _____         |
| Filter Elements _____           | Produced Water _____     | Used Containers _____         |
| General Refuse _____            | Rinsate _____            | Used Lube Oils _____          |
| H2S Scavengers/Sweetening _____ | Scale _____              | Completion Solids _____       |
| BS&W/Crude <u>125 BBLs.</u>     | Sludge (Water) _____     | Completion Liquids _____      |
| (Tank Bottoms) _____            | Sludge (Petroleum) _____ | Other _____                   |

CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Steven D. Walker  
 Signature of Generator's Authorized Agent

10-5-95 - 0730  
 Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name Rowland Trucking  
 Address P.O. Box 99  
 City/State Canice N.M. 88231

505-394-2581  
 Telephone No.  
42  
 Truck No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Bill Lyles  
 Signature of Transporter's Agent

10-5-95 - 0730  
 Date and Time Received

PART III:

RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
 Address P.O. Box 369  
 City/State Hobbs, NM 88241

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
 Signature of Facility Agent

10-5-95  
 Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

## PART I:

Generator Meridian Oil  
 Address 1112 W. Hwy 329 HCR 65 BOX 58  
 City/State CRANE, TEX 79731

(915) 563-0274  
 Telephone No.

## ORIGINATION OF WASTE:

Operations Center Midland, Tex.

RRC No. 00933

Property Name ROGERS "4" BTTY.  
 (Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                           |                 |                    |       |                         |       |
|---------------------------|-----------------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste     | _____           | Oily Waste         | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids            | _____           | Plant Waste Water  | _____ | Storm Water Run-off     | _____ |
| Drilled Pit Liquids       | _____           | Produced Sand      | _____ | Used Containers         | _____ |
| Filter Elements           | _____           | Produced Water     | _____ | Used Containers         | _____ |
| General Refuse            | _____           | Rinsate            | _____ | Used Lube Oils          | _____ |
| H2S Scavengers/Sweetening | _____           | Scale              | _____ | Completion Solids       | _____ |
| BS&W/Crude                | <u>14 BBLs.</u> | Sludge (Water)     | _____ | Completion Liquids      | _____ |
| (Tank Bottoms)            |                 | Sludge (Petroleum) | _____ | Other                   | _____ |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Steve D. Walker  
 Signature of Generator's Authorized Agent

10-5-95-0810  
 Date and Time of Shipment

## PART II:

### TRANSPORTER: (To be completed in full by Transporter)

Name Rowland Trucking  
 Address P.O. Box 99  
 City/State Ennice, N.M. 88231

505-394-2581  
 Telephone No.  
57  
 Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Tony Peters  
 Signature of Transporter's Agent

10-5-95-0810  
 Date and Time Received

## PART III:

### RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
 Address P.O. Box 369  
 City/State Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
 Signature of Facility Agent

10595 1230P  
 Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

**PART I:**

Generator Meridian Oil  
 Address 1112 W. Hwy 329 HCR 65 Box 58 (915) 563-0274  
 City/State CRANE, TEX. 79731 Telephone No.

**ORIGINATION OF WASTE:**

Operations Center Midland, Tex. RRC No. 00934  
 Property Name G.H. Rogers "B"  
 (Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                                 |                          |                               |
|---------------------------------|--------------------------|-------------------------------|
| Commercial/Site Waste _____     | Oily Waste _____         | Spill Clean-up & Debris _____ |
| Drilled Solids _____            | Plant Waste Water _____  | Storm Water Run-off _____     |
| Drilled Pit Liquids _____       | Produced Sand _____      | Used Containers _____         |
| Filter Elements _____           | Produced Water _____     | Used Containers _____         |
| General Refuse _____            | Rinsate _____            | Used Lube Oils _____          |
| H2S Scavengers/Sweetening _____ | Scale _____              | Completion Solids _____       |
| BS&W/Crude <u>111 BBLs.</u>     | Sludge (Water) _____     | Completion Liquids _____      |
| (Tank Bottoms)                  | Sludge (Petroleum) _____ | Other _____                   |

**CERTIFICATION:**

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Steve D. Walker 10-5-95-0810  
 Signature of Generator's Authorized Agent Date and Time of Shipment

**PART II:**

**TRANSPORTER: (To be completed in full by Transporter)**

Name Rowland Trucking 505-394-2581  
 Address P.O. Box 99 Telephone No.  
 City/State Eunice, N.M. 88231 57  
 Truck No.

**CERTIFICATION:**

I certify that the waste in quantity above was received by me for shipment to the destination below.

Tenny notes 10-5-95-0810  
 Signature of Transporter's Agent Date and Time Received

**PART III:**

**RECLAMATION SITE:**

Name -Controlled Recovery, Inc./Inland Products  
 Address P.O. Box 369  
 City/State Hobbs, NM 88241

**CERTIFICATION:**

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature] 10595 1230t  
 Signature of Facility Agent Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

## PART I:

Generator Meridian Oil  
Address \_\_\_\_\_  
City/State Crane Tex

( ) \_\_\_\_\_  
Telephone No. \_\_\_\_\_

## ORIGINATION OF WASTE:

Operations Center Crane

RRC No. 00911

Property Name Ricker C

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                           |            |                    |       |                         |       |
|---------------------------|------------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste     | _____      | Oily Waste         | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids            | _____      | Plant Waste Water  | _____ | Storm Water Run-off     | _____ |
| Drilled Pit Liquids       | _____      | Produced Sand      | _____ | Used Containers         | _____ |
| Filter Elements           | _____      | Produced Water     | _____ | Used Containers         | _____ |
| General Refuse            | _____      | Rinsate            | _____ | Used Lube Oils          | _____ |
| H2S Scavengers/Sweetening | _____      | Scale              | _____ | Completion Solids       | _____ |
| BS&W/Crude                | <u>100</u> | Sludge (Water)     | _____ | Completion Liquids      | _____ |
| (Tank Bottoms)            | _____      | Sludge (Petroleum) | _____ | Other                   | _____ |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

E. P. Dour  
Signature of Generator's Authorized Agent

10-5-85  
Date and Time of Shipment

## PART II:

## TRANSPORTER: (To be completed in full by Transporter)

Name Malco  
Address \_\_\_\_\_  
City/State Odessa

Telephone No. \_\_\_\_\_

15  
Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

\_\_\_\_\_  
Signature of Transporter's Agent

\_\_\_\_\_  
Date and Time Received

## PART III:

## RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
Address P.O. Box 369  
City/State Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
Signature of Facility Agent

10-5-85 3:30 p.m.  
Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator Meridian Oil  
 Address 1112 W. Hwy. 329 HCR 65 Box 58  
 City/State CRANE, TEX. 79731

(915) 563-0274  
 Telephone No.

## ORIGINATION OF WASTE:

Operations Center Midland, Tex

RRC No. 00933

Property Name ROGERS "4" BTTY.  
 (Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                           |                  |                    |       |                         |       |
|---------------------------|------------------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste     | _____            | Oily Waste         | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids            | _____            | Plant Waste Water  | _____ | Storm Water Run-off     | _____ |
| Drilled Pit Liquids       | _____            | Produced Sand      | _____ | Used Containers         | _____ |
| Filter Elements           | _____            | Produced Water     | _____ | Used Containers         | _____ |
| General Refuse            | _____            | Rinsate            | _____ | Used Lube Oils          | _____ |
| H2S Scavengers/Sweetening | _____            | Scale              | _____ | Completion Solids       | _____ |
| BS&W/Crude                | <u>125 BBLs.</u> | Sludge (Water)     | _____ | Completion Liquids      | _____ |
| (Tank Bottoms)            | _____            | Sludge (Petroleum) | _____ | Other                   | _____ |

CERTIFICATION: The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Steve D. Walker  
 Signature of Generator's Authorized Agent

10-6-95-0730  
 Date and Time of Shipment

## PART II: TRANSPORTER: (To be completed in full by Transporter)

Name Rowland Trucking  
 Address P.O. Box 99  
 City/State Ennice, N.M. 88231

505-394-2581  
 Telephone No.  
57  
 Truck No.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the destination below.

Tommy notes  
 Signature of Transporter's Agent

10-6-95-0730  
 Date and Time Received

## PART III: RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
 Address P.O. Box 369  
 City/State Hobbs, NM 88241

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

Person  
 Signature of Facility Agent

10-6-95 9:45 am  
 Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

## PART I:

Generator Meridian Oil  
 Address 1112 W. Hwy. 329 HCR 65 Box 58  
 City/State CRANE, TEX. 79731

(915) 563-0274

Telephone No.

## ORIGINATION OF WASTE:

Operations Center Midland, TEX.

RRC No. 00993

Property Name SANGER "A" BTTY.

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                           |                  |                    |       |                         |       |
|---------------------------|------------------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste     | _____            | Oily Waste         | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids            | _____            | Plant Waste Water  | _____ | Storm Water Run-off     | _____ |
| Drilled Pit Liquids       | _____            | Produced Sand      | _____ | Used Containers         | _____ |
| Filter Elements           | _____            | Produced Water     | _____ | Used Containers         | _____ |
| General Refuse            | _____            | Rinsate            | _____ | Used Lube Oils          | _____ |
| H2S Scavengers/Sweetening | _____            | Scale              | _____ | Completion Solids       | _____ |
| BS&W/Crude                | <u>100 BBLs.</u> | Sludge (Water)     | _____ | Completion Liquids      | _____ |
| (Tank Bottoms)            | _____            | Sludge (Petroleum) | _____ | Other                   | _____ |

**CERTIFICATION:** The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Steve D. Walker

Signature of Generator's Authorized Agent

10-6-95-

Date and Time of Shipment

## PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name Rowland Trucking  
 Address P.O. Box 99  
 City/State Ennice, N.M. 88231

505-394-2581

Telephone No.

731

Truck No.

**CERTIFICATION:** I certify that the waste in quantity above was received by me for shipment to the destination below.

Robert B. Batcher

Signature of Transporter's Agent

10-6-95-

Date and Time Received

## PART III:

RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
 Address P.O. Box 369  
 City/State Hobbs, NM 88241

**CERTIFICATION:** I certify that the waste described in Part I was received by me via the transporter described in Part II.

Steve D. Walker

Signature of Facility Agent

10-6-95 10:45 a.m.

Date and Time Received

# NON-HAZARDOUS WASTE MANIFESTATION TICKET

PART I:

Generator

MERIDIAN Oil

Address

1112 W. Hwy 329 HCR 65 Box 58

City/State

CRANE, TEX. 79731

(915) 563-0274

Telephone No.

## ORIGINATION OF WASTE:

Operations Center

MIDLAND, TEX.

RRC No. 00946

Property Name

RICHARD KING

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

Commercial/Site Waste

Oily Waste

Spill Clean-up & Debris

Drilled Solids

Plant Waste Water

Storm Water Run-off

Drilled Pit Liquids

Produced Sand

Used Containers

Filter Elements

Produced Water

Used Containers

General Refuse

Rinsate

Used Lube Oils

H2S Scavengers/Sweetening

Scale

Completion Solids

BS&W/Crude

125 BBLs.

Sludge (Water)

Completion Liquids

(Tank Bottoms)

Sludge (Petroleum)

Other

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Steve D. Walker

Signature of Generator's Authorized Agent

10-6-95-

Date and Time of Shipment

## PART II:

## TRANSPORTER: (To be completed in full by Transporter)

Name

ROWLAND TRUCKING

505-394-2581

Address

P.O. Box 99

Telephone No.

City/State

ENRICH, N.M. 88231

41

Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Alfred Anderson

Signature of Transporter's Agent

10-6-95

Date and Time Received

## PART III:

## RECLAMATION SITE:

Name

Controlled Recovery, Inc./Inland Products

Address

P.O. Box 369

City/State

HOBBS, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Alfred Anderson

Signature of Facility Agent

10-6-95 10:45 a.m.

Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

## PART I:

Generator Meridian Oil  
 Address 112 W. Hwy. 329 HCR 65 BOX 58  
 City/State CRANE, TEX. 79731

(915) 563-0274  
 Telephone No.

## ORIGINATION OF WASTE:

Operations Center Midland, Tex.

RRC No. 00933

Property Name ROGERS "4" BTTY.  
 (Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                           |                 |                    |       |                         |       |
|---------------------------|-----------------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste     | _____           | Oily Waste         | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids            | _____           | Plant Waste Water  | _____ | Storm Water Run-off     | _____ |
| Drilled Pit Liquids       | _____           | Produced Sand      | _____ | Used Containers         | _____ |
| Filter Elements           | _____           | Produced Water     | _____ | Used Containers         | _____ |
| General Refuse            | _____           | Rinsate            | _____ | Used Lube Oils          | _____ |
| H2S Scavengers/Sweetening | _____           | Scale              | _____ | Completion Solids       | _____ |
| BS&W/Crude                | <u>125 BBLs</u> | Sludge (Water)     | _____ | Completion Liquids      | _____ |
| (Tank Bottoms)            | _____           | Sludge (Petroleum) | _____ | Other                   | _____ |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Steve D. Walker  
 Signature of Generator's Authorized Agent

10-6-95- 7:30 AM  
 Date and Time of Shipment

## PART II:

### TRANSPORTER: (To be completed in full by Transporter)

Name Rowland Trucking  
 Address \_\_\_\_\_  
 City/State Indice N.M.

505-394-2581  
 Telephone No.  
42  
 Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Bill Lyle  
 Signature of Transporter's Agent

10-6-95-  
 Date and Time Received

## PART III:

### RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
 Address P.O. Box 369  
 City/State Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
 Signature of Facility Agent

10 695 1130 A  
 Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

PART I:

Generator Meridian Oil  
Address \_\_\_\_\_  
City/State Crone

( ) \_\_\_\_\_  
Telephone No. \_\_\_\_\_

## ORIGINATION OF WASTE:

Operations Center Crone

RRC No. 00958

Property Name J.F. LANE  
(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                           |              |                    |       |                         |       |
|---------------------------|--------------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste     | _____        | Oily Waste         | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids            | _____        | Plant Waste Water  | _____ | Storm Water Run-off     | _____ |
| Drilled Pit Liquids       | _____        | Produced Sand      | _____ | Used Containers         | _____ |
| Filter Elements           | _____        | Produced Water     | _____ | Used Containers         | _____ |
| General Refuse            | _____        | Rinsate            | _____ | Used Lube Oils          | _____ |
| H2S Scavengers/Sweetening | _____        | Scale              | _____ | Completion Solids       | _____ |
| BS&W/Crude                | _____        | Sludge (Water)     | _____ | Completion Liquids      | _____ |
| (Tank Bottoms)            | <u>100 J</u> | Sludge (Petroleum) | _____ | Other                   | _____ |

CERTIFICATION: The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

E. P. Daugherty  
Signature of Generator's Authorized Agent

10-6-95  
Date and Time of Shipment

## PART II: TRANSPORTER: (To be completed in full by Transporter)

Name Malco  
Address \_\_\_\_\_  
City/State Odessa

Telephone No. \_\_\_\_\_

Truck No. \_\_\_\_\_

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the destination below.

[Signature]  
Signature of Transporter's Agent

\_\_\_\_\_  
Date and Time Received

## PART III: RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
Address P.O. Box 369  
City/State Hobbs, NM 88241

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
Signature of Facility Agent

10-6-95-3:55p  
Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

PART I:

Generator Meridian Oil  
Address \_\_\_\_\_  
City/State Crook

Telephone No. \_\_\_\_\_

## ORIGINATION OF WASTE:

Operations Center Crook + 1

RRC No. 00803

Property Name Ricker B  
(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                           |                    |                         |
|---------------------------|--------------------|-------------------------|
| Commercial/Site Waste     | Oily Waste         | Spill Clean-up & Debris |
| Drilled Solids            | Plant Waste Water  | Storm Water Run-off     |
| Drilled Pit Liquids       | Produced Sand      | Used Containers         |
| Filter Elements           | Produced Water     | Used Containers         |
| General Refuse            | Rinseate           | Used Lube Oils          |
| H2S Scavengers/Sweetening | Scale              | Completion Solids       |
| BS&W/Crude                | Sludge (Water)     | Completion Liquids      |
| (Tank Bottoms) <u>100</u> | Sludge (Petroleum) | Other                   |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

E. P. Pounds  
Signature of Generator's Authorized Agent

10-6-95  
Date and Time of Shipment

## PART II:

## TRANSPORTER: (To be completed in full by Transporter)

Name Mulca  
Address \_\_\_\_\_  
City/State Obasa

Telephone No. \_\_\_\_\_  
15  
Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Signature of Transporter's Agent

Date and Time Received

## PART III:

## RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
Address P.O. Box 369  
City/State Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

D. Larson  
Signature of Facility Agent

10-6-95 5:40 pm  
Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

## PART I:

Generator

Meridian Oil

Address

1112 W. 17th 329 HCR 65 Box 58

City/State

CRANE, TEX. 79731

(915) 563-0274

Telephone No.

## ORIGINATION OF WASTE:

Operations Center

Midland, TEX.

RRC No. 00933

Property Name

ROGERS "4" BTT.

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU. FT., LBS., UNITS, ETC.)

Commercial/Site Waste

Oily Waste

Spill Clean-up & Debris

Drilled Solids

Plant Waste Water

Storm Water Run-off

Drilled Pit Liquids

Produced Sand

Used Containers

Filter Elements

Produced Water

Used Containers

General Refuse

Rinsate

Used Lube Oils

H2S Scavengers/Sweetening

Scale

Completion Solids

BS&W/Crude

125 BACS.

Sludge (Water)

Completion Liquids

(Tank Bottoms)

Sludge (Petroleum)

Other

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Steve D. Walker

Signature of Generator's Authorized Agent

10-6-95-2:00

Date and Time of Shipment

## PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name

Rowland Trucking

505-394-2581

Address

P.O. Box 99

Telephone No.

City/State

Eunice N.M. 88231

Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Tony Motes

Signature of Transporter's Agent

10-6-95 2:00

Date and Time Received

## PART III:

RECLAMATION SITE:

Name

Controlled Recovery, Inc./Inland Products

Address

P.O. Box 369

City/State

Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]

Signature of Facility Agent

10-6-95 6:30

Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

## PART I:

Generator Mordian Oil  
Address \_\_\_\_\_  
City/State Crane

( ) \_\_\_\_\_  
Telephone No. \_\_\_\_\_

## ORIGINATION OF WASTE:

Operations Center Crane 160

RRC No. 00911

Property Name Ricker C  
(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                           |            |                    |       |                         |       |
|---------------------------|------------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste     | _____      | Oily Waste         | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids            | _____      | Plant Waste Water  | _____ | Storm Water Run-off     | _____ |
| Drilled Pit Liquids       | _____      | Produced Sand      | _____ | Used Containers         | _____ |
| Filter Elements           | _____      | Produced Water     | _____ | Used Containers         | _____ |
| General Refuse            | _____      | Rinsate            | _____ | Used Lube Oils          | _____ |
| H2S Scavengers/Sweetening | _____      | Scale              | _____ | Completion Solids       | _____ |
| BS&W/Crude                | <u>100</u> | Sludge (Water)     | _____ | Completion Liquids      | _____ |
| (Tank Bottoms)            | _____      | Sludge (Petroleum) | _____ | Other                   | _____ |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

E. P. Pounder  
Signature of Generator's Authorized Agent

10-6-95  
Date and Time of Shipment

## PART II:

## TRANSPORTER: (To be completed in full by Transporter)

Name Mello  
Address \_\_\_\_\_  
City/State Odessa

3164080  
Telephone No. \_\_\_\_\_  
5  
Truck No. \_\_\_\_\_

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Curter P. Dapson  
Signature of Transporter's Agent

10-6-95  
Date and Time Received

## PART III:

## RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
Address P.O. Box 369  
City/State Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
Signature of Facility Agent

10695 630P  
Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

PART I:

Generator

Address

City/State

Meridian Oil  
Crane

( ) Telephone No.

## ORIGINATION OF WASTE:

Operations Center Crane

RRC No. 00903

Property Name Picken B

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                           |                    |                         |
|---------------------------|--------------------|-------------------------|
| Commercial/Site Waste     | Oily Waste         | Spill Clean-up & Debris |
| Drilled Solids            | Plant Waste Water  | Storm Water Run-off     |
| Drilled Pit Liquids       | Produced Sand      | Used Containers         |
| Filter Elements           | Produced Water     | Used Containers         |
| General Refuse            | Rinsate            | Used Lube Oils          |
| H2S Scavengers/Sweetening | Scale              | Completion Solids       |
| BS&W/Crude                | Sludge (Water)     | Completion Liquids      |
| (Tank Bottoms) <u>100</u> | Sludge (Petroleum) | Other                   |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

E. P. Docendo  
Signature of Generator's Authorized Agent

10-6-95  
Date and Time of Shipment

## PART II:

### TRANSPORTER: (To be completed in full by Transporter)

Name Malco  
Address  
City/State Odessa TX

Telephone No.  
14  
Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Lin Hollis  
Signature of Transporter's Agent

Date and Time Received

## PART III:

### RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
Address P.O. Box 369  
City/State Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
Signature of Facility Agent

10 695  
Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

PART I:

Generator

Address

City/State

Meredon Del  
Crowl Tex

( ) Telephone No.

ORIGINATION OF WASTE:

Operations Center

Crowl Tex 1100 TT

RRC No. 00813

Property Name

Ricker

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                           |            |                    |       |                         |       |
|---------------------------|------------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste     | _____      | Oily Waste         | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids            | _____      | Plant Waste Water  | _____ | Storm Water Run-off     | _____ |
| Drilled Pit Liquids       | _____      | Produced Sand      | _____ | Used Containers         | _____ |
| Filter Elements           | _____      | Produced Water     | _____ | Used Containers         | _____ |
| General Refuse            | _____      | Rinsate            | _____ | Used Lube Oils          | _____ |
| H2S Scavengers/Sweetening | _____      | Scale              | _____ | Completion Solids       | _____ |
| BS&W/Crude                | <u>100</u> | Sludge (Water)     | _____ | Completion Liquids      | _____ |
| (Tank Bottoms)            | _____      | Sludge (Petroleum) | _____ | Other                   | _____ |

CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

E. P. Pouch  
Signature of Generator's Authorized Agent

10-7-95  
Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name

Males

Address

City/State

Odessa Tex

Telephone No.

5

Truck No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Justin L. Dejean  
Signature of Transporter's Agent

10-7-95  
Date and Time Received

PART III:

RECLAMATION SITE:

Name

Controlled Recovery, Inc./Inland Products

Address

P.O. Box 369

City/State

Hobbs, NM 88241

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
Signature of Facility Agent

10795 1035 A  
Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

PART I: Generator Meridian Oil  
 Address 1112 W. Hwy. 329 HCR 65 Box 59 (915) 563-0274  
 City/State CRANE, TEX. 79731 Telephone No.

## ORIGINATION OF WASTE:

Operations Center Midland, Tex. RRC No. 00921  
 Property Name J.F. LANE "B" BTTY.  
 (Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU. FT., LBS., UNITS, ETC.)

|                           |                  |                    |       |                         |       |
|---------------------------|------------------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste     | _____            | Oily Waste         | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids            | _____            | Plant Waste Water  | _____ | Storm Water Run-off     | _____ |
| Drilled Pit Liquids       | _____            | Produced Sand      | _____ | Used Containers         | _____ |
| Filter Elements           | _____            | Produced Water     | _____ | Used Containers         | _____ |
| General Refuse            | _____            | Rinsate            | _____ | Used Lube Oils          | _____ |
| H2S Scavengers/Sweetening | _____            | Scale              | _____ | Completion Solids       | _____ |
| BS&W/Crude                | <u>125 BBLs.</u> | Sludge (Water)     | _____ | Completion Liquids      | _____ |
| (Tank Bottoms)            | _____            | Sludge (Petroleum) | _____ | Other                   | _____ |

CERTIFICATION: The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Steve D. Walker  
 Signature of Generator's Authorized Agent

10-7-95 8:30  
 Date and Time of Shipment

## PART II: TRANSPORTER: (To be completed in full by Transporter)

Name Rowland Trucking 505-394-2581  
 Address P.O. Box 99 Telephone No.  
 City/State EUNICE, N.M. 88231 57  
 Truck No.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the destination below.

Tonny Notes  
 Signature of Transporter's Agent

10-7-95 7:30  
 Date and Time Received

## PART III: RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
 Address P.O. Box 369  
 City/State Hobbs, NM 88241

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
 Signature of Facility Agent

10 795 1145 A  
 Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST RUN TICKET

## PART I:

Generator Mexican Oil  
Address \_\_\_\_\_  
City/State Crone

( ) \_\_\_\_\_  
Telephone No.

## ORIGINATION OF WASTE:

Operations Center Crone Tex

RRC No. 00913

Property Name Ricker E

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                           |            |                    |       |                         |       |
|---------------------------|------------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste     | _____      | Oily Waste         | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids            | _____      | Plant Waste Water  | _____ | Storm Water Run-off     | _____ |
| Drilled Pit Liquids       | _____      | Produced Sand      | _____ | Used Containers         | _____ |
| Filter Elements           | _____      | Produced Water     | _____ | Used Containers         | _____ |
| General Refuse            | _____      | Rinsate            | _____ | Used Lube Oils          | _____ |
| H2S Scavengers/Sweetening | _____      | Scale              | _____ | Completion Solids       | _____ |
| BS&W/Crude                | <u>100</u> | Sludge (Water)     | _____ | Completion Liquids      | _____ |
| (Tank Bottoms)            | _____      | Sludge (Petroleum) | _____ | Other                   | _____ |

**CERTIFICATION:** The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

E. P. Ponder  
Signature of Generator's Authorized Agent

10-7-95  
Date and Time of Shipment

## PART II:

### TRANSPORTER: (To be completed in full by Transporter)

Name Melco  
Address \_\_\_\_\_  
City/State \_\_\_\_\_

Telephone No.

615  
Truck No.

**CERTIFICATION:** I certify that the waste in quantity above was received by me for shipment to the destination below.

Wm. Collins  
Signature of Transporter's Agent

\_\_\_\_\_  
Date and Time Received

## PART III:

### RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
Address P.O. Box 369  
City/State Hobbs, NM 88241

**CERTIFICATION:** I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
Signature of Facility Agent

10 795 1200 N  
Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

PART I:

Generator

Address

City/State

Meridian Oil  
~~Meridian~~ Crow

Telephone No.

ORIGINATION OF WASTE:

Operations Center

Crow TX # 5007

RRC No. 03665

Property Name

Phillip-High Tower  
(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                           |            |                    |       |                         |       |
|---------------------------|------------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste     | _____      | Oily Waste         | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids            | _____      | Plant Waste Water  | _____ | Storm Water Run-off     | _____ |
| Drilled Pit Liquids       | _____      | Produced Sand      | _____ | Used Containers         | _____ |
| Filter Elements           | _____      | Produced Water     | _____ | Used Containers         | _____ |
| General Refuse            | _____      | Rinsate            | _____ | Used Lube Oils          | _____ |
| H2S Scavengers/Sweetening | _____      | Scale              | _____ | Completion Solids       | _____ |
| BS&W/Crude                | <u>100</u> | Sludge (Water)     | _____ | Completion Liquids      | _____ |
| (Tank Bottoms)            | _____      | Sludge (Petroleum) | _____ | Other                   | _____ |

CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

E. P. Ponder  
Signature of Generator's Authorized Agent

10-7-95  
Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name

Address

City/State

Malco  
Oessa, TX

Telephone No.

Truck No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Liz Hollis  
Signature of Transporter's Agent

Date and Time Received

PART III:

RECLAMATION SITE:

Name

Address

City/State

Controlled Recovery, Inc./Inland Products  
P.O. Box 369  
Hobbs, NM 88241

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
Signature of Facility Agent

10 795 1200 N  
Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

## PART I:

Generator Meridian Oil  
Address \_\_\_\_\_  
City/State Crane TX

( ) \_\_\_\_\_  
Telephone No. \_\_\_\_\_

## ORIGINATION OF WASTE:

Operations Center Crane TX 1111111111

RRC No. 00913

Property Name Ricker E  
(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                           |            |                    |       |                         |       |
|---------------------------|------------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste     | _____      | Oily Waste         | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids            | _____      | Plant Waste Water  | _____ | Storm Water Run-off     | _____ |
| Drilled Pit Liquids       | _____      | Produced Sand      | _____ | Used Containers         | _____ |
| Filter Elements           | _____      | Produced Water     | _____ | Used Containers         | _____ |
| General Refuse            | _____      | Rinsate            | _____ | Used Lube Oils          | _____ |
| H2S Scavengers/Sweetening | _____      | Scale              | _____ | Completion Solids       | _____ |
| BS&W/Crude                | <u>100</u> | Sludge (Water)     | _____ | Completion Liquids      | _____ |
| (Tank Bottoms)            | _____      | Sludge (Petroleum) | _____ | Other                   | _____ |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

E. P. Bouda  
Signature of Generator's Authorized Agent

10-7-95  
Date and Time of Shipment

## PART II:

### TRANSPORTER: (To be completed in full by Transporter)

Name Malco  
Address \_\_\_\_\_  
City/State Oklahoma

Telephone No. \_\_\_\_\_  
14

Truck No. \_\_\_\_\_

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

John Dume  
Signature of Transporter's Agent

\_\_\_\_\_ Date and Time Received

## PART III:

### RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
Address P.O. Box 369  
City/State Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
Signature of Facility Agent

10795 1250 P  
Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST

Manifest No **2666**

**PART I:**

**DISPOSAL**

- ☐ Onsite  
☐ Offsite

**LOCATION**

- ☐ Facility  
☐ Lease  
☐ Well

- ☐ Drilling  
☐ Workover/  
Completion

Generator: Meridian Oil

Address: \_\_\_\_\_

City/State: Crane, Tex

Telephone No. \_\_\_\_\_

FOR OFFICE USE ONLY

FLAC \_\_\_\_\_

**ORIGINATION OF WASTE**

Operations Center: Crane Tex

Property Name: A.S. Barleson

(Well, Tank Battery, Plant, Facility)

Field: 03172

**WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)**

|  |                                 |                                   |
|--|---------------------------------|-----------------------------------|
| Asbestos _____                                   | Oily Waste ( ) _____            | Spill Clean-up & Debris ( ) _____ |
| Commercial/Site Waste _____                      | Plant Waste Water-Trans _____   | Storm Water Runoff _____          |
| Drilled Solids ( ) _____                         | Produced Sand _____             | Used Containers ( ) _____         |
| Drilled Pit Liquids ( ) _____                    | Produced Water-Trans ( ) _____  | Used Lube Oils ( ) _____          |
| Filter Elements (1) _____                        | Rinsate ( ) _____               | Workover/Compl. Solids _____      |
| (2) _____  | Scale ( ) _____                 | Workover/Compl. Liquids _____     |
| (3) _____  | Sludge (water) ( ) _____        | Other _____                       |
| General Refuse _____                             | Sludge (petroleum) BS ( ) _____ |                                   |
| H <sub>2</sub> S Scavengers/Sweetening ( ) _____ | Sludge (chemical) ( ) _____     |                                   |

**CERTIFICATION:** The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge.

E.P. Pounds  
Signature of Generator's Authorized Agent

10-7-95  
Date and Time of Shipment

**PART II: TRANSPORTER: (To be completed in full by Transporter)**

Name: MALCO TRUCKING INC.

(915) 366-4080

Address: 2800 W. 42nd.

Telephone No.

City/State: Odessa, TX 79764

Truck License No.

Trailer License No.

Estimated Transportation Cost: \_\_\_\_\_

**CERTIFICATION:** I certify that the waste in quantity above was received by me for shipment to the destination below.

James S. Lundy  
Signature of Transporter's Agent

Date and Time Received

**PART III: DISPOSAL SITE:**

Name: CRI

Address: CONTROLLED RECOVERY, INC.

P.O. BOX 369

City/State: HOBBS, N.M. 88241

Method of Disposal: \_\_\_\_\_

Estimated Disposal Fee: \_\_\_\_\_

**CERTIFICATION:** I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
Signature of Facility Agent

10795 410 P  
Date and Time Received

# NON-HAZARDOUS WASTE MANIFESTATION TICKET

## PART I:

Generator  
Address  
City/State

Meridian Oil  
1112 W. Hwy. 329 HCR 65 Box 58  
CRANE, Tex. 79731

(915) 563-0274  
Telephone No.

## ORIGINATION OF WASTE:

Operations Center Midland, Tex.

RRC No. 00933

Property Name ROGERS "4" BTTY.  
(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                           |                 |                    |       |                         |       |
|---------------------------|-----------------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste     | _____           | Oily Waste         | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids            | _____           | Plant Waste Water  | _____ | Storm Water Run-off     | _____ |
| Drilled Pit Liquids       | _____           | Produced Sand      | _____ | Used Containers         | _____ |
| Filter Elements           | _____           | Produced Water     | _____ | Used Containers         | _____ |
| General Refuse            | _____           | Rinsate            | _____ | Used Lube Oils          | _____ |
| H2S Scavengers/Sweetening | _____           | Scale              | _____ | Completion Solids       | _____ |
| BS&W/Crude                | <u>85 BBLs.</u> | Sludge (Water)     | _____ | Completion Liquids      | _____ |
| (Tank Bottoms)            | _____           | Sludge (Petroleum) | _____ | Other                   | _____ |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Steve D. Walker  
Signature of Generator's Authorized Agent

10-7-95 2:30  
Date and Time of Shipment

## PART II:

### TRANSPORTER: (To be completed in full by Transporter)

Name Rowland Trucking  
Address P.O. Box 99  
City/State Ennice, N.M. 88231

505-394-2581  
Telephone No.  
57  
Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Tony Gates  
Signature of Transporter's Agent

10-7-95 2:30  
Date and Time Received

## PART III:

### RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
Address P.O. Box 369  
City/State Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
Signature of Facility Agent

10795 800 P  
Date and Time Received

# NON-HAZARDOUS WASTE MANIFESTATION TICKET

## PART I:

Generator Meridian Oil  
 Address 1112 W. Hwy. 329 HCR 65- Box 58 (915) 563-0274  
 City/State CRAVE, TEX. 79731 Telephone No.

## ORIGINATION OF WASTE:

Operations Center Midland, TEX. RRC No. 00993  
 Property Name SANGER "A" BTTY.  
 (Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                           |                 |                    |       |                         |       |
|---------------------------|-----------------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste     | _____           | Oily Waste         | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids            | _____           | Plant Waste Water  | _____ | Storm Water Run-off     | _____ |
| Drilled Pit Liquids       | _____           | Produced Sand      | _____ | Used Containers         | _____ |
| Filter Elements           | _____           | Produced Water     | _____ | Used Containers         | _____ |
| General Refuse            | _____           | Rinsate            | _____ | Used Lube Oils          | _____ |
| H2S Scavengers/Sweetening | _____           | Scale              | _____ | Completion Solids       | _____ |
| BS&W/Crude                | <u>35 BBLs.</u> | Sludge (Water)     | _____ | Completion Liquids      | _____ |
| (Tank Bottoms)            | _____           | Sludge (Petroleum) | _____ | Other                   | _____ |

CERTIFICATION: The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Steve D. Walker  
 Signature of Generator's Authorized Agent

10-7-95 2:30  
 Date and Time of Shipment

## PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name Rowland Trucking  
 Address P.O. Box 99  
 City/State EUNICE, N.M. 88231

505-394-2581  
 Telephone No.  
57  
 Truck No.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the destination below.

Tommynotes  
 Signature of Transporter's Agent

10-7-95 2:30  
 Date and Time Received

## PART III:

RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
 Address P.O. Box 369  
 City/State Hobbs, NM 88241

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
 Signature of Facility Agent

10 7 95 800P  
 Date and Time Received

# NON-HAZARDOUS WASTE MANIFESTATION TICKET

PART I:

Generator

Meridian Oil

Address

1112 W. Hwy. 329 HCR 65 Box 58

City/State

CRANE, TEX. 79731

(915) 563-0274

Telephone No.

ORIGINATION OF WASTE:

Operations Center

Midland, TEX.

RRC No. 00946

Property Name

Richard King BTTY.

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

Commercial/Site Waste

Oily Waste

Spill Clean-up & Debris

Drilled Solids

Plant Waste Water

Storm Water Run-off

Drilled Pit Liquids

Produced Sand

Used Containers

Filter Elements

Produced Water

Used Containers

General Refuse

Rinsate

Used Lube Oils

H2S Scavengers/Sweetening

Scale

Completion Solids

BS&W/Crude

10 BBLs.

Sludge (Water)

Completion Liquids

(Tank Bottoms)

Sludge (Petroleum)

Other

CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Steve D. Walker

Signature of Generator's Authorized Agent

10-7-95 2:30

Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name

Rowland Trucking

505-394-2581

Address

P.O. Box 99

Telephone No.

City/State

ELNICE, N.M. 88231

57

Truck No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Tammy

Signature of Transporter's Agent

10-7-95 2:30

Date and Time Received

PART III:

RECLAMATION SITE:

Name

Controlled Recovery, Inc./Inland Products

Address

P.O. Box 369

City/State

Hobbs, NM 88241

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
Signature of Facility Agent

10-7-95 8:00 P  
Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST

Manifest No. **2667**

**PART I:**  
**DISPOSAL**

☐ Onsite  
☐ Offsite

**LOCATION**

☐ Facility  
☐ Lease  
☐ Well

☐ Drilling  
☐ Workover/  
Completion

Generator: Mardian Oil

Address: \_\_\_\_\_

City/State: Crane, TX

Telephone No. \_\_\_\_\_

FOR OFFICE USE ONLY  
FLAC \_\_\_\_\_

**ORIGINATION OF WASTE**

Operations Center: Crane

Property Name: A.S. Burleson Field: 03172  
(Well, Tank Battery, Plant, Facility)

**WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)**

|  |                                      |                                   |
|--|--------------------------------------|-----------------------------------|
| Asbestos _____                                   | Oily Waste ( ) _____                 | Spill Clean-up & Debris ( ) _____ |
| Commercial/Site Waste _____                      | Plant Waste Water-Trans _____        | Storm Water Runoff _____          |
| Drilled Solids ( ) _____                         | Produced Sand _____                  | Used Containers ( ) _____         |
| Drilled Pit Liquids ( ) _____                    | Produced Water-Trans ( ) _____       | Used Lube Oils ( ) _____          |
| Filter Elements (1) _____                        | Rinsate ( ) _____                    | Workover/Compl. Solids _____      |
| (2) _____  | Scale ( ) _____                      | Workover/Compl. Liquids _____     |
| (3) _____  | Sludge (water) ( ) _____             | Other _____                       |
| General Refuse _____                             | Sludge (petroleum) BS ( ) <u>100</u> |                                   |
| H <sub>2</sub> S Scavengers/Sweetening ( ) _____ | Sludge (chemical) ( ) _____          |                                   |

**CERTIFICATION:** The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge.

E.P. Bourke  
Signature of Generator's Authorized Agent

10-7-95  
Date and Time of Shipment

**PART II: TRANSPORTER: (To be completed in full by Transporter)**

Name: MALCO TRUCKING INC.

Address: 2800 W. 42nd.

City/State: Odessa, TX 79764

(915) 366-4080

Telephone No.

527-074  
Truck License No.  
Trailer License No.

Estimated Transportation Cost: \_\_\_\_\_

**CERTIFICATION:** I certify that the waste in quantity above was received by me for shipment to the destination below.

Michael Moon  
Signature of Transporter's Agent

10-8-95  
Date and Time Received

**PART III: DISPOSAL SITE:**

Name: CRI

Address: CONTROLLED RECOVERY, INC.

City/State: P.O. BOX 369  
HOBBS, N.M. 88241

Method of Disposal: \_\_\_\_\_

Estimated Disposal Fee: \_\_\_\_\_

**CERTIFICATION:** I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
Signature of Facility Agent

10-8-95 920A  
Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST

Manifest No. **2665**

**PART I:  
DISPOSAL**

- ☐ Onsite  
☐ Offsite

**LOCATION**

- ☐ Facility  
☐ Lease  
☐ Well

- ☐ Drilling  
☐ Workover/  
Completion

Generator: Meridian Oil

Address: \_\_\_\_\_

City/State: Crane, Tex

Telephone No. \_\_\_\_\_

FOR OFFICE USE ONLY  
FLAC \_\_\_\_\_

**ORIGINATION OF WASTE**

Operations Center: Crane, Tex

Property Name: A.S. Burleson A

(Well, Tank Battery, Plant, Facility)

Field: 03172

**WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)**

|  |   |                                   |
|--|---|-----------------------------------|
| Asbestos _____                                   | Oily Waste ( ) _____                        | Spill Clean-up & Debris ( ) _____ |
| Commercial/Site Waste _____                      | Plant Waste Water-Trans _____               | Storm Water Runoff _____          |
| Drilled Solids ( ) _____                         | Produced Sand _____                         | Used Containers ( ) _____         |
| Drilled Pit Liquids ( ) _____                    | Produced Water-Trans ( ) _____              | Used Lube Oils ( ) _____          |
| Filter Elements (1) _____                        | Rinsate ( ) _____                           | Workover/Compl. Solids _____      |
| (2) _____  | Scale ( ) _____                             | Workover/Compl. Liquids _____     |
| (3) _____  | Sludge (water) ( ) _____                    | Other _____                       |
| General Refuse _____                             | Sludge (petroleum) <u>BS</u> ( ) <u>100</u> |                                   |
| H <sub>2</sub> S Scavengers/Sweetening ( ) _____ | Sludge (chemical) ( ) _____                 |                                   |

**CERTIFICATION:** The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge.

E. P. Pouch  
Signature of Generator's Authorized Agent

10-2-85  
Date and Time of Shipment

**PART II: TRANSPORTER: (To be completed in full by Transporter)**

Name: MALCO TRUCKING INC.

Address: 2800 W. 42nd.

City/State: Odessa, TX 79764

(915) 366-4080

Telephone No.

Truck License No. \_\_\_\_\_

Trailer License No. \_\_\_\_\_

Estimated Transportation Cost: \_\_\_\_\_

**CERTIFICATION:** I certify that the waste in quantity above was received by me for shipment to the destination below.

Alan Quinn  
Signature of Transporter's Agent

\_\_\_\_\_ Date and Time Received

**PART III: DISPOSAL SITE:**

Name: CRI

Address: CONTROLLED RECOVERY, INC.

P.O. BOX 369

City/State: HOBBS, N.M. 88241

Method of Disposal: \_\_\_\_\_

Estimated Disposal Fee: \_\_\_\_\_

**CERTIFICATION:** I certify that the waste described in Part I was received by me via the transporter described in Part II.

Alan Quinn  
Signature of Facility Agent

10/2/85 1000 A  
Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST

Manifest **NE** 2669

**PART I: DISPOSAL**

- ☐ Onsite  
☐ Offsite

**LOCATION**

- ☐ Facility  
☐ Lease  
☐ Well

- ☐ Drilling  
☐ Workover/  
Completion

Generator: Meridian Oil

Address \_\_\_\_\_

City/State Crane Tex

Telephone No. \_\_\_\_\_

**FOR OFFICE USE ONLY**

FLAC \_\_\_\_\_

**ORIGINATION OF WASTE**

Operations Center Crane Tex

Property Name Burleson

(Well, Tank Battery, Plant, Facility)

Field 00881

**WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)**

|  |   |                                   |
|--|---|-----------------------------------|
| Asbestos _____                                   | Oily Waste ( ) _____                        | Spill Clean-up & Debris ( ) _____ |
| Commercial/Site Waste _____                      | Plant Waste Water-Trans _____               | Storm Water Runoff _____          |
| Drilled Solids ( ) _____                         | Produced Sand _____                         | Used Containers ( ) _____         |
| Drilled Pit Liquids ( ) _____                    | Produced Water-Trans ( ) _____              | Used Lube Oils ( ) _____          |
| Filter Elements (1) _____                        | Rinsate ( ) _____                           | Workover/Compl. Solids _____      |
| (2) _____  | Scale ( ) _____                             | Workover/Compl. Liquids _____     |
| (3) _____  | Sludge (water) ( ) _____                    | Other _____                       |
| General Refuse _____                             | Sludge (petroleum) <u>BS</u> ( ) <u>100</u> | _____                             |
| H <sub>2</sub> S Scavengers/Sweetening ( ) _____ | Sludge (chemical) ( ) _____                 | _____                             |

**CERTIFICATION:** The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge.

E. P. Pounce

Signature of Generator's Authorized Agent

10-7-95

Date and Time of Shipment

**PART II: TRANSPORTER: (To be completed in full by Transporter)**

Name MALCO TRUCKING INC.

(915) 366-4080

Telephone No.

Address 2800 W. 42nd.

15

Truck License No.

City/State Odessa, TX 79764

Trailer License No.

Estimated Transportation Cost 250

**CERTIFICATION:** I certify that the waste in quantity above was received by me for shipment to the destination below.

William Collins

Signature of Transporter's Agent

10/8/95

Date and Time Received

**PART III: DISPOSAL SITE:**

Name CRI

Address CONTROLLED RECOVERY, INC.

City/State P.O. BOX 369

HOBBS, N.M. 88241

Method of Disposal \_\_\_\_\_

Estimated Disposal Fee \_\_\_\_\_

**CERTIFICATION:** I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]

Signature of Facility Agent

10 895 945A

Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST

Manifest No **2668**

**PART I: DISPOSAL**

- ☐ Onsite  
☐ Offsite

**LOCATION**

- ☐ Facility  
☐ Lease  
☐ Well

- ☐ Drilling  
☐ Workover/  
Completion

Generator: Meridian Oil

Address \_\_\_\_\_

City/State Crane Tex

Telephone No. \_\_\_\_\_

FOR OFFICE USE ONLY

FLAC \_\_\_\_\_

**ORIGINATION OF WASTE**

Operations Center Crane Tex

Property Name Burleson

Field 00881

(Well, Tank Battery, Plant, Facility)

**WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)**

|  |   |                                   |
|--|---|-----------------------------------|
| Asbestos _____                                   | Oily Waste ( ) _____                        | Spill Clean-up & Debris ( ) _____ |
| Commercial/Site Waste _____                      | Plant Waste Water-Trans _____               | Storm Water Runoff _____          |
| Drilled Solids ( ) _____                         | Produced Sand _____                         | Used Containers ( ) _____         |
| Drilled Pit Liquids ( ) _____                    | Produced Water-Trans ( ) _____              | Used Lube Oils ( ) _____          |
| Filter Elements (1) _____                        | Rinsate (2) _____                           | Workover/Compl. Solids _____      |
| (2) _____  | Scalem ( ) _____                            | Workover/Compl. Liquids _____     |
| (3) _____  | Sludge (water) ( ) _____                    | Other _____                       |
| General Refuse _____                             | Sludge (petroleum) <u>BS</u> ( ) <u>100</u> | _____                             |
| H <sub>2</sub> S Scavengers/Sweetening ( ) _____ | Sludge (chemical) ( ) _____                 | _____                             |

**CERTIFICATION:** The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge.

E. P. Poenke

Signature of Generator's Authorized Agent

10-8-95

Date and Time of Shipment

**PART II: TRANSPORTER:** (To be completed in full by Transporter)

Name MALCO TRUCKING INC.

(915) 366-4080

Address 2800 W. 42nd.

Telephone No.

City/State Odessa, TX 79764

Truck License No.

Trailer License No.

Estimated Transportation Cost \_\_\_\_\_

**CERTIFICATION:** I certify that the waste in quantity above was received by me for shipment to the destination below.

Justin L. Digness

Signature of Transporter's Agent

10-8-95

Date and Time Received

**PART III: DISPOSAL SITE:**

Name CRI

Address CONTROLLED RECOVERY, INC.

City/State P.O. BOX 369

HOBBS, N.M. 88241

Method of Disposal \_\_\_\_\_

Estimated Disposal Fee \_\_\_\_\_

**CERTIFICATION:** I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

10895 1045H

Date and Time Received

# ION-HAZARDOUS WASTE MANIFEST

Manifest **112**      **2664**

**PART I:  
DISPOSAL**

☐ Onsite  
☐ Offsite

**LOCATION**

☐ Facility  
☐ Lease  
☐ Well

☐ Drilling  
☐ Workover/  
Completion

Generator: Mission Oil  
Address: \_\_\_\_\_  
City/State: Crow, Tex

Telephone No. \_\_\_\_\_

FOR OFFICE USE ONLY  
**FLAC** \_\_\_\_\_

**ORIGINATION OF WASTE**

Operations Center: Crow Tex  
Property Name: A.S. Burleson "A"  
(Well, Tank Battery, Plant, Facility)

Field: 03172

**WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)**

|  |   |                                   |
|--|---|-----------------------------------|
| Asbestos _____                                   | Oily Waste ( ) _____                        | Spill Clean-up & Debris ( ) _____ |
| Commercial/Site Waste _____                      | Plant Waste Water-Trans _____               | Storm Water Runoff _____          |
| Drilled Solids ( ) _____                         | Produced Sand _____                         | Used Containers ( ) _____         |
| Drilled Pit Liquids ( ) _____                    | Produced Water-Trans ( ) _____              | Used Lube Oils ( ) _____          |
| Filter Elements (1) _____                        | Rinsate ( ) _____                           | Workover/Compl. Solids _____      |
| (2) _____  | Scale ( ) _____                             | Workover/Compl. Liquids _____     |
| (3) _____  | Sludge (water) ( ) _____                    | Other _____                       |
| General Refuse _____                             | Sludge (petroleum) <u>PS</u> ( ) <u>100</u> | _____                             |
| H <sub>2</sub> S Scavengers/Sweetening ( ) _____ | Sludge (chemical) ( ) _____                 | _____                             |

**CERTIFICATION:** The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge.

E. P. Pounds  
Signature of Generator's Authorized Agent

10-7-94  
Date and Time of Shipment

**PART II: TRANSPORTER: (To be completed in full by Transporter)**

Name: MALCO TRUCKING INC.  
Address: 2800 W. 42nd.  
City/State: Odessa, TX 79764

(915) 366-4080

Telephone No.

Truck License No.

Trailer License No.

Estimated Transportation Cost: \_\_\_\_\_

**CERTIFICATION:** I certify that the waste in quantity above was received by me for shipment to the destination below.

Kim Hollis  
Signature of Transporter's Agent

Date and Time Received

**PART III: DISPOSAL SITE:**

Name: CRI  
CONTROLLED RECOVERY, INC.  
Address: P.O. BOX 369  
City/State: HOBBS, N.M. 88241

Method of Disposal: \_\_\_\_\_

Estimated Disposal Fee: \_\_\_\_\_

**CERTIFICATION:** I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
Signature of Facility Agent

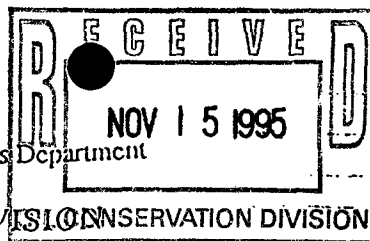
10895 1007  
Date and Time Received

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88241-1980

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88211-0719

DISTRICT III  
1000 Rio Brazos Rd, Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department



Form C-118  
Revised 4-1-91  
Sheet 1

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

TREATING PLANT OPERATOR'S MONTHLY REPORT

Submit 2 copies to appropriate  
District Office by 15th of next  
succeeding month.

Report of Controlled Recovery Inc. Month & year SEPTEMBER 1995

Address P.O. Box 369 Hobbs, NM 88241-0369

TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS  |
|--------------------------|------------------|----------|
| Controlled Recovery Inc. | Halfway Disposal | 9,617.85 |
| TOTAL ALL PLANTS         |                  | 9,617.85 |

TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | 2112.80 |
| TOTAL ALL PLANTS         |                  | 2112.80 |

DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)

| FROM  | TO              | BARRELS           |
|---|-----------------|-------------------|
| Controlled Recovery Inc.<br>TRANSFERRED FROM OIL TREATING PLANT<br>PLANT TO DISPOSAL AREA | WATER<br>SOLIDS | 2500.00<br>345.60 |
| TOTAL ALL PLANTS  |                 | 2845.60           |

TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | 8885.05 |
| TOTAL ALL PLANTS         |                  | 8885.05 |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

*Donna L. Roach*  
DONNA L. ROACH / OFFICE MANAGER

(505)-393-1079

**OIL CONSERVATION DIVISION**

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

**PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS**

| PERMIT<br>NUMBER         | LEASE OPERATOR  | LEASE NAME  | GROSS VOLUME<br>SEDIMENT OIL                 | NET BBLs. P.L.<br>OIL RECOVERED |
|--------------------------|---|---|--|---------------------------------|
| H-18194                  | TRANSPORTER:<br>AA OILFIELD<br>TOTAL  | A.A. OILFIELD SERVICE<br>STATE AB SWD #1                    | <u>150.00</u><br>150.00                      | 0.00                            |
| TEXAS                    | TRANSPORTER:<br>ANDREWS BUTANE<br>TOTAL   | BERGSTEIN<br>ANDREWS YARD                                   | <u>200.00</u><br>200.00                      | 0.00                            |
| A-8827<br>H-18362        | TRANSPORTER:<br>DEVON ENERGY<br>DEVON ENERGY<br>TOTAL                             | I & W INC.<br>KEEL B 76 67 & 84<br>KEEL A & B               | 100.00<br><u>80.00</u><br>180.00             | 0.00                            |
| WATER                    | TRANSPORTER:<br>OXY USA<br>TOTAL  | LUCKY WELL SERVICE<br>TRACT B                               | <u>90.00</u><br>90.00                        | 0.00                            |
| TEXAS                    | TRANSPORTER:<br>MERIDIAN OIL CO.<br>TOTAL   | MALCO TRUCKING<br>VARIOUS LEASES                            | <u>3082.00</u><br>3082.00                    | 687.25                          |
| TEXAS<br>A-8833<br>TEXAS | TRANSPORTER:<br>MERIDIAN OIL CO.<br>ROWLAND TRUCKING<br>SCURLOCK PERMIAN<br>TOTAL | ROWLAND TRUCKING CO.<br>VARIOUS LEASES<br>CRW SWD<br>PHIBRO | 3352.26<br>130.00<br><u>30.00</u><br>3512.26 | 1424.93                         |
|                          | TOTAL GROSS BARRELS   |   | 7214.26                                      |                                 |
|                          | TOTAL NET BARRELS   |   |  | 2112.18                         |

## NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

## PART I:

Generator ANDREWS-Butane Route DisposalAddress P.O. Box ~~385~~ 78189City/State ANDREWS, TX 79204(915) 524-4405

Telephone No.

LUBBOCK 79499-8189

## ORIGINATION OF WASTE:

Operations Center ANDREWS, TXRRC No. 08-361Property Name Andrews Butane Disposal

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU. FT., LBS., UNITS, ETC.)

Commercial/Site Waste \_\_\_\_\_

Drilled Solids \_\_\_\_\_

Drilled Pit Liquids \_\_\_\_\_

Filter Elements \_\_\_\_\_

General Refuse \_\_\_\_\_

H2S Scavengers/Sweetening \_\_\_\_\_

BS&W/Crude X 100

(Tank Bottoms)

Oily Waste \_\_\_\_\_

Plant Waste Water \_\_\_\_\_

Produced Sand \_\_\_\_\_

Produced Water \_\_\_\_\_

Rinsate \_\_\_\_\_

Scale \_\_\_\_\_

Sludge (Water) \_\_\_\_\_

Sludge (Petroleum) \_\_\_\_\_

Spill Clean-up &amp; Debris \_\_\_\_\_

Storm Water Run-off \_\_\_\_\_

Used Containers \_\_\_\_\_

Used Containers \_\_\_\_\_

Used Lube Oils \_\_\_\_\_

Completion Solids \_\_\_\_\_

Completion Liquids \_\_\_\_\_

Other \_\_\_\_\_

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

X [Signature]  
Signature of Generator's Authorized AgentX SEPT 18, 95 4:00  
Date and Time of Shipment

## PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name Bergstein Environmental, IncAddress P.O. Box 10701City/State Lubbock, TX 79408806-790-3503

Telephone No.

X \_\_\_\_\_  
Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

X [Signature]  
Signature of Transporter's AgentX 9-18-95 4:05  
Date and Time Received

## PART III:

RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland ProductsAddress P.O. Box 369City/State Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

## NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I: Generator ANDREWS Butane Route Disposal  
Address P.O. Box 225 98189 (915) 524-4405  
City/State ANDREWS, TX 79701 Telephone No.  
ORIGINATION OF WASTE: Lubbock 79499-8189

Operations Center ANDREWS, TX RRC No. 08-361 6

Property Name Andrews Butane Disposal  
(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU FT, LBS, UNITS, ETC.)

|                           |              |                    |       |                         |       |
|---------------------------|--------------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste     | _____        | Oily Waste         | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids            | _____        | Plant Waste Water  | _____ | Storm Water Run-off     | _____ |
| Drilled Pit Liquids       | _____        | Produced Sand      | _____ | Used Containers         | _____ |
| Filter Elements           | _____        | Produced Water     | _____ | Used Containers         | _____ |
| General Refuse            | _____        | Rinsate            | _____ | Used Lube Oils          | _____ |
| H2S Scavengers/Sweetening | _____        | Scale              | _____ | Completion Solids       | _____ |
| BS&W/Crude                | <u>x 100</u> | Sludge (Water)     | _____ | Completion Liquids      | _____ |
| (Tank Bottoms)            | _____        | Sludge (Petroleum) | _____ | Other                   | _____ |

CERTIFICATION: The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

X [Signature]  
Signature of Generator's Authorized Agent

X Sept 29, 530 AM  
Date and Time of Shipment

PART II: TRANSPORTER: (To be completed in full by Transporter)

Name Bergstein Environmental, Inc 806-790-3503  
Address P.O. Box 10701 Telephone No.  
City/State Lubbock, TX 79408 X #264  
Truck No.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the destination below.

X [Signature]  
Signature of Transporter's Agent

X 9-29-95 5:30  
Date and Time Received

PART III: RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
Address P.O. Box 369  
City/State Hobbs, NM 88241

## NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

## PART I:

Generator

ANDREWS-Butane Route Disposal

Address

P.O. Box ~~355~~ 78189(915) 524-4405

City/State

ANDREWS, TX 79204

Telephone No.

LUBBOCK 79499-8189

## ORIGINATION OF WASTE:

Operations Center

ANDREWS, TXRRC No. 08-361

Property Name

Andrews Butane Disposal

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU FT, LBS, UNITS, ETC.)

Commercial/Site Waste

Oily Waste

Spill Clean-up &amp; Debris

Drilled Solids

Plant Waste Water

Storm Water Run-off

Drilled Pit Liquids

Produced Sand

Used Containers

Filter Elements

Produced Water

Used Containers

General Refuse

Rinsate

Used Lube Oils

H<sub>2</sub>S Scavengers/Sweetening

Scale

Completion Solids

BS&W/CrudeX 100

Sludge (Water)

Completion Liquids

(Tank Bottoms)

Sludge (Petroleum)

Other

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

X [Signature]  
Signature of Generator's Authorized AgentX SEPT 18, 95 4:00  
Date and Time of Shipment

## PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name

Bergstein Environmental, Inc806-790-3503

Address

P.O. Box 10701

Telephone No.

City/State

Lubbock, TX 79408

X

Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

X [Signature]  
Signature of Transporter's AgentX 9-18-95 4:05  
Date and Time Received

## PART III:

RECLAMATION SITE:

Name

Controlled Recovery, Inc./Inland Products

Address

P.O. Box 369

City/State

Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

# NON-HAZAROUS WASTE MANIFEST/RETURN TICKET

PART I: Generator MERIDIAN  
 Address 1112 W. Hwy 329 HCR 65 Box 58 (915) 563-0274  
 City/State CRANE, TX 79731 Telephone No.

## ORIGINATION OF WASTE:

Operations Center MIDLAND, TX RRC No. 925  
 Property Name JF LANE  
 (Well, Tank Battery, Plant, Facility)

### WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                                 |                                 |                               |
|---------------------------------|---------------------------------|-------------------------------|
| Commercial/Site Waste _____     | Oily Waste _____                | Spill Clean-up & Debris _____ |
| Drilled Solids _____            | Plant Waste Water _____         | Storm Water Run-off _____     |
| Drilled Pit Liquids _____       | Produced Sand _____             | Used Containers _____         |
| Filter Elements _____           | <u>Produced Water</u> <u>86</u> | Used Containers _____         |
| General Refuse _____            | Rinsate _____                   | Used Lube Oils _____          |
| H2S Scavengers/Sweetening _____ | Scale _____                     | Completion Solids _____       |
| BS&W/Crude <u>36</u>            | Sludge (Water) _____            | Completion Liquids _____      |
| (Tank Bottoms) _____            | Sludge (Petroleum) _____        | Other _____                   |

TOTAL of 122 BBls.

CERTIFICATION: The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Don Lisdale  
 Signature of Generator's Authorized Agent

9-11-95 5:30pm  
 Date and Time of Shipment

## PART II: TRANSPORTER: (To be completed in full by Transporter)

Name Malco Trucking 915-366-4080  
 Address P.O. Box 14787 Telephone No.  
 City/State ODESSA, TX 79768-4787  
 Truck No.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the destination below.

Curtis J. Dorris  
 Signature of Transporter's Agent

9-12-95 5:30pm  
 Date and Time Received

## PART III: RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
 Address P.O. Box 369  
 City/State Hobbs, NM 88241

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

John Phillips  
 Signature of Facility Agent

9-12-95 1:40 AM  
 Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

**PART I:**

Generator

MERIDIAN

Address

1112 W. Hwy. 329 HCR 65 Box 58

(915) 563-0274

City/State

CEANE, TX 79731

Telephone No.

**ORIGINATION OF WASTE:**

Operations Center

MIDLAND, TX

RRC No. 925

Property Name

JF LANE

(Well, Tank Battery, Plant, Facility)

**WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)**

Commercial/Site Waste

Oily Waste

Spill Clean-up & Debris

Drilled Solids

Plant Waste Water

Storm Water Run-off

Drilled Pit Liquids

Produced Sand

Used Containers

Filter Elements

Produced Water 86

Used Containers

General Refuse

Rinsate

Used Lube Oils

H2S Scavengers/Sweetening

Scale

Completion Solids

BS&W/Crude

36

Sludge (Water)

Completion Liquids

(Tank Bottoms)

Sludge (Petroleum)

Other

TOTAL of 122 BBLs.

**CERTIFICATION:**

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

[Signature]

Signature of Generator's Authorized Agent

9-11-95 5:00 PM

Date and Time of Shipment

**PART II:**

**TRANSPORTER: (To be completed in full by Transporter)**

Name

Malco Trucking

915-366-4080

Address

P.O. Box 14787

Telephone No.

City/State

ODESSA, TX 79768-4787

Truck No.

**CERTIFICATION:**

I certify that the waste in quantity above was received by me for shipment to the destination below.

[Signature]

Signature of Transporter's Agent

9-11-95 5:30 PM

Date and Time Received

**PART III:**

**RECLAMATION SITE:**

Name

Controlled Recovery, Inc./Inland Products

Address

P.O. Box 369

City/State

Hobbs, NM 88241

**CERTIFICATION:**

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]

Signature of Facility Agent

9-13-95 11:00 AM

Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

**PART I:**

Generator Meridian  
 Address 1112 W. Hwy. 329 HCR 65 Box 58 (915) 563-0274  
 City/State CRANE, TX 79731 Telephone No.

**ORIGINATION OF WASTE:**

Operations Center Midland, TX RRC No. 869  
 Property Name J. F. LANE (Odem)  
 (Well, Tank Battery, Plant, Facility)

**WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)**

|                                 |                          |                               |
|---------------------------------|--------------------------|-------------------------------|
| Commercial/Site Waste _____     | Oily Waste _____         | Spill Clean-up & Debris _____ |
| Drilled Solids _____            | Plant Waste Water _____  | Storm Water Run-off _____     |
| Drilled Pit Liquids _____       | Produced Sand _____      | Used Containers _____         |
| Filter Elements _____           | Produced Water _____     | Used Containers _____         |
| General Refuse _____            | Rinsate _____            | Used Lube Oils _____          |
| H2S Scavengers/Sweetening _____ | Scale _____              | Completion Solids _____       |
| BS&W/Crude _____                | Sludge (Water) _____     | Completion Liquids _____      |
| (Tank Bottoms) <u>125825</u>    | Sludge (Petroleum) _____ | Other _____                   |

**CERTIFICATION:**

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

[Signature]  
 Signature of Generator's Authorized Agent

9-12-95 8:30 AM  
 Date and Time of Shipment

**PART II:**

**TRANSPORTER: (To be completed in full by Transporter)**

Name Browland Trucking 505-394-2581  
 Address P.O. Box 99 Telephone No.  
 City/State Edmundo, NM 88231 42  
 Truck No.

**CERTIFICATION:**

I certify that the waste in quantity above was received by me for shipment to the destination below.

[Signature]  
 Signature of Transporter's Agent

9-12-95 11:55 AM  
 Date and Time Received

**PART III:**

**RECLAMATION SITE:**

Name Controlled Recovery, Inc./Inland Products  
 Address P.O. Box 369  
 City/State Hobbs, NM 88241

**CERTIFICATION:**

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
 Signature of Facility Agent

9-12-95 12:15 PM  
 Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

**PART I:**

Generator Meridian  
 Address 1112 W. Hwy. 329 HCR 6 Box 58  
 City/State CRANE, TX 79731

(915) 563-0274  
 Telephone No.

**ORIGINATION OF WASTE:**

Operations Center Midland, TX

RRC No. 870

Property Name J. F. LANE B  
 (Well, Tank Battery, Plant, Facility)

**WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)**

|                                 |                          |                               |
|---------------------------------|--------------------------|-------------------------------|
| Commercial/Site Waste _____     | Oily Waste _____         | Spill Clean-up & Debris _____ |
| Drilled Solids _____            | Plant Waste Water _____  | Storm Water Run-off _____     |
| Drilled Pit Liquids _____       | Produced Sand _____      | Used Containers _____         |
| Filter Elements _____           | Produced Water _____     | Used Containers _____         |
| General Refuse _____            | Rinsate _____            | Used Lube Oils _____          |
| H2S Scavengers/Sweetening _____ | Scale _____              | Completion Solids _____       |
| BS&W/Crude <u>121.13</u>        | Sludge (Water) _____     | Completion Liquids _____      |
| (Tank Bottoms) _____            | Sludge (Petroleum) _____ | Other _____                   |

**CERTIFICATION:**

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

[Signature]  
 Signature of Generator's Authorized Agent

9-13-95 7:30Am  
 Date and Time of Shipment

**PART II:**

**TRANSPORTER: (To be completed in full by Transporter)**

Name Rowland Trucking Co.  
 Address P.O. Box 99  
 City/State Eunice, NM 88231

505-394-2581  
 Telephone No.  
42  
 Truck No.

**CERTIFICATION:**

I certify that the waste in quantity above was received by me for shipment to the destination below.

[Signature]  
 Signature of Transporter's Agent

9-13-95 11:05Am  
 Date and Time Received

**PART III:**

**RECLAMATION SITE:**

Name Controlled Recovery, Inc./Inland Products  
 Address P.O. Box 369  
 City/State Hobbs, NM 88241

**CERTIFICATION:**

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
 Signature of Facility Agent

9-13-95 11:15Am  
 Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

## PART I:

Generator

Meridian

Address

1112 W. Hwy 329 HCR 65 Box 58

City/State

CRANE, TX 79731

(919) 563-0271

Telephone No.

## ORIGINATION OF WASTE:

Operations Center

Midland, TX

RRC No.

922

Property Name

J. H. Shirk "C" A/C #1

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

Commercial/Site Waste

Oily Waste

Spill Clean-up & Debris

Drilled Solids

Plant Waste Water

Storm Water Run-off

Drilled Pit Liquids

Produced Sand

Used Containers

Filter Elements

Produced Water

Used Containers

General Refuse

Rinsate

Used Lube Oils

H2S Scavengers/Sweetening

Scale

Completion Solids

BS&W/Crude

Sludge (Water)

Completion Liquids

(Tank Bottoms)

Sludge (Petroleum)

Other

121.13

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

[Signature]

Signature of Generator's Authorized Agent

9-13-95 8:15

Date and Time of Shipment

## PART II:

### TRANSPORTER: (To be completed in full by Transporter)

Name

Bowland Trucking Co.

505-394-2581

Address

P.O. Box 99

Telephone No.

City/State

Eunice, NM 88231

57

Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Tommy Motes

Signature of Transporter's Agent

9-13-95 11:10 AM

Date and Time Received

## PART III:

### RECLAMATION SITE:

Name

Controlled Recovery, Inc./Inland Products

Address

P.O. Box 369

City/State

Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]

Signature of Facility Agent

9-13-95 11:35 AM

Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator  
Address  
City/State

Lowland Trucking  
  
Enrico NM

(394) 2581  
Telephone No.

## ORIGINATION OF WASTE:

Operations Center Meridian

RRC No. 00960

Property Name JF Lane "C" #1  
(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                           |       |                    |       |                         |       |
|---------------------------|-------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste     | _____ | Oily Waste         | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids            | _____ | Plant Waste Water  | _____ | Storm Water Run-off     | _____ |
| Drilled Pit Liquids       | _____ | Produced Sand      | _____ | Used Containers         | _____ |
| Filter Elements           | _____ | Produced Water     | _____ | Used Containers         | _____ |
| General Refuse            | _____ | Rinsate            | _____ | Used Lube Oils          | _____ |
| H2S Scavengers/Sweetening | _____ | Scale              | _____ | Completion Solids       | _____ |
| BS&W/Crude                | _____ | Sludge (Water)     | _____ | Completion Liquids      | _____ |
| (Tank Bottoms)            | _____ | Sludge (Petroleum) | _____ | Other                   | _____ |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Bill Blum  
Signature of Generator's Authorized Agent

9-14-95  
Date and Time of Shipment

## PART II:

### TRANSPORTER: (To be completed in full by Transporter)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State Enrico NM 88231

394-2581  
Telephone No.  
42  
Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Bill Blum  
Signature of Transporter's Agent

9-14-95  
Date and Time Received

## PART III:

### RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
Address P.O. Box 369  
City/State Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Bill Blum  
Signature of Facility Agent

9-14-95-12:00  
Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

## PART I:

Generator Rowland Trucking  
 Address \_\_\_\_\_  
 City/State EVNICE N.M.

(394) 2581  
 Telephone No.

## ORIGINATION OF WASTE:

Operations Center Meridian  
 Property Name JF Lane "C" #1  
 (Well, Tank Battery, Plant, Facility)

RRC No. 00960

### WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                           |          |                    |       |                         |       |
|---------------------------|----------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste     | _____    | Oily Waste         | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids            | _____    | Plant Waste Water  | _____ | Storm Water Run-off     | _____ |
| Drilled Pit Liquids       | _____    | Produced Sand      | _____ | Used Containers         | _____ |
| Filter Elements           | _____    | Produced Water     | _____ | Used Containers         | _____ |
| General Refuse            | _____    | Rinsate            | _____ | Used Lube Oils          | _____ |
| H2S Scavengers/Sweetening | _____    | Scale              | _____ | Completion Solids       | _____ |
| BS&W/Crude                | <u>✓</u> | Sludge (Water)     | _____ | Completion Liquids      | _____ |
| (Tank Bottoms)            | _____    | Sludge (Petroleum) | _____ | Other                   | _____ |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Bill Fleming  
 Signature of Generator's Authorized Agent

9-14-95  
 Date and Time of Shipment

## PART II:

### TRANSPORTER: (To be completed in full by Transporter)

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State EVNICE NM 88231

505-394-2591  
 Telephone No.  
57

Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Tommy notes  
 Signature of Transporter's Agent

Date and Time Received

## PART III:

### RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
 Address P.O. Box 369  
 City/State Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Jesse [Signature]  
 Signature of Facility Agent

9-14-95 12:30  
 Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator

Merridale Oil

Address

City/State

CRANE TX

Telephone No.

ORIGINATION OF WASTE:

Operations Center

CRANE, TEXAS

RRC No. 00971

Property Name

J.H. Shirk DTY

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU. FT., LBS., UNITS, ETC.)

Commercial/Site Waste

Drilled Solids

Drilled Pit Liquids

Filter Elements

General Refuse

H2S Scavengers/Sweetening

BS&W/Crude

(Tank Bottoms)

Oily Waste

Plant Waste Water

Produced Sand

Produced Water

Rinsate

Scale

Sludge (Water)

Sludge (Petroleum)

Spill Clean-up & Debris

Storm Water Run-off

Used Containers

Used Containers

Used Lube Oils

Completion Solids

Completion Liquids

Other

CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

E. P. Pounds

Signature of Generator's Authorized Agent

9-14-95 11 AM

Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name

MAICO TRUCKING

Address

City/State

915 366 4080

Telephone No.

Truck No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

E. P. Pounds

Signature of Transporter's Agent

9-14-95 3:30

Date and Time Received

PART III:

RECLAMATION SITE:

Name

Controlled Recovery, Inc./Inland Products

Address

P.O. Box 369

City/State

Hobbs, NM 88241

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Jean Dittus

Signature of Facility Agent

9-14-95 3:30

Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

**PART I:**

Generator

MERRIDIAN Oil

Address

Crane TX

City/State

\_\_\_\_\_

( ) \_\_\_\_\_

Telephone No.

**ORIGINATION OF WASTE:**

Operations Center

CRANE Tex

RRC No. 00971

Property Name

AT Shink "B"

(Well, Tank Battery, Plant, Facility)

**WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)**

Commercial/Site Waste

\_\_\_\_\_

Oily Waste

\_\_\_\_\_

Spill Clean-up & Debris

\_\_\_\_\_

Drilled Solids

\_\_\_\_\_

Plant Waste Water

\_\_\_\_\_

Storm Water Run-off

\_\_\_\_\_

Drilled Pit Liquids

\_\_\_\_\_

Produced Sand

\_\_\_\_\_

Used Containers

\_\_\_\_\_

Filter Elements

\_\_\_\_\_

Produced Water

\_\_\_\_\_

Used Containers

\_\_\_\_\_

General Refuse

\_\_\_\_\_

Rinsate

\_\_\_\_\_

Used Lube Oils

\_\_\_\_\_

H2S Scavengers/Sweetening

\_\_\_\_\_

Scale

\_\_\_\_\_

Completion Solids

\_\_\_\_\_

BS&W/Crude

✓

Sludge (Water)

\_\_\_\_\_

Completion Liquids

\_\_\_\_\_

(Tank Bottoms)

120 BBLs

Sludge (Petroleum)

\_\_\_\_\_

Other

\_\_\_\_\_

**CERTIFICATION:**

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

E. P. Pounds

Signature of Generator's Authorized Agent

9-14-95 10 AM

Date and Time of Shipment

**PART II:**

**TRANSPORTER: (To be completed in full by Transporter)**

Name

Malco Trucking

915 366 4080

Address

\_\_\_\_\_

Telephone No.

City/State

Odessa, Tex

5

Truck No.

**CERTIFICATION:**

I certify that the waste in quantity above was received by me for shipment to the destination below.

Curtis L. Dixon

Signature of Transporter's Agent

9-14-95 2:30

Date and Time Received

**PART III:**

**RECLAMATION SITE:**

Name

Controlled Recovery, Inc./Inland Products

Address

P.O. Box 369

City/State

Hobbs, NM 88241

**CERTIFICATION:**

I certify that the waste described in Part I was received by me via the transporter described in Part II.

James L. Allen

Signature of Facility Agent

9-14-95 1:30

Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

## PART I:

Generator  
Address  
City/State

Meridian Oil  
Crane TX  
\_\_\_\_\_

( ) \_\_\_\_\_  
Telephone No.

## ORIGINATION OF WASTE:

Operations Center

CRANE TX

RRC No. 00968

Property Name

AA REESE BRY

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU FT., LBS., UNITS, ETC.)

|                           |                            |                    |       |                         |       |
|---------------------------|----------------------------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste     | _____                      | Oily Waste         | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids            | _____                      | Plant Waste Water  | _____ | Storm Water Run-off     | _____ |
| Drilled Pit Liquids       | _____                      | Produced Sand      | _____ | Used Containers         | _____ |
| Filter Elements           | _____                      | Produced Water     | _____ | Used Containers         | _____ |
| General Refuse            | _____                      | Rinsate            | _____ | Used Lube Oils          | _____ |
| H2S Scavengers/Sweetening | _____                      | Scale              | _____ | Completion Solids       | _____ |
| BS&W/Crude                | _____                      | Sludge (Water)     | _____ | Completion Liquids      | _____ |
| (Tank Bottoms)            | <u>4</u><br><u>100 BBL</u> | Sludge (Petroleum) | _____ | Other                   | _____ |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

E. P. Pounds  
Signature of Generator's Authorized Agent

9-15-95  
Date and Time of Shipment

## PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name Malco Trucking  
Address \_\_\_\_\_  
City/State Odessa

915 3664080  
Telephone No.  
15  
Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

E. P. Pounds  
Signature of Transporter's Agent

\_\_\_\_\_  
Date and Time Received

## PART III:

RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
Address P.O. Box 369  
City/State Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
Signature of Facility Agent

9095 730P  
Date and Time Received



**THE REPRODUCTION OF  
THE  
FOLLOWING  
DOCUMENT ( S )  
CANNOT BE IMPROVED  
DUE TO  
THE CONDITION OF  
THE ORIGINAL**

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator

Address

City/State

Meridian Oil  
Crook Tex

( )  
Telephone No.

## ORIGINATION OF WASTE:

Operations Center Meridian Oil

RRC No. 00961

Property Name J.F. LANE C BTY

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU. FT., LBS., UNITS, ETC.)

| Commercial/Site Waste       | Oil/Waste          | Spill Clean-up & Debris |
|-----------------------------|--------------------|-------------------------|
| Drilled Solids              | Plant Waste Water  | Storm Water Run-off     |
| Drilled Pit Liquids         | Produced Sand      | Used Containers         |
| Filter Elements             | Produced Water     | Used Containers         |
| General Refuse              | Rinse              | Used Lube Oils          |
| H2S Scavenger/Strengthening | Scale              | Completion Solids       |
| BS&W/Crude                  | Sludge (Water)     | Completion Liquids      |
| Tank Bottoms                | Sludge (Petroleum) | Other                   |

CERTIFICATION: I hereby certify that the waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

S. D. Korman  
Signature of Facility Agent

9-14-95 3:30 PM  
Date and Time of Shipment

TRANSPORTER: (To be completed in full by Transporter)

Controlled Recovery, Inc./Inland Products  
P.O. Box 369  
Hobbs NM 88241

Transporter No.

RECEIVED BY: (To be completed in full by Transporter)

Controlled Recovery, Inc./Inland Products  
P.O. Box 369  
Hobbs NM 88241

Date and Time Received

DECLARATION SITE

Name: Controlled Recovery, Inc./Inland Products  
Address: P.O. Box 369  
City/State: Hobbs NM 88241

CERTIFICATION: I hereby certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
Signature of Facility Agent

9-14-95 8:00 PM  
Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

## PART I:

Generator

MERIDIAN OIL

Address

McClary

City/State

Crown Fork

( ) \_\_\_\_\_

Telephone No.

## ORIGINATION OF WASTE:

Operations Center

CrownRRC No. 00971

Property Name

J.H. Shirk B

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

Commercial/Site Waste

\_\_\_\_\_

Oily Waste

\_\_\_\_\_

Spill Clean-up &amp; Debris

\_\_\_\_\_

Drilled Solids

\_\_\_\_\_

Plant Waste Water

\_\_\_\_\_

Storm Water Run-off

\_\_\_\_\_

Drilled Pit Liquids

\_\_\_\_\_

Produced Sand

\_\_\_\_\_

Used Containers

\_\_\_\_\_

Filter Elements

\_\_\_\_\_

Produced Water

\_\_\_\_\_

Used Containers

\_\_\_\_\_

General Refuse

\_\_\_\_\_

Rinsate

\_\_\_\_\_

Used Lube Oils

\_\_\_\_\_

H2S Scavengers/Sweetening

\_\_\_\_\_

Scale

\_\_\_\_\_

Completion Solids

\_\_\_\_\_

BS&amp;W/Crude

✓

Sludge (Water)

\_\_\_\_\_

Completion Liquids

\_\_\_\_\_

(Tank Bottoms)

Sludge (Petroleum)

\_\_\_\_\_

Other

\_\_\_\_\_

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

E. P. Pounds  
Signature of Generator's Authorized Agent9-16-95  
Date and Time of Shipment

## PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name

McClary915 366 4080

Address

\_\_\_\_\_

Telephone No.

City/State

Okla

Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

E. P. Pounds  
Signature of Transporter's Agent9-16-95  
Date and Time Received

## PART III:

RECLAMATION SITE:

Name

Controlled Recovery, Inc./Inland Products

Address

P.O. Box 369

City/State

Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
Signature of Facility Agent91695 330P  
Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

## PART I:

Generator  
Address  
City/State

Rowland Trucking  
  
BUNICE NIA

(394) 2581  
Telephone No.

## ORIGINATION OF WASTE:

Operations Center

Meridian

RRC No. 00924

Property Name

Lane A Tech  
(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU FT., LBS., UNITS, ETC.)

|                           |       |                    |       |                         |       |
|---------------------------|-------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste     | _____ | Oily Waste         | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids            | _____ | Plant Waste Water  | _____ | Storm Water Run-off     | _____ |
| Drilled Pit Liquids       | _____ | Produced Sand      | _____ | Used Containers         | _____ |
| Filter Elements           | _____ | Produced Water     | _____ | Used Containers         | _____ |
| General Refuse            | _____ | Rinsate            | _____ | Used Lube Oils          | _____ |
| H2S Scavengers/Sweetening | _____ | Scale              | _____ | Completion Solids       | _____ |
| BS&W/Crude                | _____ | Sludge (Water)     | _____ | Completion Liquids      | _____ |
| (Tank Bottoms)            | _____ | Sludge (Petroleum) | _____ | Other                   | _____ |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Generator's Authorized Agent

\_\_\_\_\_  
Date and Time of Shipment

## PART II:

### TRANSPORTER: (To be completed in full by Transporter)

Name

Address

City/State

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

394-2581

Telephone No.

70

Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Bill [Signature]  
Signature of Transporter's Agent

9-18-95  
Date and Time Received

## PART III:

### RECLAMATION SITE:

Name

Address

City/State

Controlled Recovery, Inc./Inland Products  
P.O. Box 369  
Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
Signature of Facility Agent

9-18-95 11:30  
Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

## PART I:

Generator

Meridian Oil

Address

Crane, Tex

City/State

Telephone No.

## ORIGINATION OF WASTE:

Operations Center

Crane, Texas

RRC No. 00968

Property Name

AA Reese BT-1

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU FT., LBS., UNITS, ETC.)

Commercial/Site Waste

Oily Waste

Spill Clean-up & Debris

Drilled Solids

Plant Waste Water

Storm Water Run-off

Drilled Pit Liquids

Produced Sand

Used Containers

Filter Elements

Produced Water

Used Containers

General Refuse

Rinsate

Used Lube Oils

H2S Scavengers/Sweetening

Scale

Completion Solids

BS&W/Crude

110

Sludge (Water)

Completion Liquids

(Tank Bottoms)

Sludge (Petroleum)

Other

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

E. Pounds

Signature of Generator's Authorized Agent

9-18-85

Date and Time of Shipment

## PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name

Malco Trucking

Address

Odessa

City/State

Telephone No.

Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

E. Pounds

Signature of Transporter's Agent

Date and Time Received

## PART III:

RECLAMATION SITE:

Name

Controlled Recovery, Inc./Inland Products

Address

P.O. Box 369

City/State

Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]

Signature of Facility Agent

9-21-85 1:35 PM

Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator

Rowland Trucking

Address

City/State

EDMUND N.M.

(394) 2581

Telephone No.

## ORIGINATION OF WASTE:

Operations Center

Meridian

RRC No.

00924

Property Name

LANE A Pech

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

Commercial/Site Waste

Oily Waste

Spill Clean-up & Debris

Drilled Solids

Plant Waste Water

Storm Water Run-off

Drilled Pit Liquids

Produced Sand

Used Containers

Filter Elements

Produced Water

Used Containers

General Refuse

Rinsate

Used Lube Oils

H2S Scavengers/Sweetening

Scale

Completion Solids

BS&W/Crude

Sludge (Water)

Completion Liquids

(Tank Bottoms)

Sludge (Petroleum)

Other

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Signature of Generator's Authorized Agent

Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name

Terry Jones

Address

City/State

57

Telephone No.

Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Signature of Transporter's Agent

Date and Time Received

PART III:

RECLAMATION SITE:

Name

Controlled Recovery, Inc./Inland Products

Address

P.O. Box 369

City/State

Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

## PART I:

Generator

Address

City/State

Meridian Oil  
CRANE TX  
\_\_\_\_\_

( ) \_\_\_\_\_  
Telephone No.

## ORIGINATION OF WASTE:

Operations Center

CRANE TX

RRC No. 00971

Property Name

JH-SHINK 'B'

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

Commercial/Site Waste

Drilled Solids

Drilled Pit Liquids

Filter Elements

General Refuse

H2S Scavengers/Sweetening

BS&W/Crude

(Tank Bottoms)

Oily Waste

Plant Waste Water

Produced Sand

Produced Water

Rinsate

Scale

Sludge (Water)

Sludge (Petroleum)

Spill Clean-up & Debris

Storm Water Run-off

Used Containers

Used Containers

Used Lube Oils

Completion Solids

Completion Liquids

Other

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

E. P. Pounder

Signature of Generator's Authorized Agent

9-18-95 8:30 AM

Date and Time of Shipment

## PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name

Address

City/State

Malco Trucking

O Jett, TX

915 3664080

Telephone No.

Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

E. P. Pounder

Signature of Transporter's Agent

9-18-95

Date and Time Received

## PART III:

RECLAMATION SITE:

Name

Address

City/State

Controlled Recovery, Inc./Inland Products

P.O. Box 369

Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]

Signature of Facility Agent

91895 1200 P

Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

**PART I:**

Generator Meridian  
 Address 1112 W Hwy 829 HCR. 60 Box 58  
 City/State CRANE TX.

(409) 563-0274  
 Telephone No.

**ORIGINATION OF WASTE:**

Operations Center Medford TX.

RRC No. 00974

Property Name JF Sheink  
 (Well, Tank Battery, Plant, Facility)

**WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)**

|                                 |                          |                               |
|---------------------------------|--------------------------|-------------------------------|
| Commercial/Site Waste _____     | Oily Waste _____         | Spill Clean-up & Debris _____ |
| Drilled Solids _____            | Plant Waste Water _____  | Storm Water Run-off _____     |
| Drilled Pit Liquids _____       | Produced Sand _____      | Used Containers _____         |
| Filter Elements _____           | Produced Water _____     | Used Containers _____         |
| General Refuse _____            | Rinsate _____            | Used Lube Oils _____          |
| H2S Scavengers/Sweetening _____ | Scale _____              | Completion Solids _____       |
| BS&W/Crude <u>125</u>           | Sludge (Water) _____     | Completion Liquids _____      |
| (Tank Bottoms) _____            | Sludge (Petroleum) _____ | Other _____                   |

**CERTIFICATION:** The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

\_\_\_\_\_  
 Signature of Generator's Authorized Agent

\_\_\_\_\_  
 Date and Time of Shipment

**PART II:**

**TRANSPORTER: (To be completed in full by Transporter)**

Name Tony notes  
 Address \_\_\_\_\_  
 City/State \_\_\_\_\_

Telephone No. \_\_\_\_\_  
57

Truck No. \_\_\_\_\_

**CERTIFICATION:** I certify that the waste in quantity above was received by me for shipment to the destination below.

\_\_\_\_\_  
 Signature of Transporter's Agent

\_\_\_\_\_  
 Date and Time Received

**PART III:**

**RECLAMATION SITE:**

Name Controlled Recovery, Inc./Inland Products  
 Address P.O. Box 369  
 City/State Hobbs, NM 88241

**CERTIFICATION:** I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
 Signature of Facility Agent

9-19-95- 12:00  
 Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

## PART I:

Generator

Address

City/State

Meridional  
1112 Hwy 329 HCR 68 Box 58  
CRANE TX. 79251

(915) 563-0274

Telephone No.

## ORIGINATION OF WASTE:

Operations Center

midland Texas

RRC No. 005670

Property Name

Jw Robbins 17 R

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

Commercial/Site Waste

Drilled Solids

Drilled Pit Liquids

Filter Elements

General Refuse

H2S Scavengers/Sweetening

BS&W/Crude

(Tank Bottoms)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

125

\_\_\_\_\_

Oily Waste

Plant Waste Water

Produced Sand

Produced Water

Rinsate

Scale

Sludge (Water)

Sludge (Petroleum)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Spill Clean-up & Debris

Storm Water Run-off

Used Containers

Used Containers

Used Lube Oils

Completion Solids

Completion Liquids

Other

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Signature of Generator's Authorized Agent

Date and Time of Shipment

## PART II:

## TRANSPORTER: (To be completed in full by Transporter)

Name

Address

City/State

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No.

42

Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Bill Lyle  
Signature of Transporter's Agent

9-19-95

Date and Time Received

## PART III:

## RECLAMATION SITE:

Name

Address

City/State

Controlled Recovery, Inc./Inland Products

P.O. Box 369

Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

June Lyle  
Signature of Facility Agent

9-19-95 12:00  
Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator

Merritt Oil

Address

City/State

CRANE Twp

Telephone No.

ORIGINATION OF WASTE:

Operations Center

CRANE Twp

RRC No. 00844

Property Name

JW Bobbius C

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU FT., LBS., UNITS, ETC.)

Commercial/Site Waste

Drilled Solids

Drilled Pit Liquids

Filter Elements

General Refuse

H2S Scavengers/Sweetening

BS&W/Crude

(Tank Bottoms)

Oil Waste

Plant Waste Water

Produced Sand

Produced Water

Rinsate

Scale

Sludge (Water)

Sludge (Petroleum)

Spill Clean-up & Debris

Storm Water Run-off

Used Containers

Used Containers

Used Lube Oils

Completion Solids

Completion Liquids

Other

CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

E. P. Pound

Signature of Generator's Authorized Agent

9-19-95

Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name

Melco

Address

City/State

Odessa

915 3664080

Telephone No.

5

Truck No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

E. P. Pound

Signature of Transporter's Agent

Date and Time Received

PART III:

RECLAMATION SITE:

Name

Controlled Recovery, Inc./Inland Products

Address

P.O. Box 369

City/State

Hobbs, NM 88241

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]

Signature of Facility Agent

9/19/95 1000 P

Date and Time Received

# NON-HAZARDOUS WASTE MANIFESTATION TICKET

PART I: Generator Meridian Oil  
Address CRANE TEXAS  
City/State \_\_\_\_\_

( ) \_\_\_\_\_  
Telephone No.

## ORIGINATION OF WASTE:

Operations Center CRANE TEXAS

RRC No. 00967

Property Name AA Reese  
(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU FT., LBS., UNITS, ETC.)

|                           |                    |                         |
|---------------------------|--------------------|-------------------------|
| Commercial/Site Waste     | Oily Waste         | Spill Clean-up & Debris |
| Drilled Solids            | Plant Waste Water  | Storm Water Run-off     |
| Drilled Pit Liquids       | Produced Sand      | Used Containers         |
| Filter Elements           | Produced Water     | Used Containers         |
| General Refuse            | Rinsate            | Used Lube Oils          |
| H2S Scavengers/Sweetening | Scale              | Completion Solids       |
| BS&W/Crude                | Sludge (Water)     | Completion Liquids      |
| (Tank Bottoms) <u>100</u> | Sludge (Petroleum) | Other                   |

CERTIFICATION: The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

E. P. Pound  
Signature of Generator's Authorized Agent

9-19-95  
Date and Time of Shipment

## PART II: TRANSPORTER: (To be completed in full by Transporter)

Name Malco Trucking  
Address \_\_\_\_\_  
City/State Okla

915 3864080  
Telephone No.  
15

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the destination below.

E. P. Pound  
Signature of Transporter's Agent

9-19-95  
Date and Time Received

## PART III: RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
Address P.O. Box 369  
City/State Hobbs, NM 88241

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
Signature of Facility Agent

91995 930 P  
Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

## PART I:

Generator  
Address  
City/State

MERIDIAN  
112 W. Hwy. 829 HGA 65 Box 69  
CRANE TX

(915) 563 0274  
Telephone No.

## ORIGINATION OF WASTE:

Operations Center

MIDLAND TX.

RRC No. 00865

Property Name

Robbins A

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

Commercial/Site Waste

Oily Waste

Spill Clean-up & Debris

Drilled Solids

Plant Waste Water

Storm Water Run-off

Drilled Pit Liquids

Produced Sand

Used Containers

Filter Elements

Produced Water

Used Containers

General Refuse

Rinsate

Used Lube Oils

H2S Scavengers/Sweetening

Scale

Completion Solids

BS&W/Crude

Sludge (Water)

Completion Liquids

(Tank Bottoms)

Sludge (Petroleum)

Other

125

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Bill Bleniere

Signature of Generator's Authorized Agent

9-19-95

Date and Time of Shipment

## PART II:

### TRANSPORTER: (To be completed in full by Transporter)

Name

Rowland Trucking

505-394-2581

Address

P.O. Box 99

Telephone No.

City/State

Elkridge NM

57

Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Tommy notes

Signature of Transporter's Agent

9-19-95

Date and Time Received

## PART III:

### RECLAMATION SITE:

Name

Controlled Recovery, Inc./Inland Products

Address

P.O. Box 369

City/State

Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]

Signature of Facility Agent

91995

Date and Time Received

915F

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

## PART I:

Generator

MERIDIAN OIL

Address

City/State

CRANE TEX

( ) \_\_\_\_\_

Telephone No.

## ORIGINATION OF WASTE:

Operations Center

CRANE TEX

RRC No. 00864

Property Name

AA Reese Q

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

Commercial/Site Waste

Drilled Solids

Drilled Pit Liquids

Filter Elements

General Refuse

H2S Scavengers/Sweetening

BS&W/Crude

(Tank Bottoms)

Oily Waste

Plant Waste Water

Produced Sand

Produced Water

Rinsate

Scale

Sludge (Water)

Sludge (Petroleum)

Spill Clean-up & Debris

Storm Water Run-off

Used Containers

Used Containers

Used Lube Oils

Completion Solids

Completion Liquids

Other

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

E. P. Pounds

Signature of Generator's Authorized Agent

9-20-95

Date and Time of Shipment

## PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name

Melco

Address

City/State

Odessa

915 366 4080

Telephone No.

15

Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

E. P. Pounds

Signature of Transporter's Agent

Date and Time Received

## PART III:

RECLAMATION SITE:

Name

Controlled Recovery, Inc./Inland Products

Address

P.O. Box 369

City/State

Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

D. Larson

Signature of Facility Agent

9-20-95 5:05 p.m.

Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

## PART I:

Generator  
Address  
City/State

Meridian  
1112 W Hwy 329 HCR-65 Box 58  
CRANE TX

(95) 563-0274  
Telephone No.

## ORIGINATION OF WASTE:

Operations Center

Midland TX

RRC No. 00974

Property Name

JH Sherk D

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

Commercial/Site Waste

Drilled Solids

Drilled Pit Liquids

Filter Elements

General Refuse

H2S Scavengers/Sweetening

BS&W/Crude

(Tank Bottoms)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

125

\_\_\_\_\_

Oily Waste

Plant Waste Water

Produced Sand

Produced Water

Rinsate

Scale

Sludge (Water)

Sludge (Petroleum)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Spill Clean-up & Debris

Storm Water Run-off

Used Containers

Used Containers

Used Lube Oils

Completion Solids

Completion Liquids

Other

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Bill Blenins  
Signature of Generator's Authorized Agent

9-20-95  
Date and Time of Shipment

## PART II:

## TRANSPORTER: (To be completed in full by Transporter)

Name

Address

City/State

\_\_\_\_\_

\_\_\_\_\_

Enbridge D.M.

505  
394-2581

Telephone No.

40

Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Bill Blenins  
Signature of Transporter's Agent

9-20-95  
Date and Time Received

## PART III:

## RECLAMATION SITE:

Name

Address

City/State

Controlled Recovery, Inc./Inland Products

P.O. Box 369

Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Blason  
Signature of Facility Agent

9-20-95  
Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator Meridian  
Address 112 W Hwy. 329 HCR 65 Box 58  
City/State CRANE TX

(915) 563-0274  
Telephone No.

## ORIGINATION OF WASTE:

Operations Center Midland TX

RRC No. 00865

Property Name Robbins A  
(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                           |            |                    |       |                         |       |
|---------------------------|------------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste     | _____      | Oily Waste         | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids            | _____      | Plant Waste Water  | _____ | Storm Water Run-off     | _____ |
| Drilled Pit Liquids       | _____      | Produced Sand      | _____ | Used Containers         | _____ |
| Filter Elements           | _____      | Produced Water     | _____ | Used Containers         | _____ |
| General Refuse            | _____      | Rinsate            | _____ | Used Lube Oils          | _____ |
| H2S Scavengers/Sweetening | _____      | Scale              | _____ | Completion Solids       | _____ |
| BS&W/Crude                | <u>125</u> | Sludge (Water)     | _____ | Completion Liquids      | _____ |
| (Tank Bottoms)            | _____      | Sludge (Petroleum) | _____ | Other                   | _____ |

CERTIFICATION: The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Bill Blenier  
Signature of Generator's Authorized Agent

9-20-95  
Date and Time of Shipment

## PART II: TRANSPORTER: (To be completed in full by Transporter)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State EVANS N.M.

505-374-2581  
Telephone No.  
57  
Truck No.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the destination below.

Tommy Notes  
Signature of Transporter's Agent

9-20-95  
Date and Time Received

## PART III: RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
Address P.O. Box 369  
City/State Hobbs, NM 88241

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
Signature of Facility Agent

9-20-95  
Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator  
Address  
City/State

Meridian Oil  
Crane TX  
\_\_\_\_\_

Telephone No. \_\_\_\_\_

ORIGINATION OF WASTE:

Operations Center

Crane TX.

RRC No. 00967

Property Name

AA Reese

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU FT., LBS., UNITS, ETC.)

|                           |            |                    |       |                         |       |
|---------------------------|------------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste     | _____      | Oily Waste         | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids            | _____      | Plant Waste Water  | _____ | Storm Water Run-off     | _____ |
| Drilled Pit Liquids       | _____      | Produced Sand      | _____ | Used Containers         | _____ |
| Filter Elements           | _____      | Produced Water     | _____ | Used Containers         | _____ |
| General Refuse            | _____      | Rinsate            | _____ | Used Lube Oils          | _____ |
| H2S Scavengers/Sweetening | _____      | Scale              | _____ | Completion Solids       | _____ |
| BS&W/Crude                | <u>110</u> | Sludge (Water)     | _____ | Completion Liquids      | _____ |
| (Tank Bottoms)            | _____      | Sludge (Petroleum) | _____ | Other                   | _____ |

CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

E. P. Pounds

Signature of Generator's Authorized Agent

9-21-95

Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name

Malco Trucking

915 366 4080

Address

Telephone No.

City/State

Odessa

Truck No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

E. P. Pounds

Signature of Transporter's Agent

Date and Time Received

PART III:

RECLAMATION SITE:

Name

Controlled Recovery, Inc./Inland Products

Address

P.O. Box 369

City/State

Hobbs, NM 88241

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

D. P. Pounds

Signature of Facility Agent

9-21-95 6:40 PM

Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

## PART I:

Generator Meridium Oil  
Address \_\_\_\_\_  
City/State Crane

( ) \_\_\_\_\_  
Telephone No. \_\_\_\_\_

## ORIGINATION OF WASTE:

Operations Center Crane

RRC No. 00891

Property Name J H Shirk  
(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU FT., LBS., UNITS, ETC.)

|                           |            |                    |       |                         |       |
|---------------------------|------------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste     | _____      | Oil Waste          | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids            | _____      | Plant Waste Water  | _____ | Storm Water Run-off     | _____ |
| Drilled Pit Liquids       | _____      | Produced Sand      | _____ | Used Containers         | _____ |
| Filter Elements           | _____      | Produced Water     | _____ | Used Containers         | _____ |
| General Refuse            | _____      | Rinsate            | _____ | Used Lube Oils          | _____ |
| H2S Scavengers/Sweetening | _____      | Scale              | _____ | Completion Solids       | _____ |
| BS&W/Crude                | <u>170</u> | Sludge (Water)     | _____ | Completion Liquids      | _____ |
| (Tank Bottoms)            | _____      | Sludge (Petroleum) | _____ | Other                   | _____ |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

E. P. Pounds  
Signature of Generator's Authorized Agent

9-21-95  
Date and Time of Shipment

## PART II:

## TRANSPORTER: (To be completed in full by Transporter)

Name Malco Trucking  
Address \_\_\_\_\_  
City/State Aliso

915 3664080  
Telephone No. \_\_\_\_\_  
4  
Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

E. Pounds  
Signature of Transporter's Agent

\_\_\_\_\_  
Date and Time Received

## PART III:

## RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
Address P.O. Box 369  
City/State Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Drain  
Signature of Facility Agent

9-21-95 9:00 P.M.  
Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

## PART I:

Generator Murphy Oil  
Address \_\_\_\_\_  
City/State Crane TX

( ) \_\_\_\_\_  
Telephone No.

## ORIGINATION OF WASTE:

Operations Center Crane TX

RRC No. 00864

Property Name AA Reece Co  
(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                           |            |                    |       |                         |       |
|---------------------------|------------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste     | _____      | Oily Waste         | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids            | _____      | Plant Waste Water  | _____ | Storm Water Run-off     | _____ |
| Drilled Pit Liquids       | _____      | Produced Sand      | _____ | Used Containers         | _____ |
| Filter Elements           | _____      | Produced Water     | _____ | Used Containers         | _____ |
| General Refuse            | _____      | Rinsate            | _____ | Used Lube Oils          | _____ |
| H2S Scavengers/Sweetening | _____      | Scale              | _____ | Completion Solids       | _____ |
| BS&W/Crude                | <u>100</u> | Sludge (Water)     | _____ | Completion Liquids      | _____ |
| (Tank Bottoms)            | _____      | Sludge (Petroleum) | _____ | Other                   | _____ |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

E. P. Pounds

Signature of Generator's Authorized Agent

8-20-95

Date and Time of Shipment

## PART II:

## TRANSPORTER: (To be completed in full by Transporter)

Name Malco Trucking  
Address \_\_\_\_\_  
City/State Odessa

915 366 4080

Telephone No.

Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

E. P. Pounds

Signature of Transporter's Agent

Date and Time Received

## PART III:

## RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
Address P.O. Box 369  
City/State Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]

Signature of Facility Agent

92095 1030P

Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator  
Address  
City/State

Meridian Oil  
Crown Tex

( )  
Telephone No.

ORIGINATION OF WASTE:

Operations Center

Crown

J#

MIT

RRC No.

00844

Property Name

J.W. Robbin C

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

Commercial/Site Waste

Drilled Solids

Drilled Pit Liquids

Filter Elements

General Refuse

H2S Scavengers/Sweetening

BS&W/Crude

(Tank Bottoms)

Oily Waste

Plant Waste Water

Produced Sand

Produced Water

Rinsate

Scale

Sludge (Water)

Sludge (Petroleum)

Spill Clean-up & Debris

Storm Water Run-off

Used Containers

Used Containers

Used Lube Oils

Completion Solids

Completion Liquids

Other

110

CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

E. P. Pounds

Signature of Generator's Authorized Agent

9-21-95

Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name

Address

City/State

Malco Trucking

915 366 4080

Telephone No.

Truck No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

E. P. Pounds

Signature of Transporter's Agent

Date and Time Received

PART III:

RECLAMATION SITE:

Name

Address

City/State

Controlled Recovery, Inc./Inland Products

P.O. Box 369

Hobbs, NM 88241

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
Signature of Facility Agent

9-21-93 6:10 PM  
Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

## PART I:

Generator

Address

City/State

Maiden  
112 W Hwy 329 HCR-15 Box 58  
CRANE TEXAS

(PIS) 565-0224  
Telephone No.

## ORIGINATION OF WASTE:

Operations Center

Maiden Tx

RRC No 05670

Property Name

JW. Robbing A+B

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

Commercial/Site Waste

Drilled Solids

Drilled Pit Liquids

Filter Elements

General Refuse

H2S Scavengers/Sweetening

BS&W/Crude

(Tank Bottoms)

Oily Waste

Plant Waste Water

Produced Sand

Produced Water

Rinsate

Scale

Sludge (Water)

Sludge (Petroleum)

Spill Clean-up & Debris

Storm Water Run-off

Used Containers

Used Containers

Used Lube Oils

Completion Solids

Completion Liquids

Other

125

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Bill Blum

Signature of Generator's Authorized Agent

9-21-95 6:45 AM  
Date and Time of Shipment

## PART II:

## TRANSPORTER: (To be completed in full by Transporter)

Name

Address

City/State

Rowland Trucking  
Box 99  
Doniphan N.M.

894-2581

Telephone No.

57

Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

TOMMY NOTES

Signature of Transporter's Agent

Date and Time Received

## PART III:

## RECLAMATION SITE:

Name

Address

City/State

Controlled Recovery, Inc./Inland Products

P.O. Box 369

Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
Signature of Facility Agent

92195

1115 A

Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

## PART I:

Generator Meridian  
Address 1112 W Hwy 329 HCL 5 Box 58  
City/State CRANE TX

(915) 562-0274  
Telephone No.

## ORIGINATION OF WASTE:

Operations Center MIDLAND TX

RRC No. 05670

Property Name JW Robbins A46  
(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU. FT., LBS., UNITS, ETC.)

|                           |            |                    |       |                         |       |
|---------------------------|------------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste     | _____      | Oily Waste         | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids            | _____      | Plant Waste Water  | _____ | Storm Water Run-off     | _____ |
| Drilled Pit Liquids       | _____      | Produced Sand      | _____ | Used Containers         | _____ |
| Filter Elements           | _____      | Produced Water     | _____ | Used Containers         | _____ |
| General Refuse            | _____      | Rinsate            | _____ | Used Lube Oils          | _____ |
| H2S Scavengers/Sweetening | _____      | Scale              | _____ | Completion Solids       | _____ |
| BS&W/Crude                | <u>125</u> | Sludge (Water)     | _____ | Completion Liquids      | _____ |
| (Tank Bottoms)            | _____      | Sludge (Petroleum) | _____ | Other                   | _____ |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Bill Clements  
Signature of Generator's Authorized Agent

9-21-95 6:15 AM  
Date and Time of Shipment

## PART II:

## TRANSPORTER: (To be completed in full by Transporter)

Name Rowland Trucking  
Address Box 99  
City/State Enclave NM

894-2581  
Telephone No.  
42  
Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Bill Clements  
Signature of Transporter's Agent

9-21-95  
Date and Time Received

## PART III:

## RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
Address P.O. Box 369  
City/State Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Bill Clements  
Signature of Facility Agent

9-21-95 11:15 AM  
Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

## PART I:

Generator  
Address  
City/State

Meridian  
112 W. Hwy. 329 HCR-65 Box 59

(715) 553-0222  
Telephone No.

## ORIGINATION OF WASTE:

Operations Center

Midland TX

RRC No. 00990

Property Name

JF Baxter LANC

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                           |                    |                         |
|---------------------------|--------------------|-------------------------|
| Commercial/Site Waste     | Oily Waste         | Spill Clean-up & Debris |
| Drilled Solids            | Plant Waste Water  | Storm Water Run-off     |
| Drilled Pit Liquids       | Produced Sand      | Used Containers         |
| Filter Elements           | Produced Water     | Used Containers         |
| General Refuse            | Rinsate            | Used Lube Oils          |
| H2S Scavengers/Sweetening | Scale              | Completion Solids       |
| BS&W/Crude                | Sludge (Water)     | Completion Liquids      |
| (Tank Bottoms)            | Sludge (Petroleum) | Other                   |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Bill Glenier

Signature of Generator's Authorized Agent

9-21-95 3:00 PM  
Date and Time of Shipment

## PART II:

### TRANSPORTER: (To be completed in full by Transporter)

Name  
Address  
City/State

Rowland Trucking  
PO Box 99  
Enfice NM-88231

394 2591  
Telephone No.  
57  
Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Tommy Motes

Signature of Transporter's Agent

9-21-95  
Date and Time Received

## PART III:

### RECLAMATION SITE:

Name  
Address  
City/State

Controlled Recovery, Inc./Inland Products  
P.O. Box 369  
Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]

Signature of Facility Agent

9-21-95 9:00 PM  
Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

## PART I:

Generator Meridian Oil  
Address \_\_\_\_\_  
City/State Crane

Telephone No. \_\_\_\_\_

## ORIGINATION OF WASTE:

Operations Center Crane

RRC No. 00891

Property Name J-H. Shirk

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU FT., LBS., UNITS, ETC.)

|                           |                    |                         |
|---------------------------|--------------------|-------------------------|
| Commercial/Site Waste     | Oily Waste         | Spill Clean-up & Debris |
| Drilled Solids            | Plant Waste Water  | Storm Water Run-off     |
| Drilled Pit Liquids       | Produced Sand      | Used Containers         |
| Filter Elements           | Produced Water     | Used Containers         |
| General Refuse            | Rinsate            | Used Lube Oils          |
| H2S Scavengers/Sweetening | Scale              | Completion Solids       |
| BS&W/Crude                | Sludge (Water)     | Completion Liquids      |
| (Tank Bottoms) <u>110</u> | Sludge (Petroleum) | Other                   |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

E. P. Pounds  
Signature of Generator's Authorized Agent

9-21-95  
Date and Time of Shipment

## PART II:

## TRANSPORTER: (To be completed in full by Transporter)

Name Malco  
Address \_\_\_\_\_  
City/State Odessa Tex

915 366 4080  
Telephone No.  
14  
Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

E. P. Pounds  
Signature of Transporter's Agent

Date and Time Received

## PART III:

## RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
Address P.O. Box 369  
City/State Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

D. Larson  
Signature of Facility Agent

9-21-95 8:38  
Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator

Meridian Oil

Address

City/State

Crone

Telephone No.

ORIGINATION OF WASTE:

Operations Center

Crone

RRC No. 00987

Property Name

J. W. Robbins A

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU. FT., LBS., UNITS, ETC.)

Commercial/Site Waste

Drilled Solids

Drilled Pit Liquids

Filter Elements

General Refuse

H2S Scavengers/Sweetening

BS&W/Crude

(Tank Bottoms)

100

Oily Waste

Plant Waste Water

Produced Sand

Produced Water

Rinsate

Scale

Sludge (Water)

Sludge (Petroleum)

Spill Clean-up & Debris

Storm Water Run-off

Used Containers

Used Containers

Used Lube Oils

Completion Solids

Completion Liquids

Other

CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

C. P. Pound  
Signature of Generator's Authorized Agent

9-23-85  
Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name

Address

City/State

Malco Trucking

Telephone No.

15

Truck No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

C. P. Pound  
Signature of Transporter's Agent

Date and Time Received

PART III:

RECLAMATION SITE:

Name

Address

City/State

Controlled Recovery, Inc./Inland Products

P.O. Box 369

Hobbs, NM 88241

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
Signature of Facility Agent

9-24-85 11:41/5  
Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

**PART I:**

Generator Meridian Oil  
 Address \_\_\_\_\_  
 City/State Crown TX

( ) \_\_\_\_\_  
 Telephone No.

**ORIGINATION OF WASTE:**

Operations Center Crown TX

RRC No. 00891

Property Name J. H. Slink  
 (Well, Tank Battery, Plant, Facility)

**WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU. FT., LBS., UNITS, ETC.)**

|                                 |                          |                               |
|---------------------------------|--------------------------|-------------------------------|
| Commercial/Site Waste _____     | Oily Waste _____         | Spill Clean-up & Debris _____ |
| Drilled Solids _____            | Plant Waste Water _____  | Storm Water Run-off _____     |
| Drilled Pit Liquids _____       | Produced Sand _____      | Used Containers _____         |
| Filter Elements _____           | Produced Water _____     | Used Containers _____         |
| General Refuse _____            | Rinsate _____            | Used Lube Oils _____          |
| H2S Scavengers/Sweetening _____ | Scale _____              | Completion Solids _____       |
| BS&W/Crude <u>100</u>           | Sludge (Water) _____     | Completion Liquids _____      |
| (Tank Bottoms) _____            | Sludge (Petroleum) _____ | Other _____                   |

**CERTIFICATION:**

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

E. P. Pounds  
 Signature of Generator's Authorized Agent

9-24-95  
 Date and Time of Shipment

**PART II:**

**TRANSPORTER: (To be completed in full by Transporter)**

Name Malco Trucks  
 Address \_\_\_\_\_  
 City/State Odessa

915 3664098  
 Telephone No.  
145  
 Truck No.

**CERTIFICATION:**

I certify that the waste in quantity above was received by me for shipment to the destination below.

E. P. Pounds  
 Signature of Transporter's Agent

\_\_\_\_\_  
 Date and Time Received

**PART III:**

**RECLAMATION SITE:**

Name Controlled Recovery, Inc./Inland Products  
 Address P.O. Box 369  
 City/State Hobbs, NM 88241

**CERTIFICATION:**

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
 Signature of Facility Agent

9-24-95 11:20  
 Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

## PART I:

Generator Meridian  
 Address 112 W Hwy 329 Box 58  
 City/State Crane TX

(915) 528-0274  
 Telephone No.

## ORIGINATION OF WASTE:

Operations Center Midland TX

RRC No. 40925

Property Name JF Shirk "F"  
 (Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                           |            |                    |       |                         |       |
|---------------------------|------------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste     | _____      | Oily Waste         | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids            | _____      | Plant Waste Water  | _____ | Storm Water Run-off     | _____ |
| Drilled Pit Liquids       | _____      | Produced Sand      | _____ | Used Containers         | _____ |
| Filter Elements           | _____      | Produced Water     | _____ | Used Containers         | _____ |
| General Refuse            | _____      | Rinsate            | _____ | Used Lube Oils          | _____ |
| H2S Scavengers/Sweetening | _____      | Scale              | _____ | Completion Solids       | _____ |
| BS&W/Crude                | <u>125</u> | Sludge (Water)     | _____ | Completion Liquids      | _____ |
| (Tank Bottoms)            | _____      | Sludge (Petroleum) | _____ | Other                   | _____ |

**CERTIFICATION:** The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Bill Blum  
 Signature of Generator's Authorized Agent

9-28-95 7:00  
 Date and Time of Shipment

## PART II:

### TRANSPORTER: (To be completed in full by Transporter)

Name Rowland Trucking  
 Address Box 99  
 City/State Edwice NM 88281

394-2581  
 Telephone No.  
37  
 Truck No.

**CERTIFICATION:** I certify that the waste in quantity above was received by me for shipment to the destination below.

Tony notes  
 Signature of Transporter's Agent

9-28-95  
 Date and Time Received

## PART III:

### RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
 Address P.O. Box 369  
 City/State Hobbs, NM 88241

**CERTIFICATION:** I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
 Signature of Facility Agent

9-28-95 11:30  
 Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator

Address

City/State

Meridian

112 W Hwy 329 HCR 65 Box 58

LAKE TX

(915) 863-0274

Telephone No.

ORIGINATION OF WASTE:

Operations Center

Midland TX

RRC No. 00848

Property Name

Shirk

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

Commercial/Site Waste

Drilled Solids

Drilled Pit Liquids

Filter Elements

General Refuse

H2S Scavengers/Sweetening

BS&W/Crude

(Tank Bottoms)

Oily Waste

Plant Waste Water

Produced Sand

Produced Water

Rinsate

Scale

Sludge (Water)

Sludge (Petroleum)

Spill Clean-up & Debris

Storm Water Run-off

Used Containers

Used Containers

Used Lube Oils

Completion Solids

Completion Liquids

Other

CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Bill Blenman

Signature of Generator's Authorized Agent

9-22-95-7:00

Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name

Address

City/State

Rowland Trucking

Box 99

Enclave NM

394 2581

Telephone No.

57

Truck No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Tommy Motes

Signature of Transporter's Agent

Date and Time Received

PART III:

RECLAMATION SITE:

Name

Address

City/State

Controlled Recovery, Inc./Inland Products

P.O. Box 369

Hobbs, NM 88241

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Sam

Signature of Facility Agent

9-22-95 11:20 a.

Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

## PART I:

Generator

Meridian

Address

112 W - Hwy 329 - HCR 65 Box 58

City/State

(915) 563 0274

Telephone No.

## ORIGINATION OF WASTE:

Operations Center

Midland TX

RRC No. 00976

Property Name

JF Shirk "F"

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

Commercial/Site Waste

Oily Waste

Spill Clean-up & Debris

Drilled Solids

Plant Waste Water

Storm Water Run-off

Drilled Pit Liquids

Produced Sand

Used Containers

Filter Elements

Produced Water

Used Containers

General Refuse

Rinsate

Used Lube Oils

H2S Scavengers/Sweetening

Scale

Completion Solids

BS&W/Crude

Sludge (Water)

Completion Liquids

(Tank Bottoms)

Sludge (Petroleum)

Other

120 BBLs

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Bill Blum

Signature of Generator's Authorized Agent

9-22-95

Date and Time of Shipment

## PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name

Rowland Trucking

394 2581

Address

Box 99

Telephone No.

City/State

El Niño, N.M.

731

Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Arthur Batcher

Signature of Transporter's Agent

9-22-95

Date and Time Received

## PART III:

RECLAMATION SITE:

Name

Controlled Recovery, Inc./Inland Products

Address

P.O. Box 369

City/State

Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]

Signature of Facility Agent

9-22-95

Date and Time Received

4:00 PM

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

## PART I:

Generator Meridian  
Address 112 W Hwy 329 HCR-65 Box 58  
City/State CANWETX

(915) 563-0274  
Telephone No.

## ORIGINATION OF WASTE:

Operations Center MIDLAND TX

RRC No. 00898

Property Name JF LANE Little  
(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU FT., LBS., UNITS, ETC.)

|                           |            |                    |       |                         |       |
|---------------------------|------------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste     | _____      | Oily Waste         | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids            | _____      | Plant Waste Water  | _____ | Storm Water Run-off     | _____ |
| Drilled Pit Liquids       | _____      | Produced Sand      | _____ | Used Containers         | _____ |
| Filter Elements           | _____      | Produced Water     | _____ | Used Containers         | _____ |
| General Refuse            | _____      | Rinsate            | _____ | Used Lube Oils          | _____ |
| H2S Scavengers/Sweetening | _____      | Scale              | _____ | Completion Solids       | _____ |
| BS&W/Crude                | <u>125</u> | Sludge (Water)     | _____ | Completion Liquids      | _____ |
| (Tank Bottoms)            | _____      | Sludge (Petroleum) | _____ | Other                   | _____ |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Bill Blum  
Signature of Generator's Authorized Agent

4-22-95 7:00 AM  
Date and Time of Shipment

## PART II:

## TRANSPORTER: (To be completed in full by Transporter)

Name Rowland Trucking  
Address Box 99  
City/State SUNBEL NM

394-2581  
Telephone No.  
42  
Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Bill Lee  
Signature of Transporter's Agent

4-22-95  
Date and Time Received

## PART III:

## RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
Address P.O. Box 369  
City/State Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
Signature of Facility Agent

4-22-95 11:15 AM  
Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator

Address

City/State

Mendham Oil

Crane TX

( )

Telephone No.

ORIGINATION OF WASTE:

Operations Center

Crane TX

RRC No. 00889

Property Name

J.F. LANE D

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

Commercial/Site Waste

Drilled Solids

Drilled Pit Liquids

Filter Elements

General Refuse

H2S Scavengers/Sweetening

BS&W/Crude

(Tank Bottoms)

100

Oily Waste

Plant Waste Water

Produced Sand

Produced Water

Rinsate

Scale

Sludge (Water)

Sludge (Petroleum)

Spill Clean-up & Debris

Storm Water Run-off

Used Containers

Used Containers

Used Lube Oils

Completion Solids

Completion Liquids

Other

CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

E. A. Pounds

Signature of Generator's Authorized Agent

9-25-95

Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name

Address

City/State

Malco Trucking

Odessa

Telephone No.

9

Truck No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

C. P. Pounds

Signature of Transporter's Agent

9-25-95

Date and Time Received

PART III:

RECLAMATION SITE:

Name

Address

City/State

Controlled Recovery, Inc./Inland Products

P.O. Box 369

Hobbs, NM 88241

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Joe L. Lutz

Signature of Facility Agent

9-25-95 10:00

Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator

Menden Oil

Address

City/State

Crane TX

Telephone No.

ORIGINATION OF WASTE:

Operations Center

Crane TX

RRC No.

00923

Property Name

J.H. Shirk

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

Commercial/Site Waste

Drilled Solids

Drilled Pit Liquids

Filter Elements

General Refuse

H2S Scavengers/Sweetening

BS&W/Crude

(Tank Bottoms)

100

Oily Waste

Plant Waste Water

Produced Sand

Produced Water

Rinsate

Scale

Sludge (Water)

Sludge (Petroleum)

Spill Clean-up & Debris

Storm Water Run-off

Used Containers

Used Containers

Used Lube Oils

Completion Solids

Completion Liquids

Other

CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

E. P. Pounds

Signature of Generator's Authorized Agent

9-25-95

Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name

Malco Trucking

Address

City/State

Odessa

Telephone No.

Truck No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

E. P. Pounds

Signature of Transporter's Agent

9-25-95

Date and Time Received

PART III:

RECLAMATION SITE:

Name

Controlled Recovery, Inc./Inland Products

Address

P.O. Box 369

City/State

Hobbs, NM 88241

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

James L. Hays

Signature of Facility Agent

9-29-95 10:00 PM

Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator

Meridian Oil

Address

City/State

Crane

Telephone No.

ORIGINATION OF WASTE:

Operations Center

Crane

RRC No. 00891

Property Name

J.H. Shirk

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                           |            |                    |       |                         |       |
|---------------------------|------------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste     | _____      | Oily Waste         | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids            | _____      | Plant Waste Water  | _____ | Storm Water Run-off     | _____ |
| Drilled Pit Liquids       | _____      | Produced Sand      | _____ | Used Containers         | _____ |
| Filter Elements           | _____      | Produced Water     | _____ | Used Containers         | _____ |
| General Refuse            | _____      | Rinsate            | _____ | Used Lube Oils          | _____ |
| H2S Scavengers/Sweetening | _____      | Scale              | _____ | Completion Solids       | _____ |
| BS&W/Crude                | <u>100</u> | Sludge (Water)     | _____ | Completion Liquids      | _____ |
| (Tank Bottoms)            | _____      | Sludge (Petroleum) | _____ | Other                   | _____ |

CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

E. P. Paunde

Signature of Generator's Authorized Agent

9-25-95

Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name

Malco Trucking

Address

City/State

Odessa, TX

915 366 4080

Telephone No.

14

Truck No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

E. P. Paunde

Signature of Transporter's Agent

Date and Time Received

PART III:

RECLAMATION SITE:

Name

Controlled Recovery, Inc./Inland Products

Address

P.O. Box 369

City/State

Hobbs, NM 88241

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

John Shirk

Signature of Facility Agent

9-25-95 9:15

Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

## PART I:

Generator MERIDIAN OIL  
Address 1112 W. Hwy. 329 HCR 65 Box 58  
City/State CRANE, TX 79731

(915) 563-0274  
Telephone No.

## ORIGINATION OF WASTE:

Operations Center MIDLAND, TEX.

RRC No. 00888

Property Name J.F. LANE (LITTLE)  
(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                           |                  |                    |       |                         |       |
|---------------------------|------------------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste     | _____            | Oily Waste         | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids            | _____            | Plant Waste Water  | _____ | Storm Water Run-off     | _____ |
| Drilled Pit Liquids       | _____            | Produced Sand      | _____ | Used Containers         | _____ |
| Filter Elements           | _____            | Produced Water     | _____ | Used Containers         | _____ |
| General Refuse            | _____            | Rinsate            | _____ | Used Lube Oils          | _____ |
| H2S Scavengers/Sweetening | _____            | Scale              | _____ | Completion Solids       | _____ |
| BS&W/Crude                | <u>125 BBLs.</u> | Sludge (Water)     | _____ | Completion Liquids      | _____ |
| (Tank Bottoms)            |                  | Sludge (Petroleum) | _____ | Other                   | _____ |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Steve D. Walker  
Signature of Generator's Authorized Agent

9-25-95  
Date and Time of Shipment

## PART II:

### TRANSPORTER: (To be completed in full by Transporter)

Name Rowland Trucking  
Address P.O. Box 99  
City/State ELUNICE N.M. 88231

505-394-2581  
Telephone No.  
57  
Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Tammy Mates  
Signature of Transporter's Agent

9-25-95  
Date and Time Received

## PART III:

### RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
Address P.O. Box 369  
City/State Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
Signature of Facility Agent

9-25-95  
Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

## PART I:

Generator  
Address  
City/State

Mission Oil  
Crane TX

Telephone No.

## ORIGINATION OF WASTE:

Operations Center

Crane TX

RRC No. 00889

Property Name

J.F. LANE D

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                           |                    |                         |
|---------------------------|--------------------|-------------------------|
| Commercial/Site Waste     | Oily Waste         | Spill Clean-up & Debris |
| Drilled Solids            | Plant Waste Water  | Storm Water Run-off     |
| Drilled Pit Liquids       | Produced Sand      | Used Containers         |
| Filter Elements           | Produced Water     | Used Containers         |
| General Refuse            | Rinsate            | Used Lube Oils          |
| H2S Scavengers/Sweetening | Scale              | Completion Solids       |
| BS&W/Crude                | Sludge (Water)     | Completion Liquids      |
| (Tank Bottoms)            | Sludge (Petroleum) | Other                   |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

E. P. Pouch

Signature of Generator's Authorized Agent

9-25-95

Date and Time of Shipment

## PART II:

## TRANSPORTER: (To be completed in full by Transporter)

Name  
Address  
City/State

E. Malco Trucking  
Oklahoma

Telephone No.

Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

E. P. Pouch

Signature of Transporter's Agent

Date and Time Received

## PART III:

## RECLAMATION SITE:

Name  
Address  
City/State

Controlled Recovery, Inc./Inland Products  
P.O. Box 369  
Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]

Signature of Facility Agent

9-25-95

Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I: Generator Meridian Oil  
 Address 1112 W. Hwy. 329 HCR 65 Box 58 (915) 563-0274  
 City/State CRANE, TX. 79731 Telephone No.

## ORIGINATION OF WASTE:

Operations Center Midland, TX RRC No. 06485  
 Property Name REESE 16 - BATTERY  
 (Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                                 |                          |                               |
|---------------------------------|--------------------------|-------------------------------|
| Commercial/Site Waste _____     | Oily Waste _____         | Spill Clean-up & Debris _____ |
| Drilled Solids _____            | Plant Waste Water _____  | Storm Water Run-off _____     |
| Drilled Pit Liquids _____       | Produced Sand _____      | Used Containers _____         |
| Filter Elements _____           | Produced Water _____     | Used Containers _____         |
| General Refuse _____            | Rinsate _____            | Used Lube Oils _____          |
| H2S Scavengers/Sweetening _____ | Scale _____              | Completion Solids _____       |
| BS&W/Crude <u>125 BBLs</u>      | Sludge (Water) _____     | Completion Liquids _____      |
| (Tank Bottoms)                  | Sludge (Petroleum) _____ | Other _____                   |

CERTIFICATION: The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Steve D. Walker  
 Signature of Generator's Authorized Agent

9-25-95-0730  
 Date and Time of Shipment

## PART II: TRANSPORTER: (To be completed in full by Transporter)

Name Rowland Trucking Co. 505-394-2581  
 Address P.O. Box 99 Telephone No.  
 City/State Enclave N.M. 88231 42  
 Truck No.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the destination below.

Bob L...  
 Signature of Transporter's Agent

9-25-95  
 Date and Time Received

## PART III: RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
 Address P.O. Box 369  
 City/State Hobbs, NM 88241

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
 Signature of Facility Agent

9-25-95 12:30  
 Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

## PART I:

Generator Meridian Oil  
Address 1112 W. Hwy. 329 HCR 65 Box 58 (915) 563-0274  
City/State CRANE, TX 79731 Telephone No.

## ORIGINATION OF WASTE:

Operations Center Midland, TX RRC No. 06485  
Property Name REESE 16 - BATTERY  
(Well, Tank Battery, Plant, Facility)

### WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                           |                 |                    |       |                         |       |
|---------------------------|-----------------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste     | _____           | Oily Waste         | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids            | _____           | Plant Waste Water  | _____ | Storm Water Run-off     | _____ |
| Drilled Pit Liquids       | _____           | Produced Sand      | _____ | Used Containers         | _____ |
| Filter Elements           | _____           | Produced Water     | _____ | Used Containers         | _____ |
| General Refuse            | _____           | Rinsate            | _____ | Used Lube Oils          | _____ |
| H2S Scavengers/Sweetening | _____           | Scale              | _____ | Completion Solids       | _____ |
| BS&W/Crude                | <u>125 BBLS</u> | Sludge (Water)     | _____ | Completion Liquids      | _____ |
| (Tank Bottoms)            |                 | Sludge (Petroleum) | _____ | Other                   | _____ |

CERTIFICATION: The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Steve D. Walker  
Signature of Generator's Authorized Agent

9-25-95 - 0730  
Date and Time of Shipment

## PART II:

### TRANSPORTER: (To be completed in full by Transporter)

Name Rowland Trucking Co. 505-394-2581  
Address P.O. Box 99 Telephone No.  
City/State Funice N.M. 88231 57  
Truck No.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the destination below.

TOMMY NOTES  
Signature of Transporter's Agent

9-25-95  
Date and Time Received

## PART III:

### RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
Address P.O. Box 369  
City/State Hobbs, NM 88241

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
Signature of Facility Agent

9-25-95 12:30  
Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

**PART I:**

Generator Muridian Oil  
 Address \_\_\_\_\_  
 City/State Crane, TX

( ) \_\_\_\_\_  
 Telephone No. \_\_\_\_\_

**ORIGINATION OF WASTE:**

Operations Center Crane

RRC No. 00889

Property Name \* J. F. LANE D  
 (Well, Tank Battery, Plant, Facility)

**WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU. FT., LBS., UNITS, ETC.)**

|                                 |                          |                               |
|---------------------------------|--------------------------|-------------------------------|
| Commercial/Site Waste _____     | Oily Waste _____         | Spill Clean-up & Debris _____ |
| Drilled Solids _____            | Plant Waste Water _____  | Storm Water Run-off _____     |
| Drilled Pit Liquids _____       | Produced Sand _____      | Used Containers _____         |
| Filter Elements _____           | Produced Water _____     | Used Containers _____         |
| General Refuse _____            | Rinsate _____            | Used Lube Oils _____          |
| H2S Scavengers/Sweetening _____ | Scale _____              | Completion Solids _____       |
| BS&W/Crude <u>100</u>           | Sludge (Water) _____     | Completion Liquids _____      |
| (Tank Bottoms) _____            | Sludge (Petroleum) _____ | Other _____                   |

**CERTIFICATION:**

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

E. P. Pounds  
 Signature of Generator's Authorized Agent

9-25-95  
 Date and Time of Shipment

**PART II:**

**TRANSPORTER: (To be completed in full by Transporter)**

Name Malco Trucking  
 Address \_\_\_\_\_  
 City/State Odessa

2664080  
915-388-105  
 Telephone No. \_\_\_\_\_  
14  
 Truck No. \_\_\_\_\_

**CERTIFICATION:**

I certify that the waste in quantity above was received by me for shipment to the destination below.

E. P. Pounds  
 Signature of Transporter's Agent

\_\_\_\_\_  
 Date and Time Received

**PART III:**

**RECLAMATION SITE:**

Name Controlled Recovery, Inc./Inland Products  
 Address P.O. Box 369  
 City/State Hobbs, NM 88241

**CERTIFICATION:**

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
 Signature of Facility Agent

9-25-95 12:30 p.m.  
 Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator

Address

City/State

Meridian Oil  
Crone TX

Telephone No.

ORIGINATION OF WASTE:

Operations Center

Crone TX

RRC No. 00942

Property Name

C.L. Roger

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                           |            |                    |       |                         |       |
|---------------------------|------------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste     | _____      | Oily Waste         | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids            | _____      | Plant Waste Water  | _____ | Storm Water Run-off     | _____ |
| Drilled Pit Liquids       | _____      | Produced Sand      | _____ | Used Containers         | _____ |
| Filter Elements           | _____      | Produced Water     | _____ | Used Containers         | _____ |
| General Refuse            | _____      | Rinsate            | _____ | Used Lube Oils          | _____ |
| H2S Scavengers/Sweetening | _____      | Scale              | _____ | Completion Solids       | _____ |
| BS&W/Crude                | <u>100</u> | Sludge (Water)     | _____ | Completion Liquids      | _____ |
| (Tank Bottoms)            | _____      | Sludge (Petroleum) | _____ | Other                   | _____ |

CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

E. P. Duvander  
Signature of Generator's Authorized Agent

9-26-95  
Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name

Address

City/State

Malco Trucking  
Chesapeake

Telephone No.

Truck No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

C. P. Duvander  
Signature of Transporter's Agent

9-26-95  
Date and Time Received

PART III:

RECLAMATION SITE:

Name

Address

City/State

Controlled Recovery, Inc./Inland Products  
P.O. Box 369  
Hobbs, NM 88241

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Duvander  
Signature of Facility Agent

9-26-95 2:10 p.m.  
Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

## PART I:

Generator

Meridian Oil

Address

1112 W. Hwy. 329 HCR 65 Box 58

City/State

CRANE, TEX 79731

(915) 563-0274

Telephone No.

## ORIGINATION OF WASTE:

Operations Center

Midland, Tex

RRC No. 06485

Property Name

REESE 16 BTT

(Well, Tank, Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

Commercial/Site Waste

Oily Waste

Spill Clean-up & Debris

Drilled Solids

Plant Waste Water

Storm Water Run-off

Drilled Pit Liquids

Produced Sand

Used Containers

Filter Elements

Produced Water

Used Containers

General Refuse

Rinsate

Used Lube Oils

H2S Scavengers/Sweetening

Scale

Completion Solids

BS&W/Crude

125 BBLS

Sludge (Water)

Completion Liquids

(Tank Bottoms)

Sludge (Petroleum)

Other

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Steve D. Walker

Signature of Generator's Authorized Agent

9-27-95

Date and Time of Shipment

## PART II:

## TRANSPORTER: (To be completed in full by Transporter)

Name

Rowland Trucking

505-394-2581

Address

P.O. Box 99

Telephone No.

City/State

Ennice, N.M. 88231

57

Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

TOMMY NOTES

Signature of Transporter's Agent

9-27-95

Date and Time Received

## PART III:

## RECLAMATION SITE:

Name

Controlled Recovery, Inc./Inland Products

Address

P.O. Box 369

City/State

Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]

Signature of Facility Agent

9-27-95

Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

**PART I:**

Generator  
Address  
City/State

Meridian Oil  
Crane TX

Telephone No.

**ORIGINATION OF WASTE:**

Operations Center

Crane TX

RRC No. 00 882

Property Name

G H Roger

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU FT., LBS., UNITS, ETC.)

Commercial/Site Waste

Oily Waste

Spill Clean-up & Debris

Drilled Solids

Plant Waste Water

Storm Water Run-off

Drilled Pit Liquids

Produced Sand

Used Containers

Filter Elements

Produced Water

Used Containers

General Refuse

Rinsate

Used Lube Oils

H2S Scavengers/Sweetening

Scale

Completion Solids

BS&W/Crude

Sludge (Water)

Completion Liquids

(Tank Bottoms)

Sludge (Petroleum)

Other

100

11

**CERTIFICATION:**

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

E. P. Pouch

Signature of Generator's Authorized Agent

9-27-95

Date and Time of Shipment

**PART II:**

**TRANSPORTER: (To be completed in full by Transporter)**

Name

Malco

Address

Telephone No.

City/State

Odessa

Truck No.

**CERTIFICATION:**

I certify that the waste in quantity above was received by me for shipment to the destination below.

E. P. Pouch

Signature of Transporter's Agent

9-27-95

Date and Time Received

**PART III:**

**RECLAMATION SITE:**

Name

Controlled Recovery, Inc./Inland Products

Address

P.O. Box 369

City/State

Hobbs, NM 88241

**CERTIFICATION:**

I certify that the waste described in Part I was received by me via the transporter described in Part II.

John L. Lipp

Signature of Facility Agent

9-27-95 5:00

Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

## PART I:

Generator

Address

City/State

Meredith Oil

Crane TX

Telephone No.

## ORIGINATION OF WASTE:

Operations Center

Crane TX

RRC No. 00864

Property Name

AA Reed Q

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

Commercial/Site Waste

Drilled Solids

Drilled Pit Liquids

Filter Elements

General Refuse

H2S Scavengers/Sweetening

BS&W/Crude

(Tank Bottoms)

Oily Waste

Plant Waste Water

Produced Sand

Produced Water

Rinsate

Scale

Sludge (Water)

Sludge (Petroleum)

Spill Clean-up & Debris

Storm Water Run-off

Used Containers

Used Containers

Used Lube Oils

Completion Solids

Completion Liquids

Other

100

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

E. P. Pounds

Signature of Generator's Authorized Agent

9-26-95

Date and Time of Shipment

## PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name

Address

City/State

Malro Trucking

915 366 4080

Telephone No.

Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

E. P. Pounds

Signature of Transporter's Agent

Date and Time Received

## PART III:

RECLAMATION SITE:

Name

Address

City/State

Controlled Recovery, Inc./Inland Products

P.O. Box 369

Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

June Hobbs

Signature of Facility Agent

9-27-95 5:00

Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

## PART I:

Generator

Meridian Oil

Address

1112 W. HWY. 329 HCR 65 BOX 58

City/State

CRANE, TEX. 79731

(915) 563-0274

Telephone No.

## ORIGINATION OF WASTE:

Operations Center

MIDLAND TEX.

RRC No. 06485

Property Name

REESE 16

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU. FT., LBS., UNITS, ETC.)

Commercial/Site Waste

Oily Waste

Spill Clean-up & Debris

Drilled Solids

Plant Waste Water

Storm Water Run-off

Drilled Pit Liquids

Produced Sand

Used Containers

Filter Elements

Produced Water

Used Containers

General Refuse

Rinsate

Used Lube Oils

H2S Scavengers/Sweetening

Scale

Completion Solids

BS&W/Crude

125 BBLs

Sludge (Water)

Completion Liquids

(Tank Bottoms)

Sludge (Petroleum)

Other

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Steve D. Walker

Signature of Generator's Authorized Agent

9-28-95 - 0715

Date and Time of Shipment

## PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name

Rowland Trucking

505-394-2581

Address

P.O. Box 99

Telephone No.

City/State

EUNICE, N.M.

42

Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Bill [Signature]

Signature of Transporter's Agent

9-28-95 - 0715

Date and Time Received

## PART III:

RECLAMATION SITE:

Name

Controlled Recovery, Inc./Inland Products

Address

P.O. Box 369

City/State

Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]

Signature of Facility Agent

9-28-95 12:45

Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

## PART I:

Generator Meridian Oil  
Address 1112 W. Hwy. 329 HCR 65 Box 58  
City/State CRANE, TEX. 79731

(915) 563-0274  
Telephone No.

## ORIGINATION OF WASTE:

Operations Center Midland, Tex.  
Property Name DELLA BOWEN (West)  
(Well, Tank Battery, Plant, Facility)

RRC No. 00939

### WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                           |                 |                    |       |                         |       |
|---------------------------|-----------------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste     | _____           | Oily Waste         | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids            | _____           | Plant Waste Water  | _____ | Storm Water Run-off     | _____ |
| Drilled Pit Liquids       | _____           | Produced Sand      | _____ | Used Containers         | _____ |
| Filter Elements           | _____           | Produced Water     | _____ | Used Containers         | _____ |
| General Refuse            | _____           | Rinsate            | _____ | Used Lube Oils          | _____ |
| H2S Scavengers/Sweetening | _____           | Scale              | _____ | Completion Solids       | _____ |
| BS&W/Crude                | _____           | Sludge (Water)     | _____ | Completion Liquids      | _____ |
| (Tank Bottoms)            | <u>120 BBLs</u> | Sludge (Petroleum) | _____ | Other                   | _____ |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Steve D. Walther  
Signature of Generator's Authorized Agent

9-27-95 - 0700  
Date and Time of Shipment

## PART II:

### TRANSPORTER: (To be completed in full by Transporter)

Name Rowland Trucking  
Address P.O. Box 99  
City/State Ennice, N.M. 88231

505-394-2581  
Telephone No.  
42  
Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Bill Liles  
Signature of Transporter's Agent

9-27-95  
Date and Time Received

## PART III:

### RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
Address P.O. Box 369  
City/State Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

D. Liles  
Signature of Facility Agent

9-27-95 11:25 a.m.  
Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

## PART I:

Generator Meridian Oil  
 Address 1112 W. Hwy. 329 HCB65 Box 58  
 City/State CRANE TX. 79731

(915) 563-0274  
 Telephone No.

## ORIGINATION OF WASTE:

Operations Center MIDLAND, TEX.

RRC No. 00876

Property Name J.F. LANE "L"  
 (Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU FT., LBS., UNITS, ETC.)

|                           |       |                    |       |                         |       |
|---------------------------|-------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste     | _____ | Oily Waste         | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids            | _____ | Plant Waste Water  | _____ | Storm Water Run-off     | _____ |
| Drilled Pit Liquids       | _____ | Produced Sand      | _____ | Used Containers         | _____ |
| Filter Elements           | _____ | Produced Water     | _____ | Used Containers         | _____ |
| General Refuse            | _____ | Rinsate            | _____ | Used Lube Oils          | _____ |
| H2S Scavengers/Sweetening | _____ | Scale              | _____ | Completion Solids       | _____ |
| BS&W/Crude                | _____ | Sludge (Water)     | _____ | Completion Liquids      | _____ |
| (Tank Bottoms)            | _____ | Sludge (Petroleum) | _____ | Other                   | _____ |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Steve D. Walker  
 Signature of Generator's Authorized Agent

9-27-95 - 0700  
 Date and Time of Shipment

## PART II:

### TRANSPORTER: (To be completed in full by Transporter)

Name Rowland Trucking  
 Address P.O. Box 99  
 City/State Ennice N.M. 88231

505-394-2581  
 Telephone No.  
57  
 Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Tonny Motes  
 Signature of Transporter's Agent

9-27-95  
 Date and Time Received

## PART III:

### RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
 Address P.O. Box 369  
 City/State Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
 Signature of Facility Agent

9-27-95 11:30 a.m.  
 Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

## PART I:

Generator  
Address  
City/State

Meridian Oil  
1112 W. Hwy 329 HCR 65 Box 58  
CRANE, TEX. 79731

(915) 563-0244  
Telephone No.

## ORIGINATION OF WASTE:

Operations Center

Midland, TEX.

RRC No. 06485

Property Name

REESE 16 BATTERY

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

Commercial/Site Waste

Oily Waste

Spill Clean-up & Debris

Drilled Solids

Plant Waste Water

Storm Water Run-off

Drilled Pit Liquids

Produced Sand

Used Containers

Filter Elements

Produced Water

Used Containers

General Refuse

Rinsate

Used Lube Oils

H2S Scavengers/Sweetening

Scale

Completion Solids

BS&W/Crude

125 BBLs

Sludge (Water)

Completion Liquids

(Tank Bottoms)

Sludge (Petroleum)

Other

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Steve D. Walker

Signature of Generator's Authorized Agent

9-29-95-

Date and Time of Shipment

## PART II:

### TRANSPORTER: (To be completed in full by Transporter)

Name

Rowland Trucking

505-394-2581

Address

P.O. Box 99

Telephone No.

City/State

CLUNCE N.M. 88231

42

Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Red Lopez

Signature of Transporter's Agent

9-29-95 -

Date and Time Received

## PART III:

### RECLAMATION SITE:

Name

Controlled Recovery, Inc./Inland Products

Address

P.O. Box 369

City/State

Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Deanna

Signature of Facility Agent

9-29-95 10:40 a.m.

Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator

Meridian Oil

Address

City/State

Odessa, Texas

Telephone No.

ORIGINATION OF WASTE:

Operations Center

Harrell

RRC No. 00893

Property Name

HARRELL EST.

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

Commercial/Site Waste

Drilled Solids

Drilled Pit Liquids

Filter Elements

General Refuse

H2S Scavengers/Sweetening

BS&W/Crude

(Tank Bottoms)

Oily Waste

Plant Waste Water

Produced Sand

Produced Water

Rinsate

Scale

Sludge (Water)

Sludge (Petroleum)

Spill Clean-up & Debris

Storm Water Run-off

Used Containers

Used Containers

Used Lube Oils

Completion Solids

Completion Liquids

Other

CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

E. P. Decore

Signature of Generator's Authorized Agent

9-28-95

Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name

Malco Truck

Address

City/State

Odessa, Texas

Telephone No.

Truck No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Signature of Transporter's Agent

Date and Time Received

PART III:

RECLAMATION SITE:

Name

Controlled Recovery, Inc./Inland Products

Address

P.O. Box 369

City/State

Hobbs, NM 88241

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]

Signature of Facility Agent

9-29-95 2:20

Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

## PART I:

Generator

Meridian Oil

Address

City/State

Crane TX

( )

Telephone No.

## ORIGINATION OF WASTE:

Operations Center

Crane TX

RRC No. 00968

Property Name

AA Reese

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU FT., LBS., UNITS, ETC.)

Commercial/Site Waste

Drilled Solids

Drilled Pit Liquids

Filter Elements

General Refuse

H2S Scavengers/Sweetening

BS&W/Crude

(Tank Bottoms)

100

Oily Waste

Plant Waste Water

Produced Sand

Produced Water

Rinsate

Scale

Sludge (Water)

Sludge (Petroleum)

Spill Clean-up & Debris

Storm Water Run-off

Used Containers

Used Containers

Used Lube Oils

Completion Solids

Completion Liquids

Other

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

E. P. Pounds

Signature of Generator's Authorized Agent

9-29-95

Date and Time of Shipment

## PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name

Malco Trucking

Address

City/State

Odessa

Telephone No.

Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Signature of Transporter's Agent

Date and Time Received

## PART III:

RECLAMATION SITE:

Name

Controlled Recovery, Inc./Inland Products

Address

P.O. Box 369

City/State

Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]

Signature of Facility Agent

9-29-95

Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I

Generator  
Address  
City/State

Meridian Oil  
Crane

Telephone No.

ORIGINATION OF WASTE:

Operations Center

Crane TX

RRC No. 00936

Property Name

EX-SHAK 1029  
(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU FT., LBS., UNITS, ETC.)

|                           |                    |                         |
|---------------------------|--------------------|-------------------------|
| Commercial/Site Waste     | Oily Waste         | Spill Clean-up & Debris |
| Drilled Solids            | Plant Waste Water  | Storm Water Run-off     |
| Drilled Pit Liquids       | Produced Sand      | Used Containers         |
| Filter Elements           | Produced Water     | Used Containers         |
| General Refuse            | Rinsate            | Used Lube Oils          |
| H2S Scavengers/Sweetening | Scale              | Completion Solids       |
| BS&W/Crude                | Sludge (Water)     | Completion Liquids      |
| (Tank Bottoms)            | Sludge (Petroleum) | Other                   |

CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

E. P. Pomeroy

Signature of Generator's Authorized Agent

9-29-95

Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name

Malco Trucking

Address

City/State

Crane

Telephone No.

Truck No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

E. P. Pomeroy

Signature of Transporter's Agent

Date and Time Received

PART III:

RECLAMATION SITE:

Name

Controlled Recovery, Inc./Inland Products

Address

P.O. Box 369

City/State

Hobbs, NM 88241

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

Date and Time Received

**DISTRICT I**  
P.O.Box 1980, Hobbs, NM 88241-1980

**DISTRICT II**  
P.O. Drawer DD, Artesia, NM 88211-0719

**DISTRICT III**  
1000 Rio Brazos Rd, Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

**OIL CONSERVATION DIVISION**

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

Form C-118  
Revised 4-1-91  
Sheet 1

Submit 2 copies to appropriate  
District Office by 15th of next  
succeeding month.

**TREATING PLANT OPERATOR'S MONTHLY REPORT**

Report of Controlled Recovery Inc. Month & year AUGUST 1995

Address P.O. Box 369 Hobbs, NM 88241-0369

**TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary)**

| PLANT NAME               | LOCATION         | BARRELS   |
|--------------------------|------------------|-----------|
| Controlled Recovery Inc. | Halfway Disposal | 10,783.32 |
| TOTAL ALL PLANTS         |                  | 10,783.32 |

**TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)**

| PLANT NAME               | LOCATION         | BARRELS  |
|--------------------------|------------------|----------|
| Controlled Recovery Inc. | Halfway Disposal | 2,804.00 |
| TOTAL ALL PLANTS         |                  | 2,804.00 |

**DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)**

| FROM   | TO                             | BARRELS  |
|--|--------------------------------|----------|
| Controlled Recovery Inc.                               | PETROSOURCE PARTNERS Ltd.      | 2,233.55 |
| CONTROLLED RECOVERY INC.                               | MIDLAND CRUDE PURCHASING CORP. | 485.92   |
| TRANSFERED FROM OIL TREATING PLANT<br>TO DISPOSAL AREA | WATER                          | 1,250.00 |
| TOTAL ALL PLANTS                                       |                                | 3,969.47 |

**TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)**

| PLANT NAME               | LOCATION         | BARRELS  |
|--------------------------|------------------|----------|
| Controlled Recovery Inc. | Halfway Disposal | 9,617.85 |
| TOTAL ALL PLANTS         |                  | 9,617.85 |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

*Donna L. Roach* DONNA L. ROACH / OFFICE MANAGER

(505)-393-1079

**OIL CONSERVATION DIVISION**

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

**PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS**

| PERMIT<br>NUMBER | LEASE OPERATOR                   | LEASE NAME                               | GROSS VOLUME<br>SEDIMENT OIL | NET BBLS. P.L.<br>OIL RECOVERED |
|------------------|----------------------------------|--|------------------------------|---------------------------------|
| H-18067          | TRANSPORTER:<br>AA OILFIELD      | A.A. OILFIELD SERVICE<br>ALPHA PHI CRUDE | 125.00                       |                                 |
| H-18134          | AMERADA HESS                     | STATE Q                                  | 60.00                        |                                 |
| H-18082          | AA OILFIELD                      | STATE AB SWD #1                          | <u>125.00</u>                |                                 |
|                  | <b>TOTAL</b>                     |  | <b>310.00</b>                | <b>185.00</b>                   |
| H-18196          | TRANSPORTER:<br>DEVON ENERGY     | I & W TRANSPORTATION<br>KEEL B #28       | 130.00                       |                                 |
| H-18195          | DEVON ENERGY                     | KEEL B 61                                | 35.00                        |                                 |
| H-18197          | DEVON ENERGY                     | KEEL B 80                                | 31.00                        |                                 |
| H-18195          | DEVON ENERGY                     | KEEL B #70                               | <u>35.00</u>                 |                                 |
|                  | <b>TOTAL</b>                     |  | <b>231.00</b>                | <b>231.00</b>                   |
| H-18112          | TRANSPORTER:<br>MCCASLAND        | MCCASLAND SERVICES<br>ATHA #1            | 125.00                       |                                 |
| H-18112          | MCCASLAND                        | ATHA #1                                  | 130.00                       |                                 |
| H-18129          | MCCASLAND                        | ATHA #1                                  | 131.10                       |                                 |
| H-18129          | MCCASLAND                        | ATHA #                                   | 135.00                       |                                 |
| H-18129          | MCCASLAND                        | ATHA #1                                  | 130.00                       |                                 |
| H-18092          | SCURLOCK PERMIAN                 | LYNCH                                    | <u>55.00</u>                 |                                 |
|                  | <b>TOTAL</b>                     |  | <b>706.10</b>                | <b>581.10</b>                   |
| TEXAS            | TRANSPORTER:<br>APACHE OIL       | PATE TRUCKING<br>SOUTH MALLOT C BATTERY  | 80.00                        |                                 |
| TEXAS            | APACHE OIL                       | SOUTH MALLOT C BATTERY                   | 90.00                        |                                 |
| TEXAS            | APACHE OIL                       | SOUTH MALLOT C BATTERY                   | <u>90.00</u>                 |                                 |
|                  | <b>TOTAL</b>                     |  | <b>260.00</b>                | <b>10.00</b>                    |
| A-8801           | TRANSPORTER:<br>ROWLAND TRUCKING | ROWLAND TRUCKING CO.<br>SPRINGS SWD      | 130.00                       |                                 |
| A-8761           | ROWLAND TRUCKING                 | BKE SWD                                  | 142.00                       |                                 |
| A-8791           | ROWLAND TRUCKING                 | BKE SWD                                  | 295.00                       |                                 |
| A-8802           | ROWLAND TRUCKING                 | BKE SWD                                  | 275.00                       |                                 |
| A-8792           | ROWLAND TRUCKING                 | SPRINGS SWD                              | 300.00                       |                                 |
| A-8765           | ROWLAND TRUCKING                 | SPRINGS SWD                              | 263.00                       |                                 |
| H-18058          | ROWLAND TRUCKING                 | R.A. STATE #1                            | 146.23                       |                                 |
| A-8768           | ROWLAND TRUCKING                 | SPRINGS SWD                              | <u>245.67</u>                |                                 |
|                  | <b>TOTAL</b>                     |  | <b>1796.90</b>               | <b>1796.90</b>                  |
|                  | <b>TOTAL GROSS BARRELS</b>       |  | <b>3304.00</b>               |                                 |
|                  | <b>TOTAL NET BARRELS</b>         |  |                              | <b>2804.00</b>                  |

## TRANSPORTER'S MAINIFEST

2003  
MAINIFEST ~~4-609~~

## SHIPPING FACILITY NAME &amp; ADDRESS:

Apache South Mallet

## LOCATION OF MATERIAL:

C Battery

## TRANSPORTER NAME &amp; ADDRESS:

Pate Trucking West Hwy 300 Levelland TX

## DESCRIPTION OF WASTE:

Tank Bottom

## QUANTITY:

80 000

## Facility Contact:

Date:

Signature of Contact:

## NAME OF TRANSPORTER: (Driver)

Coy Lowrey

Date:

8-5-95

Signature of Driver:

Coy Lowrey

## DISPOSAL SITE:

Controlled Recovery, Inc.  
Mile Marker 66  
Carlsbad Hwy  
Halfway, NM

Date:

8-5-95

Signature of CRI  
Representative

[Signature]

# TRANSPORTER'S MAINIFEST

MAINIFEST 7001

SHIPPING FACILITY NAME & ADDRESS:

Apache South Mallet C Battery

LOCATION OF MATERIAL:

TRANSPORTER NAME & ADDRESS:

Pate Trucking Denver City TX

DESCRIPTION OF WASTE:

Tank Bottom

QUANTITY:

90 bbls

Facility Contact:

Date:

Signature of Contact:

NAME OF TRANSPORTER: (Driver)

David S Brown

Date:

Signature of Driver:

8-5-95

David S Brown

DISPOSAL SITE:

Controlled Recovery, Inc.  
Mile Marker 66  
Carlsbad Hwy  
Halfway, NM

Date:

Signature of CRI  
Representative

8-5-95

[Signature]

8-5-95

## TRANSPORTER'S MAINIFEST

MAINIFEST 4-2002

SHIPPING FACILITY NAME &amp; ADDRESS:

LOCATION OF MATERIAL:

APACHE SOUTH MALLER - C BATT

TRANSPORTER NAME &amp; ADDRESS:

PATE Trucking Denver City Texas

DESCRIPTION OF WASTE:

TANK BOTTOM

QUANTITY:

90

Facility Contact:

Date:

Signature of Contact:

NAME OF TRANSPORTER: (Driver)

DALE Freeman

Date:

8-5-95

Signature of Driver:

Dale Freeman

DISPOSAL SITE:

Controlled Recovery, Inc.  
Mile Marker 66  
Carlsbad Hwy  
Halfway, NM

Date:

8-5-95Signature of CRI  
Representative[Signature]

DISTRICT I

P.O.Box 1980, Hobbs, NM 88241-1980

DISTRICT II

P.O. Drawer DD, Artesia, NM 88211-0719

DISTRICT III

1000 Rio Brazos Rd, Aztec, NM 87410

State of New Mexico

Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

## TREATING PLANT OPERATOR'S MONTHLY REPORT

OIL CONSERVATION DIVISION  
RECEIVED  
JUL 19 1995Form C-118  
Revised 4-1-91  
Sheet 1Submit 2 copies to appropriate  
District Office by 15th of next  
succeeding month.Report of Controlled Recovery Inc. Month & year JULY 1995Address P.O. Box 369 Hobbs, NM 88241-0369

## TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | 9899.23 |

TOTAL ALL PLANTS

## TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | 3156.59 |

TOTAL ALL PLANTS

3156.59

## DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)

| FROM   | TO  | BARRELS                     |
|--|---|-----------------------------|
| Controlled Recovery Inc.<br>TRANSFER FROM OIL TREATING PLANT<br>PLANT TO DISPOSAL AREA | PETRO SOURCE PARTNERS, Ltd<br>WATER<br>SOLIDS | 1556.50<br>600.00<br>116.00 |

TOTAL ALL PLANTS

2272.50

## TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS  |
|--------------------------|------------------|----------|
| Controlled Recovery Inc. | Halfway Disposal |          |
| TOTAL ALL PLANTS         |                  | 10783.32 |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

D. Amy Sumrall

**OIL CONSERVATION DIVISION**

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

**PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS**

| PERMIT<br>NUMBER | LEASE OPERATOR                   | LEASE NAME                                   | GROSS VOLUME<br>SEDIMENT OIL | NET BBLs. P.L.<br>OIL RECOVERED |
|------------------|----------------------------------|--|------------------------------|---------------------------------|
| H-17955          | TRANSPORTER:<br>AA OILFIELD      | A.A. OILFIELD SERVICE<br>STATE AB SWD #2     | 250.00                       |                                 |
| H-18006          | AA OILFIELD                      | STATE AB SWD #2                              | 125.00                       |                                 |
| H-18036          | AA OILFIELD                      | STATE AB SWD #2                              | 125.00                       |                                 |
| H-17989          | TEXACO E & P                     | NEW MEX QOBA BATTERY                         | 120.00                       |                                 |
| H-17990          | TEXACO                           | NORTH VACUUM ABO W ST.                       | <u>60.00</u>                 |                                 |
|                  | TOTAL                            |  | 680.00                       | 605.00                          |
| H-17957          | TRANSPORTER:<br>DEVON ENERGY     | GANDY CORPORATION<br>LEST A #36              | <u>120.00</u>                |                                 |
|                  | TOTAL                            |  | 120.00                       | 120.00                          |
| TEXAS            | TRANSPORTER:<br>PENZOIL          | BERGSTEIN'S<br>NORTH WELCH GAS PLANT         | 100.00                       |                                 |
| TEXAS            | PENZOIL                          | NORTH WELCH GAS PLANT                        | <u>100.00</u>                |                                 |
|                  | TOTAL                            |  | 200.00                       | 200.00                          |
| H-18029          | TRANSPORTER:<br>RICE ENGINEERING | SONNY'S TRANSPORTATION<br>SWD                | <u>100.00</u>                |                                 |
|                  | TOTAL                            |  | 100.00                       | 100.00                          |
| H-18040          | TRANSPORTER:<br>ROWLAND          | ROWLAND TRUCKING CO.<br>R.A. STATE           | 147.00                       |                                 |
| A-8688           | ROWLAND                          | SPRINGS SWD                                  | 294.34                       |                                 |
| A-8709           | ROWLAND                          | BKE SWD                                      | 141.00                       |                                 |
| A-8731           | ROWLAND                          | SPRINGS SWD                                  | <u>266.25</u>                |                                 |
|                  | TOTAL                            |  | 848.59                       | 848.59                          |
| TEXAS            | TRANSPORTER:<br>SCURLOCK PERMIAN | MCCASLAND SERVICES INC.<br>GREENWOOD STATION | 775.00                       |                                 |
| TEXAS            | SCURLOCK PERMIAN                 | GUY STATION                                  | 198.00                       |                                 |
| TEXAS            | SCURLOCK PERMIAN                 | HANLEY STATION                               | 360.00                       |                                 |
| H-17950          | MCCASLAND                        | ATHA #1                                      | <u>130.00</u>                |                                 |
|                  | TOTAL                            |  | 1463.00                      | 1283.00                         |
|                  | TOTAL GROSS BARRELS              |  | 3411.59                      |                                 |
|                  | TOTAL NET BARRELS                |  |                              | 3156.59                         |

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88241-1980

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88211-0719

DISTRICT III  
1000 Rio Brazos Rd, Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

OIL CONSERVATION DIVISION RECEIVED

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

TREATING PLANT OPERATOR'S MONTHLY REPORT

Form C-118  
Revised 4-1-91  
Sheet 1

Submit 2 copies to appropriate  
District Office by 15th of next  
succeeding month.

Report of Controlled Recovery Inc. Month & year June 1995

Address P.O. Box 369 Hobbs, NM 88241-0369

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) |                              |           |
|--|------------------------------|-----------|
| PLANT NAME   | LOCATION                     | BARRELS   |
| Controlled Recovery Inc.   | Halfway Disposal             | 10,859.19 |
| TOTAL ALL PLANTS   |                              | 10,859.19 |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)                 |                              |           |
| PLANT NAME   | LOCATION                     | BARRELS   |
| Controlled Recovery Inc.   | Halfway Disposal             | 2,837.32  |
| TOTAL ALL PLANTS   |                              | 2,937.32  |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)                      |                              |           |
| FROM   | TO                           | BARRELS   |
| Controlled Recovery Inc.   | Midland Crude Oil Purchasing | 172.84    |
| Controlled Recovery Inc.   | Petro Source Partners, Ltd.  | 2,334.44  |
| Transfer from Oil Treating Plant   | Water                        | 1,100.00  |
| Plant to Disposal Area   | Solids                       | 290.00    |
| TOTAL ALL PLANTS   |                              | 3,897.28  |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)       |                              |           |
| PLANT NAME   | LOCATION                     | BARRELS   |
| Controlled Recovery Inc.   | Halfway Disposal             |           |
| TOTAL ALL PLANTS   |                              | 9,899.23  |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

J. Amy Sumrall

J. Amy Sumrall / Office Manager

7-7-95

505 393-1079

**OIL CONSERVATION DIVISION**

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

**PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS**

| PERMIT<br>NUMBER | LEASE OPERATOR             | LEASE NAME                      | GROSS VOLUME<br>SEDIMENT OIL | NET BBLs. P.L.<br>OIL RECOVERED |
|------------------|----------------------------|---------------------------------|------------------------------|---------------------------------|
| <b>WATER</b>     | <b>TRANSPORTER:</b>        | <b>A.A. OILFIELD SERVICE</b>    |                              |                                 |
|                  | <b>Conoco</b>              | <b>Anderson Ranch</b>           | <u>150.00</u>                |                                 |
|                  | <b>TOTAL</b>               |                                 | <b>150.00</b>                | <b>000.00</b>                   |
| <b>TEXAS</b>     | <b>TRANSPORTER:</b>        | <b>CHAPARRAL</b>                |                              |                                 |
| <b>TEXAS</b>     | <b>Meridian Oil</b>        | <b>Rickter B #903</b>           | <b>300.00</b>                |                                 |
|                  | <b>Oxy, USA</b>            | <b>WSSAU</b>                    | <u>250.00</u>                |                                 |
|                  | <b>TOTAL</b>               |                                 | <b>550.00</b>                | <b>550.00</b>                   |
| <b>H-17809</b>   | <b>TRANSPORTER:</b>        | <b>GANDY CORPORATION</b>        |                              |                                 |
| <b>H-17911</b>   | <b>Devon Energy</b>        | <b>Keel B #82</b>               | <b>110.00</b>                |                                 |
| <b>H-17939</b>   | <b>Devon Energy</b>        | <b>Keel B #54</b>               | <b>110.00</b>                |                                 |
|                  | <b>Devon Energy</b>        | <b>Keel B #62</b>               | <u>105.00</u>                |                                 |
|                  | <b>TOTAL</b>               |                                 | <b>325.00</b>                | <b>325.00</b>                   |
| <b>A-8679</b>    | <b>TRANSPORTER:</b>        | <b>I &amp; W TRANSPORTATION</b> |                              |                                 |
| <b>H-17906</b>   | <b>Devon Energy</b>        | <b>Keel B #91</b>               | <b>115.00</b>                |                                 |
|                  | <b>I &amp; W</b>           | <b>LC State SWD</b>             | <u>160.00</u>                |                                 |
|                  | <b>TOTAL</b>               |                                 | <b>275.00</b>                | <b>275.00</b>                   |
| <b>TEXAS</b>     | <b>TRANSPORTER:</b>        | <b>MALCO TRUCKING</b>           |                              |                                 |
|                  | <b>Meridian Oil</b>        | <b>Rickter B Lease</b>          | <u>200.00</u>                |                                 |
|                  | <b>TOTAL</b>               |                                 | <b>200.00</b>                | <b>200.00</b>                   |
| <b>H-17924</b>   | <b>TRANSPORTER:</b>        | <b>McCASLAND TRUCKING</b>       |                              |                                 |
| <b>H-17928</b>   | <b>McCasland</b>           | <b>Atha #1</b>                  | <b>620.00</b>                |                                 |
| <b>H-17907</b>   | <b>McCasland</b>           | <b>Atha #1</b>                  | <b>360.00</b>                |                                 |
|                  | <b>McCasland</b>           | <b>Atha #1</b>                  | <u>262.18</u>                |                                 |
|                  | <b>TOTAL</b>               |                                 | <b>1242.18</b>               | <b>1047.18</b>                  |
| <b>H-17892</b>   | <b>TRANSPORTER:</b>        | <b>ROWLAND TRUCKING</b>         |                              |                                 |
| <b>A-8599</b>    | <b>Hallwood Petroleum</b>  | <b>State 30 #1</b>              | <b>100.00</b>                |                                 |
| <b>A-8643</b>    | <b>Hallwood Petroleum</b>  | <b>State 30 #3</b>              | <b>100.00</b>                |                                 |
| <b>A-8610</b>    | <b>Rowland</b>             | <b>Springs SWD</b>              | <b>258.19</b>                |                                 |
|                  | <b>Rowland</b>             | <b>BKE SWD</b>                  | <u>147.00</u>                |                                 |
|                  | <b>TOTAL</b>               |                                 | <b>605.19</b>                | <b>540.14</b>                   |
|                  | <b>TOTAL GROSS BARRELS</b> |                                 | <b>3347.37</b>               |                                 |
|                  | <b>TOTAL NET BARRELS</b>   |                                 |                              | <b>2937.32</b>                  |

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I: Generator OXY  
Address Hobbs NM  
City/State Hobbs NM

(505) 392-4202 (08132)  
Telephone No.

## ORIGINATION OF WASTE:

Operations Center OXY WSSAU

RRC NO. 675953

Property Name WSSAU  
(Well, Tank, Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) |                    |                    |
|---|--------------------|--------------------|
| Commercial/Site Waste   | Oily Waste         | Spill Clean-up     |
| Drilled Solids  | Plant Waste Water  | & Debris           |
| Drilled Pit Liquids   | Produced Sand      | Storm Water Runoff |
| Filter Elements   | Produced Water     | Used Containers    |
| General Refuse  | Rinsate            | Used Lube Oils     |
| H2S Scavengers/   | Scale              | Completion solids  |
| Sweetening  | Sludge (water)     | Completion liquids |
| BS&W/CRUDE  | Sludge (Petroleum) | Other              |
| (TANK BOTTOMS)  |                    |                    |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Ronald T. Hart  
Signature of Generator's Authorized Agent

8-1-95 8:00 AM  
Date and time of Shipment

## PART II: TRANSPORTER: (To be completed in full by Transporter)

Name CHAPARRAL SERVICE INC.  
Address PO BOX 1769  
City/State EUNICE, NEW MEXICO 88231

(505) 394-2545  
Telephone No.  
54  
Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Ed Armstrong  
Signature of Transporter's Agent

Date and time of Received

## PART III: RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
Address P.O. Box 369  
City/State Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Sharon  
Signature of Facility Agent

8-1-95  
Date and time of Received

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I: Generator OXY WSSAU  
 Address Hobbs NM  
 City/State Seminole TX

(505) 393-4202 (08132)  
 Telephone No.

## ORINATION OF WASTE:

Operations Center WSSAU

RRC NO. 675953

Property Name OXY WSSAU  
 (Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CUFT, LBS., UNITS, ETC.)

|                       |                    |          |                    |
|-----------------------|--------------------|----------|--------------------|
| Commercial/Site Waste | Oily Waste         | <u>X</u> | Spill Clean-up     |
| Drilled Solids        | Plant Waste Water  |          | & Debris           |
| Drilled Pit Liquids   | Produced Sand      |          | Storm Water Runoff |
| Filter Elements       | Produced Water     | <u>X</u> | Used Containers    |
| General Refuse        | Rinsate            |          | Used Lube Oils     |
| H2S Scavengers/       | Scale              |          | Completion solids  |
| Sweetening            | Sludge (water)     |          | Completion liquids |
| BS&W/CRUDE            | Sludge (Petroleum) | <u>X</u> | Other              |
| (TANK BOTTOMS)        |                    | <u>X</u> |                    |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Robert T. Frank  
 Signature of Generator's Authorized Agent

6-1-95 3:00 AM  
 Date and time of Shipment

## PART II: TRANSPORTER: (To be completed in full by Transporter)

Name CHAPARRAL SERVICE INC.  
 Address PO BOX 1769  
 City/State EUNICE, NEW MEXICO 88231

(505) 394-2545  
 Telephone No.  
45  
 Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Daniel Bass  
 Signature of Transporter's Agent

Date and time of Received

## PART III: RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
 Address P.O. Box 369  
 City/State Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

D. Bass  
 Signature of Facility Agent

6-1-95  
 Date and time of Received

JUN-28-95 WED 00:08

P. 02

P. 02

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I: Generator Meridian Oil  
Address 1112 W. Hwy. 329 HCR 65 BOX 88  
City/State Crane, Texas 79731

(915) 563-0274  
Telephone No.

## ORIGINATION OF WASTE:

Operations Center McCamey Field

RRC NO. 3055

Property Name Ricker B RRC 00903  
(Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) |                    |                    |
|---|--------------------|--------------------|
| Commercial/Site Waste   | Oily Waste         | Spill Clean-up     |
| Drilled Solids  | Plant Waste Water  | & Debris           |
| Drilled Pit Liquids   | Produced Sand      | Storm Water Runoff |
| Filter Elements   | Produced Water     | Used Containers    |
| General Refuse  | Rinsate            | Used Lubs Oils     |
| H2S Scavengers/   | Scale              | Completion solids  |
| Sweetening  | Sludge (water)     | Completion liquids |
| RS&W/CRUDE  | Sludge (Petroleum) | Other              |
| (TANK BOTTOMS) <u>XXXX</u>  |                    |                    |

CERTIFICATION: The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Donna June  
Signature of Generator's Authorized Agent

6-23-95  
Date and time of Shipment

## PART II: TRANSPORTER: (To be completed in full by Transporter)

Name CHAPARRAL SERVICE INC.  
Address P.O. BOX 1769  
City/State BUNICE, NEW MEXICO 88231

(505) 394-2545  
Telephone No.  
45  
Truck No.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the destination below.

Andy Taylor  
Signature of Transporter's Agent

6-23-95 1:00pm  
Date and time of Received

## PART III: RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
Address P.O. Box 369  
City/State Hobbs, NM 88241

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

Michael Petterson  
Signature of Facility Agent

6/23/95  
Date and time of Received

## NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I: Generator Meridian Oil  
 Address 1112 W. Hwy. 329 HCR 45 Box 58  
 City/State Drape, Texas 79731

(915) 563-0274  
 Telephone No.

## ORIGIN OF WASTE:

Operations Center McCamey Field

RRC NO. 3055

Property Name Ricker B RRC 00903  
 (Well, Tank, Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                       |             |                    |       |                    |       |
|-----------------------|-------------|--------------------|-------|--------------------|-------|
| Commercial/Site Waste | _____       | Oil Waste          | _____ | Spill Clean-up     | _____ |
| Drilled Solids        | _____       | Plant Waste Water  | _____ | & Debris           | _____ |
| Drilled Pit Liquids   | _____       | Produced Sand      | _____ | Storm Water Runoff | _____ |
| Filter Elements       | _____       | Produced Water     | _____ | Used Containers    | _____ |
| General Refuse        | _____       | Rinsate            | _____ | Used Lube Oils     | _____ |
| H2S Scavengers/       | _____       | Scale              | _____ | Completion solids  | _____ |
| Sweetening            | _____       | Sludge (water)     | _____ | Completion liquids | _____ |
| BS&W/CRUDE            | _____       | Sludge (Petroleum) | _____ | Other              | _____ |
| (TANK BOTTOMS)        | <u>XXXX</u> |                    |       |                    |       |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge.

Danilo Quaresima  
 Signature of Generator's Authorized Agent

6-23-95  
 Date and time of Shipment

## PART II: TRANSPORTER: (To be completed in full by Transporter)

Name CHAPARRAL SERVICE INC.  
 Address P.O. BOX 1769  
 City/State EUNICE, NEW MEXICO 88231

(505) 394-2545

Telephone No.

54

Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Ed Armstrong  
 Signature of Transporter's Agent

6-23-95  
 Date and time of Received

## PART III: RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
 Address P.O. Box 369  
 City/State Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Michael Patton  
 Signature of Facility Agent

6/23/95  
 Date and time of Received

JUN-28-95 WED 00:08

P.03

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I: Generator Meridian Oil  
 Address 1112 W. Hwy. 329 HCR 65 Box 58 (915) 563-0274  
 City/State Crane, Texas 79731 Telephone No.

## ORIGINATION OF WASTE:

Operations Center McLamey Field RRC NO. 3055  
 Property Name Ricker B RRC 00903  
 (Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) |                    |                    |
|---|--------------------|--------------------|
| Commercial/Site Waste   | Oily Waste         | Spill Clean-up     |
| Drilled Solids  | Plant Waste Water  | & Debris           |
| Drilled Pit Liquids   | Produced Sand      | Storm Water Runoff |
| Filter Elements   | Produced Water     | Used Containers    |
| General Refuse  | Rinsate            | Used Lube Oils     |
| H2S Scavengers/   | Scale              | Completion solids  |
| Sweetening  | Sludge (water)     | Completion liquids |
| BS&W/CRUDE  | Sludge (Petroleum) | Other              |
| (TANK BOTTOMS) <u>XXXX</u>  |                    |                    |

CERTIFICATION: The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Demetrius Suarez Jr. 6-22-95  
 Signature of Generator's Authorized Agent Date and time of Shipment

## PART II: TRANSPORTER: (To be completed in full by Transporter)

Name CHAPARRAL SERVICE INC. (505) 394-2545  
 Address P.O. BOX 1769 Telephone No.  
 City/State EUNICE, NEW MEXICO 88231 54  
 Truck No.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the destination below.

Ed. Anderson 6-22-95  
 Signature of Transporter's Agent Date and time of Received

## PART III: RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
 Address P.O. Box 369  
 City/State Hobbs, NM 88241

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

Michael Patterson 6/22/95  
 Signature of Facility Agent Date and time of Received

# NON-HAZARDOUS WASTE MANIFEST

Manifest No **2254**

**PART I:**

**DISPOSAL**

- ☐ Onsite  
☐ Offsite

**LOCATION**

- ☐ Facility  
☐ Lease  
☐ Well

- ☐ Drilling  
☐ Workover/  
Completion

Generator: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Telephone No. \_\_\_\_\_

**FOR OFFICE USE ONLY**

**FLAC** \_\_\_\_\_

**ORIGINATION OF WASTE**

Operations Center \_\_\_\_\_

Property Name \_\_\_\_\_ **Field** \_\_\_\_\_

(Well, Tank Battery, Plant, Facility)

**WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)**

|  |                                |                                   |
|--|--------------------------------|-----------------------------------|
| Asbestos _____                                   | Oily Waste ( ) _____           | Spill Clean-up & Debris ( ) _____ |
| Commercial/Site Waste _____                      | Plant Waste Water-Trans _____  | Storm Water Runoff _____          |
| Drilled Solids ( ) _____                         | Produced Sand _____            | Used Containers ( ) _____         |
| Drilled Pit Liquids ( ) _____                    | Produced Water-Trans ( ) _____ | Used Lube Oils ( ) _____          |
| Filter Elements (1) _____                        | Rinsate ( ) _____              | Workover/Compl. Solids _____      |
| (2) _____  | Scale ( ) _____                | Workover/Compl. Liquids _____     |
| (3) _____  | Sludge (water) ( ) _____       | Other _____                       |
| General Refuse _____                             | Sludge (petroleum) ( ) _____   | _____                             |
| H <sub>2</sub> S Scavengers/Sweetening ( ) _____ | Sludge (chemical) ( ) _____    | _____                             |

**CERTIFICATION:** The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Generator's Authorized Agent

\_\_\_\_\_  
Date and Time of Shipment

**PART II: TRANSPORTER: (To be completed in full by Transporter)**

Name **MALCO TRUCKING INC.**

Address **2800 W. 42nd.**

City/State **Odessa, TX 79764**

**(915) 366-4080**

Telephone No.

Truck License No.

Trailer License No.

Estimated Transportation Cost \_\_\_\_\_

**CERTIFICATION:** I certify that the waste in quantity above was received by me for shipment to the destination below.

\_\_\_\_\_  
Signature of Transporter's Agent

\_\_\_\_\_  
Date and Time Received

**PART III: DISPOSAL SITE:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State: \_\_\_\_\_

Method of Disposal \_\_\_\_\_

Estimated Disposal Fee \_\_\_\_\_

**CERTIFICATION:** I certify that the waste described in Part I was received by me via the transporter described in Part II.

\_\_\_\_\_  
Signature of Facility Agent

\_\_\_\_\_  
Date and Time Received

# NON-HAZARDOUS WASTE MANIFEST

Manifest **Nº 2253**

**PART I:**

**DISPOSAL**

- ☐ Onsite  
☒ Offsite

**LOCATION**

- ☐ Facility  
☒ Lease  
☐ Well

- ☐ Drilling  
☐ Workover/  
Completion

Generator: Meridian Oil Inc

Address \_\_\_\_\_

City/State \_\_\_\_\_

(915) 558-3814

Telephone No.

FOR OFFICE USE ONLY

FLAC \_\_\_\_\_

**ORIGINATION OF WASTE**

Operations Center Crane, Tex

Property Name Picker B Lease

Field \_\_\_\_\_

(Well, Tank Battery, Plant, Facility)

**WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)**

|  |                                |                                   |
|--|--------------------------------|-----------------------------------|
| Asbestos _____                                   | Oily Waste (✓) <u>100 Bbl</u>  | Spill Clean-up & Debris ( ) _____ |
| Commercial/Site Waste _____                      | Plant Waste Water-Trans _____  | Storm Water Runoff _____          |
| Drilled Solids ( ) _____                         | Produced Sand _____            | Used Containers ( ) _____         |
| Drilled Pit Liquids ( ) _____                    | Produced Water-Trans ( ) _____ | Used Lube Oils ( ) _____          |
| Filter Elements (1) _____                        | Rinsate ( ) _____              | Workover/Compl. Solids _____      |
| (2) _____  | Scale ( ) _____                | Workover/Compl. Liquids _____     |
| (3) _____  | Sludge (water) ( ) _____       | Other _____                       |
| General Refuse _____                             | Sludge (petroleum) ( ) _____   |                                   |
| H <sub>2</sub> S Scavengers/Sweetening ( ) _____ | Sludge (chemical) ( ) _____    |                                   |

**CERTIFICATION:** The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge.

M L Cagle

Signature of Generator's Authorized Agent

6-26-95

Date and Time of Shipment

**PART II: TRANSPORTER: (To be completed in full by Transporter)**

Name MALCO TRUCKING INC.

Address 2800 W. 42nd.

City/State Odessa, TX 79764

(915) 366-4080

Telephone No.

Truck License No.

Trailer License No.

Estimated Transportation Cost \_\_\_\_\_

**CERTIFICATION:** I certify that the waste in quantity above was received by me for shipment to the destination below.

Robert Kautto

Signature of Transporter's Agent

6-26-95

Date and Time Received

**PART III: DISPOSAL SITE:**

Name CRI

Address \_\_\_\_\_

City/State \_\_\_\_\_

Method of Disposal \_\_\_\_\_

Estimated Disposal Fee \_\_\_\_\_

**CERTIFICATION:** I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]

Signature of Facility Agent

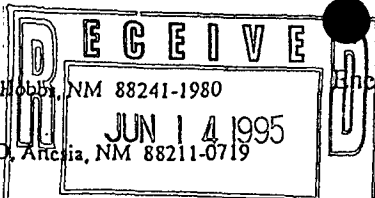
6-26-95

Date and Time Received

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88241-1980

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88211-0719

DISTRICT III  
1000 Rio Brazos, Santa Fe, NM 87504-2088



State of New Mexico  
Energy, Minerals and Natural Resources Department

# OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

## TREATING PLANT OPERATOR'S MONTHLY REPORT

Form C-118  
Revised 4-1-91  
Sheet 1

Submit 2 copies to appropriate  
District Office by 15th of next  
succeeding month.

Report of Controlled Recovery Inc. Month & year May 1995

Address P.O. Box 369 Hobbs, NM 88241-0369

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) |   |                             |
|--|---|-----------------------------|
| PLANT NAME   | LOCATION  | BARRELS                     |
| Controlled Recovery Inc.   | Halfway Disposal                                | 8281.59                     |
| TOTAL ALL PLANTS   |   | 8281.59                     |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)                 |   |                             |
| PLANT NAME   | LOCATION  | BARRELS                     |
| Controlled Recovery Inc.   | Halfway Disposal                                | 5719.05                     |
| TOTAL ALL PLANTS   |   | 5719.05                     |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)                      |   |                             |
| FROM   | TO  | BARRELS                     |
| Controlled Recovery Inc.<br>Transfer from Oil Treating<br>Plant to Disposal Area     | Midland Crude Oil Purchasing<br>water<br>Solids | 851.45<br>2000.00<br>290.00 |
| TOTAL ALL PLANTS   |   | 3141.45                     |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)       |   |                             |
| PLANT NAME   | LOCATION  | BARRELS                     |
| Controlled Recovery Inc.   | Halfway Disposal                                |                             |
| TOTAL ALL PLANTS   |   | 10,859.19                   |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

6-12-95

505 393-1070

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-118  
Revised 4-1-91  
Sheet 1-A

**OIL CONSERVATION DIVISION**

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

**PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS**

| PERMIT<br>NUMBER                                    | LEASE OPERATOR   | LEASE NAME  | GROSS VOLUME<br>SEDIMENT OIL                                     | NET BBLs. P.L.<br>OIL RECOVERED |
|---|--|---|--|---------------------------------|
| H-17813<br>H-17862<br>H-17812                       | TRANSPORTER:<br>A.A. Oilfield<br>A.A. Oilfield<br>Lynx Petroleum<br>TOTAL          | A.A. OILFIELD SERVICE<br>Alpha Phi Crude<br>Alpha Phi Crude<br>Reed Sanderson Bty.          | 250.00<br>125.00<br><u>25.00</u><br>400.00                       | 400.00                          |
| A-8561<br>A-8608<br>A-8569                          | TRANSPORTER:<br>Dakota Resources<br>Dakota Resources<br>Yates Petroleum<br>TOTAL   | B & E TRANSPORTATION<br>Big Eddy SWD<br>Otis SWD<br>David Ross SWD                          | 840.00<br>120.00<br><u>70.00</u><br>1030.00                      | 840.00                          |
| TEXAS<br>TEXAS<br>TEXAS                             | TRANSPORTER:<br>Amerada Hess<br>Klabzuba Oper. Co.<br>Klabzuba Oper. Co.<br>TOTAL  | BRUTON SERVICES<br>Plains Unit Battery<br>ACV lease<br>FO Masten St Lse                     | 125.00<br>57.50<br><u>181.60</u><br>364.10                       | 309.10                          |
| TEXAS   | TRANSPORTER:<br>Shell Pipeline<br>TOTAL  | FLUID TRANSPORTS<br>DC -1   | <u>10.00</u><br>10.00  | 10.00                           |
| A-8562  | TRANSPORTER:<br>Dakota Resources<br>TOTAL  | I & W TRANSPORTATION<br>Otis SWD  | <u>900.00</u><br>900.00  | 900.00                          |
| H-17822   | TRANSPORTER:<br>Oxy, USA<br>TOTAL  | LUCKY'S<br>Gou't U #1   | <u>100.00</u><br>100.00  | 100.00                          |
| H-17859<br>H-17864<br>H-17820<br>H-17838<br>H-17858 | TRANSPORTER:<br>Biostar<br>Biostar<br>McCasland<br>McCasland<br>McCasland<br>TOTAL | McCASLAND TRUCKING<br>Drinkard Station<br>Drinkard Station<br>Atha #1<br>Atha #1<br>Atha #1 | 377.70<br>555.00<br>260.00<br>130.00<br><u>120.00</u><br>1442.70 | 1442.70                         |
| TEXAS   | TRANSPORTER:<br>Barber<br>TOTAL  | PATE TRUCKING<br>Pronghorn #634   | <u>95.00</u><br>95.00  | 85.00                           |
| TEXAS   | TRANSPORTER:<br>Shell Western E & P<br>TOTAL                                       | POOL<br>Station #7  | <u>140.00</u><br>140.00  | 0.00                            |
| H-17879<br>A-8599                                   | TRANSPORTER:<br>Biostar<br>Rowland   | ROWLAND TRUCKING<br>Drinkard Station<br>Springs SWD   | 100.00<br>238.75   |                                 |

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-118  
Revised 4-1-91  
Sheet 1-A

**OIL CONSERVATION DIVISION**

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

**PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS**

| PERMIT<br>NUMBER | LEASE OPERATOR                            | LEASE NAME                                  | GROSS VOLUME<br>SEDIMENT OIL | NET BBLS. P.L.<br>OIL RECOVERED |
|------------------|---|---|------------------------------|---------------------------------|
| A-8516           | TRANSPORTER:<br>Rowland<br>TOTAL          | ROWLAND TRUCKING (CONTINUED)<br>Springs SWD | <u>293.50</u><br>632.25      | 632.25                          |
| A-8563           | TRANSPORTER:<br>Dakota Resources<br>TOTAL | SONNY'S<br>Otis SWD                         | <u>1000.00</u><br>1000.00    | 1000.00                         |
|                  | TOTAL GROSS BARRELS<br>TOTAL NET BARRELS  |   | 6114.05                      | 5719.05                         |

# This Shipping Order

must be legibly filled in in Ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper No. D.C-1

Carrier No. \_\_\_\_\_

Date 5/8/95

Page 1 of 1

FLUID TRANSPORTS INC.

(Name of carrier)

(SCAC)

On Collect on Delivery shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

TO: Consignee CONTROLLED RECOVERY INC.

Street MILE MARKER 66

City HWY 62180 State N.M. Zip Code \_\_\_\_\_

FROM: Shipper SHELL PIPE LINE CORP.

Street HWY 214

City DENVER CITY State TX Zip Code 79323

24 hr. Emergency Contact Tel. No. 806 592-6242

Route

10 ABL

Vehicle Number

| No. of Units & Container Type | HM | BASIC DESCRIPTION<br>Proper Shipping Name, Hazard Class, Identification Number (UN or NA), Packing Group, per 172.101, 172.202, 172.203 | TOTAL QUANTITY<br>(Weight, Volume, Gallons, etc.) | WEIGHT<br>(Subject to Correction) | RATE | CHARGES<br>(For Carrier Use Only) |
|-------------------------------|----|---|---|-----------------------------------|------|-----------------------------------|
| <u>1 CM</u>                   |    | <u>CRUDE OIL WAX (PARAFFIN)</u>   | <u>14.35</u>                                      | <u>14,290</u>                     |      |                                   |
|                               |    | <u>THIS SOLID MATERIAL IS</u>   |   |                                   |      |                                   |
|                               |    | <u>NOT HAZARDOUS UNDER DOT</u>  |   |                                   |      |                                   |
|                               |    | <u>REGULATIONS AND THEREFORE,</u>   |   |                                   |      |                                   |
|                               |    | <u>NOT REGULATED BY DOT</u>   |   |                                   |      |                                   |
|                               |    | <u>CRT Landed</u>   |   |                                   |      |                                   |
|                               |    | <u>5-8-95</u>   |   |                                   |      |                                   |
|                               |    | <u>11:30 a.m. PST</u>   |   |                                   |      |                                   |

PLACARDS TENDERED: YES ☐ NO ☒

REMIT C.O.D. TO: ADDRESS

COD

Am. \$

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:  
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

C.O.D. FEE: PREPAID ☐ COLLECT ☐

TOTAL CHARGES: \$

FREIGHT CHARGES: FREIGHT PREPAID ☐ except when box at right is checked. Check box if charges are to be collect ☐

Note — Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

\$ \_\_\_\_\_ per \_\_\_\_\_

I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by ☒ Rail ☒ Highway ☒ Water (DELETE NONAPPLICABLE MODE OF TRANSPORT) according to applicable international and national governmental regulations.

Signature

(Signature of Consignor)

RECEIVED, subject to the classification and lawfully filed tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of said property over all or any portion of

said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.  
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

SHIPPER SHELL PIPE LINE CORP.

CARRIER FLUID TRANSPORTS INC.

PER

PER

DATE

5-8-95

2



# NON-HAZARDOUS WASTE MANIFEST AND WASTE OIL ACCOUNTING

POOL COMPANY

Manifest No. **0241**

## Part I TO BE COMPLETED BY GENERATOR

Generator SWEPI  
Address Plains, WY Telephone No. (307) 392-2183  
City/State Denver, CO

## ORIGINATOR OF WASTE

Lease Name State - 7

## WASTE IDENTIFICATION

## AMOUNT (BBLs, YARDS, TONS, ETC.)

1000 BBLs  
65 BBLs

CERTIFICATION: The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of Generator's Authorized Agent

Date and Time of Shipment

## Part II TO BE COMPLETED BY TRANSPORTER

Transporter Paul Co. Phone # 312-2311  
Address East Wagon Trail Road Truck Lic. # 7-12-011  
City/State Denver, CO Trailer Lic. # 78722

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the above destination.

Signature

Date

## Part III TO BE SIGNED BY COMMERCIAL FACILITY

Commercial Facility Name \_\_\_\_\_  
Site Address \_\_\_\_\_  
City/State \_\_\_\_\_

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

Date



# NON-HAZARDOUS WASTE MANIFEST AND WASTE OIL ACCOUNTING

POOL COMPANY

Manifest No. 0277

## Part I TO BE COMPLETED BY GENERATOR

Generator SWCPI  
Address PLAINS HWY. 50 Telephone No. (800) 592 21 93  
City/State Denver City Tx.

## ORIGINATION OF WASTE

Lease Name D.U. Stn 7

## WASTE IDENTIFICATION

Fluids & Solids.  
75 bbls.

CERTIFICATION: The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Norm B. [Signature]

Signature of Generator's Authorized Agent

5-23-95

Date and Time of Shipment

## Part II TO BE COMPLETED BY TRANSPORTER

Transporter Pool Co. (VT 111) Phone # 592-358 11  
Address East wagon trail Rd. Truck Lic. # 20F 857  
City/State Denver City Tx. 79323 Trailer Lic. # Y41 038

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the above destination.

[Signature]

Signature

(5) (22) (95)

Date

## Part III TO BE SIGNED BY COMMERCIAL FACILITY

Commercial Facility Name \_\_\_\_\_  
Site Address \_\_\_\_\_  
City/State \_\_\_\_\_

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]

Signature of Facility Agent

5-23-95

Date

## NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

## PART I:

Generator  
Address  
City/State

Amerade Hess Corp  
Plains Box 715  
Plains TX 79355

(806) 456-5522  
Telephone No.

## ORIGINATION OF WASTE:

Operations Center

RRC No. 60407

Property Name

Plains Unit Bat  
(Well, Tank Battery, Plant, Facility)

| WASTE DESCRIPTION AND AMOUNT (BARRELS, GALLONS, TONS, CUBIC FEET, UNITS, ETC.) |       |                         |                                     |
|--|-------|-------------------------|-------------------------------------|
| Commercial/Site Waste  | _____ | Oily Waste              | _____                               |
| Drilled Solids   | _____ | Plant Waste Water       | _____                               |
| Drilled Pit Liquids  | _____ | Produced Sand           | _____                               |
| Filter Elements  | _____ | Produced Water          | _____                               |
| General Refuse   | _____ | Rinseate                | _____                               |
| H2S Scavengers/Sweetening  | _____ | Scale                   | _____                               |
| BS&W/Crude   | _____ | Sludge (Water)          | <input checked="" type="checkbox"/> |
| (Tank Bottoms)   | _____ | Sludge (Petroleum)      | <input checked="" type="checkbox"/> |
|  |       | Spill Clean-up & Debris | _____                               |
|  |       | Storm Water Run-off     | _____                               |
|  |       | Used Containers         | _____                               |
|  |       | Used Containers         | _____                               |
|  |       | Used Lube Oils          | _____                               |
|  |       | Completion Solids       | _____                               |
|  |       | Completion Liquids      | _____                               |
|  |       | Other                   | _____                               |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

[Signature]  
Signature of Generator's Authorized Agent

5-12-95-12:00 AM  
Date and Time of Shipment

## PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name  
Address  
City/State

Barton Service Co  
Box 1136  
Dumas City, TX 79323

806-592-2981  
Telephone No.  
# 14  
Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

[Signature]  
Signature of Transporter's Agent

5-12-95-10:30 AM  
Date and Time Received

## PART III:

RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
Address P.O. Box 369  
City/State Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
Signature of Facility Agent

[Signature]  
Date and Time Received

WHITE ORIGINAL - CRI YELLOW COPY - CRI PINK COPY - Generator GOLDENROD COPY - Transporter

## NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

## PART I:

Generator  
Address  
City/State

Amerada Hess Corp.  
Plains, Box 715  
Plains, Texas 79355

(806) 456-5522  
Telephone No.

## ORIGINATION OF WASTE:

Operations Center

RRC No. 60407

Property Name

PLAINS Unit Bat.  
(Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, TONS, OR OTHER UNITS, ETC.) |       |                         |                                     |
|---|-------|-------------------------|-------------------------------------|
| Commercial/Site Waste   | _____ | Oil Waste               | _____                               |
| Drilled Solids  | _____ | Plant Waste Water       | _____                               |
| Drilled Pit Liquids   | _____ | Produced Sand           | _____                               |
| Filter Elements   | _____ | Produced Water          | _____                               |
| General Refuse  | _____ | Rinseate                | _____                               |
| H2S Scavengers/Sweetening   | _____ | Scale                   | _____                               |
| BS&W/Crude  | _____ | Sludge (Water)          | <input checked="" type="checkbox"/> |
| (Tank Bottoms)  | _____ | Sludge (Petroleum)      | <input checked="" type="checkbox"/> |
|   |       | Spill Clean-up & Debris | _____                               |
|   |       | Storm Water Run-off     | _____                               |
|   |       | Used Containers         | _____                               |
|   |       | Used Containers         | _____                               |
|   |       | Used Lube Oils          | _____                               |
|   |       | Completion Solids       | _____                               |
|   |       | Completion Liquids      | _____                               |
|   |       | Other                   | _____                               |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

W. Bulluck  
Signature of Generator's Authorized Agent

5-12-95-12:00 AM  
Date and Time of Shipment

## PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name  
Address  
City/State

Bruton Service Co  
Box 1136  
Denver City, TX, 79323

806-592-2981  
Telephone No.  
#14  
Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

[Signature]  
Signature of Transporter's Agent

5-12-95-10:30 A.M.  
Date and Time Received

## PART III:

RECLAMATION SITE:

Name  
Address  
City/State

Controlled Recovery, Inc./Inland Products  
P.O. Box 369  
Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

\_\_\_\_\_  
Signature of Facility Agent

\_\_\_\_\_  
Date and Time Received

WHITE ORIGINAL - CRI

YELLOW COPY - CRI

PINK COPY - Generator

GOLDENROD COPY - Transporter

## NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

## PART I:

Generator  
Address  
City/State

KALABZUBA Open  
930 West 1st Street  
Fort Worth, TX 76102

(100) 336-5757  
Telephone No.

## ORIGINATION OF WASTE:

Operations Center

KALABZUBA Open Co.  
ACU

RRC No.

64886  
64883

Property Name

F.D. ~~McIntosh~~ Estate  
(Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU YARDS, LBS, UNITS, ETC.) |       |                    |       |                         |       |
|--|-------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste  | _____ | Oil Waste          | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids   | _____ | Plant Waste Water  | _____ | Storm Water Run-off     | _____ |
| Drilled Pit Liquids  | _____ | Produced Sand      | _____ | Used Containers         | _____ |
| Filter Elements  | _____ | Produced Water     | _____ | Used Containers         | _____ |
| General Refuse   | _____ | Rinseate           | _____ | Used Lube Oils          | _____ |
| H2S Scavengers/Sweetening  | _____ | Scale              | _____ | Completion Solids       | _____ |
| BS&W/Crude   | _____ | Sludge (Water)     | _____ | Completion Liquids      | _____ |
| (Tank Bottoms)   | _____ | Sludge (Petroleum) | _____ | Other                   | _____ |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Flancie Davis  
Signature of Generator's Authorized Agent

\_\_\_\_\_  
Date and Time of Shipment

## PART II:

## TRANSPORTER: (To be completed in full by Transporter)

Name

Barton Service Co

Address

Box 1136

City/State

Dallas City TX 75223

806-592-2912

Telephone No.

12

Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Jerry Lee  
Signature of Transporter's Agent

5-8-95-12:00pm  
Date and Time Received

## PART III:

## RECLAMATION SITE:

Name

Controlled Recovery, Inc./Inland Products

Address

P.O. Box 368

City/State

Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Davison  
Signature of Facility Agent

5-8-95 2:10 pm  
Date and Time Received

WHITE ORIGINAL - CRI

YELLOW COPY - CRI

PINK COPY - Generator

GOLDENROD COPY - Transporter

## NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

## PART I:

Generator  
Address  
City/State

KALABZUBA Oper  
930 - West 1<sup>st</sup> Street  
Fort Worth TX 76102

(817) 336-5757  
Telephone No.

John M. Roberts

## ORIGINATION OF WASTE:

Operations Center

KALABZUBA Oper Co

RRC No. 64683

Property Name

F.O. MASTIN Sst. Lse

(Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, GALLONS, CUBIC FEET, LBS, UNITS, ETC.) |       |                         |       |
|--|-------|-------------------------|-------|
| Commercial/Site Waste  | _____ | Oil Waste               | _____ |
| Drilled Solids   | _____ | Plant Waste Water       | _____ |
| Drilled Pit Liquids  | _____ | Produced Sand           | _____ |
| Filter Elements  | _____ | Produced Water          | _____ |
| General Refuse   | _____ | Rinseate                | _____ |
| H2S Scavengers/Sweetening  | _____ | Scale                   | _____ |
| BS&W/Crude   | _____ | Sludge (Water)          | _____ |
| (Tank Bottoms)   | _____ | Sludge (Petroleum)      | _____ |
|  |       | Spill Clean-up & Debris | _____ |
|  |       | Storm Water Run-off     | _____ |
|  |       | Used Containers         | _____ |
|  |       | Used Containers         | _____ |
|  |       | Used Lube Oils          | _____ |
|  |       | Completion Solids       | _____ |
|  |       | Completion Liquids      | _____ |
|  |       | Other                   | _____ |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

FRANCIE DAVIS By [Signature]

Signature of Generator's Authorized Agent

Date and Time of Shipment

## PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name

Bruton Service Co

806-592-2912

Address

Box 1136

Telephone No.

City/State

Denville City TX 79323

Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Signature of Transporter's Agent

Date and Time Received

## PART III:

RECLAMATION SITE:

Name

Controlled Recovery, Inc./Inland Products

Address

P.O. Box 369

City/State

Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

Date and Time Received

WHITE ORIGINAL - CRI

YELLOW COPY - CRI

PINK COPY - Generator

GOLDENROD COPY - Transporter

## NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

## PART I:

Generator

KALABZUBA Oper.

Address

930 W. 1st Street

City/State

Fort Worth - 76102(817) 336-5757

Telephone No.

John M. Roberts

## ORIGINATION OF WASTE:

Operations Center

KALABZUBA Oper. Co

RRC No.

04683

Property Name

F.O. MASTER EST. LSE

(Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, TONS, TONS, TONS, TONS, TONS, ETC.) |       |                         |       |
|---|-------|-------------------------|-------|
| Commercial/Site Waste   | _____ | Oil Waste               | _____ |
| Drilled Solids  | _____ | Plant Waste Water       | _____ |
| Drilled Pit Liquids   | _____ | Produced Sand           | _____ |
| Filter Elements   | _____ | Produced Water          | _____ |
| General Refuse  | _____ | Rinseate                | _____ |
| H2S Scavengers/Sweetening   | _____ | Scale                   | _____ |
| BS&W/Crude  | _____ | Sludge (Water)          | _____ |
| (Tank Bottoms)  | _____ | Sludge (Petroleum)      | _____ |
|   |       | Spill Clean-up & Debris | _____ |
|   |       | Storm Water Run-off     | _____ |
|   |       | Used Containers         | _____ |
|   |       | Used Containers         | _____ |
|   |       | Used Lube Oils          | _____ |
|   |       | Completion Solids       | _____ |
|   |       | Completion Liquids      | _____ |
|   |       | Other                   | _____ |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

FRANCIE DAVIS  
Signature of Generator's Authorized Agent

1:30 P.M. - 54-95  
Date and Time of Shipment

## PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name

Bruton Service

Address

P.O. Box 1136

City/State

Denver City TX 79323

806-592-2912

Telephone No.

12

Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

[Signature]  
Signature of Transporter's Agent

1:30 P.M. - 54-95  
Date and Time Received

## PART III:

RECLAMATION SITE:

Name

Controlled Recovery, Inc./Inland Products

Address

P.O. Box 368

City/State

Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

\_\_\_\_\_  
Signature of Facility Agent

\_\_\_\_\_  
Date and Time Received

WHITE ORIGINAL - CN

YELLOW COPY - CN

PINK COPY - Generator

GOLDENROD COPY - Transporter

NON HAZARDOUS WASTE MANIFEST AND  
WASTE OIL ACCOUNTING

Manifest No. \_\_\_\_\_

**PART I TO BE COMPLETED BY GENERATOR**

Generator Baker  
Address 2815 Lovington Hwy. Phone: (505) 392-5516  
City/State Hobbs N.Mex.

**ORIGINATION OF WASTE:**

Lease Name: Pronghorn Lease # 634

**WASTE IDENTIFICATION AND AMOUNT (BBLs., YARDS, TONS, ETC.)**

|                   |       |                  |       |
|-------------------|-------|------------------|-------|
| Produced Water    | _____ | Sands/Solids     | _____ |
| Oil Base Mud      | _____ | Fresh Water      | _____ |
| Water Base Mud    | _____ | Pit Water        | _____ |
| W.O./Compl. Fluid | _____ | Gas Plt. Water   | _____ |
| Pit Sludges       | _____ | Salvage SB&W     | _____ |
| Net Oil           | _____ | Iron Sponge      | _____ |
| Tank Sludges      | _____ | Facility Water   | _____ |
| Cleanup Water     | _____ | Oil Contaminated | _____ |
|                   |       | Soil:            | _____ |

Other: BS+W

R.R.L.  
65406

**CERTIFICATION:** The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Guy Baber  
Signature of Generator's \_\_\_\_\_  
Authorized Agent \_\_\_\_\_  
Date & Time of Shipment 5-31-95 800AM

**PART II TO BE COMPLETED BY TRANSPORTER**

TRANSPORTER: Bruton Service Co., Inc. PHONE: 806-592-2981  
Address : P.O. BOX 1132 TRUCK LIC#: \_\_\_\_\_  
CITY/STATE : Denver City, TEXAS 79323 TRAILER LIC#: \_\_\_\_\_

**CERTIFICATION:** I certify that the waste in quantity above was received by me for shipment to the above destination.

Signature: Carol Wei Date: \_\_\_\_\_

**PART III. TO BE SIGNED BY COMMERCIAL FACILITY**

Commercial Facility Name: Controlled Recovery Inc. (CRI)

Site Address: \_\_\_\_\_ City/State: \_\_\_\_\_

**CERTIFICATION:** I certify that the waste described in Part I was received by me via the transporter described in Part III.

Signature of Facility Agent: James Dattner Date: 5-31-95

DISTRICT III  
P.O. Box 1980 Hobbs, NM 88241-1980

DISTRICT III  
P.O. Drawer DD, Artesia, NM 88211-0719

DISTRICT III  
1000 Rio Brazos Rd, Aztec, NM 87410

OIL CONSERVATION DIVISION

State of New Mexico  
Energy, Minerals and Natural Resources Department

# OIL CONSERVATION DIVISION

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

## TREATING PLANT OPERATOR'S MONTHLY REPORT

Form C-118  
Revised 4-1-91  
Sheet 1

Submit 2 copies to appropriate  
District Office by 15th of next  
succeeding month.

Report of Controlled Recovery Inc. Month & year April 1995

Address P.O. Box 369 Hobbs, NM 88241-0369

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) |  |                          |
|--|--|--------------------------|
| PLANT NAME   | LOCATION                                     | BARRELS                  |
| Controlled Recovery Inc.   | Halfway Disposal                             | 3556.65                  |
| TOTAL ALL PLANTS   |  | 3556.65                  |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)                 |  |                          |
| PLANT NAME   | LOCATION                                     | BARRELS                  |
| Controlled Recovery Inc.   | Halfway Disposal                             | 7163.12                  |
| TOTAL ALL PLANTS   |  | 7163.12                  |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)                      |  |                          |
| FROM   | TO   | BARRELS                  |
| Controlled Recovery Inc.<br>Transfer from Oil Treating<br>Plant to Disposal Area     | Petrosource Partners Ltd.<br>Water<br>Solids | 1568.18<br>.00<br>870.00 |
| TOTAL ALL PLANTS   |  | 2438.18                  |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)       |  |                          |
| PLANT NAME   | LOCATION                                     | BARRELS                  |
| Controlled Recovery Inc.   | Halfway Disposal                             |                          |
| TOTAL ALL PLANTS   |  | 8281.59                  |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

A. Amy Sumrall

J. Amy Sumrall / Office Manager

6-1-95

505 393-1079

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-118  
Revised 4-1-91  
Sheet 1-A

**OIL CONSERVATION DIVISION**

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

**PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS**

| PERMIT<br>NUMBER                                | LEASE OPERATOR  | LEASE NAME   | GROSS VOLUME<br>SEDIMENT OIL                                     | NET BBLS. P.L.<br>OIL RECOVERED |
|---|---|--|--|---------------------------------|
| H-17767<br>H-17747<br>H-17724                   | TRANSPORTER:<br>A.A. Oilfield Service<br>A.A. Oilfield Service<br>Texaco<br>TOTAL                                 | A.A. OILFIELD SERVICE<br>State AB SWD #1<br>State AB SWD #1<br>Buckeye Gas Plant                   | 490.00<br>125.00<br>86.70<br><u>701.70</u>                       | 365.20                          |
| H-17804   | TRANSPORTER:<br>Dakota Resources<br>TOTAL   | B & E TRUCKING<br>Big Eddy SWD   | 516.75<br><u>516.75</u>  | 408.00                          |
| TEXAS   | TRANSPORTER:<br>Shell Western E & P<br>TOTAL  | CLAY TANK TRUCKS, INC.<br>BRU Battery Tank #3  | 270.00<br><u>270.00</u>  | 270.00                          |
| H-17756   | TRANSPORTER:<br>Devon<br>TOTAL  | GANDY CORPORATION<br>Denton SWD #1   | 2330.00<br><u>2330.00</u>  | 2330.00                         |
| H-17751<br>WATER                                | TRANSPORTER:<br>Texaco<br>Grace<br>TOTAL  | I & W TRANSPORTATION<br>Cotton Draw Bat 1<br>Salty Bill  | 91.80<br>390.00<br><u>481.80</u>                                 | 91.80                           |
| H-17732<br>H-17803<br>TEXAS<br>TEXAS<br>TEXAS   | TRANSPORTER:<br>McCasland<br>McCasland<br>Wilson Diposal Systems<br>Scurlock Permian<br>Scurlock Permian<br>TOTAL | McCASLAND TRUCKING<br>Atha #1<br>Atha #1<br>Monahans/Peyote<br>Andrews Station<br>Monahans Station | 259.40<br>263.44<br>89.25<br>210.00<br>285.00<br><u>1107.09</u>  | 1107.09                         |
| A-8463  | TRANSPORTER:<br>Old Loco Oil<br>TOTAL   | OK HOT OIL SERVICES<br>Reclaiming Station  | 60.00<br><u>60.00</u>  | 10.00                           |
| TEXAS<br>TEXAS                                  | TRANSPORTER:<br>Shell Western E & P<br>Shell Western E & P<br>TOTAL   | POOL TRUCKING<br>NWCF Battery D<br>GWCF W & R Station  | 978.25<br>355.00<br><u>1333.25</u>                               | 1333.25                         |
| A-8426<br>A-8477<br>A-8427<br>A-8452<br>H-17726 | TRANSPORTER:<br>Rowland<br>Rowland<br>Rowland<br>Rowland<br>Rowland<br>TOTAL                                      | ROWLAND TRUCKING<br>BKE<br>BKE<br>Springs<br>Springs<br>RA   | 409.08<br>100.00<br>293.09<br>299.19<br>136.42<br><u>1237.78</u> | 1137.78                         |

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-118  
Revised 4-1-91  
Sheet 1-A

OIL CONSERVATION DIVISION

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

PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS

| PERMIT<br>NUMBER | LEASE OPERATOR                            | LEASE NAME                           | GROSS VOLUME<br>SEDIMENT OIL | NET BBLs. P.L.<br>OIL RECOVERED |
|------------------|---|--------------------------------------|------------------------------|---------------------------------|
| TEXAS            | TRANSPORTER:<br>Scurlock Permian<br>TOTAL | XL TRANSPORTATION<br>Andrews Station | <u>110.00</u><br>110.00      | 110.00                          |
|                  | TOTAL GROSS BARRELS<br>TOTAL NET BARRELS  |                                      | 8148.37                      | 7163.12                         |

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88241-1980

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88211-0719

DISTRICT III  
1000 Rio Brazos Rd, Aztec, NM 87410

OIL CONSERVATION DIVISION  
State of New Mexico  
Energy, Minerals and Natural Resources Department  
RECEIVED

95 AP OIL CONSERVATION DIVISION

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

TREATING PLANT OPERATOR'S MONTHLY REPORT

Form C-118  
Revised 4-1-91  
Sheet 1

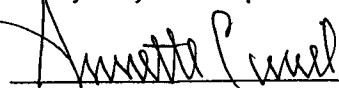
Submit 2 copies to appropriate  
District Office by 15th of next  
succeeding month.

Report of Controlled Recovery Inc. Month & year March 1995

Address P.O. Box 369 Hobbs, NM 88241-0369

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) |  |                                  |
|--|--|----------------------------------|
| PLANT NAME   | LOCATION                                       | BARRELS                          |
| Controlled Recovery Inc.   | Halfway Disposal                               | 9,394.59                         |
| TOTAL ALL PLANTS   |  | 9,394.59                         |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)                 |  |                                  |
| PLANT NAME   | LOCATION                                       | BARRELS                          |
| Controlled Recovery Inc.   | Halfway Disposal                               | 3,734.35                         |
| TOTAL ALL PLANTS   |  | 3,734.35                         |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)                      |  |                                  |
| FROM   | TO   | BARRELS                          |
| Controlled Recovery Inc.<br>Transfer from oil treating<br>plant to Disposal area.    | Petro Source Partners, LTD.<br>Water<br>Solids | 3,622.29<br>4,500.00<br>1,450.00 |
| TOTAL ALL PLANTS   |  | 9,572.29                         |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)       |  |                                  |
| PLANT NAME   | LOCATION                                       | BARRELS                          |
| Controlled Recovery Inc.   | Halfway Disposal                               | 3,556.65                         |
| TOTAL ALL PLANTS   |  | 3,556.65                         |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

  
Signature

Annette Curiel, Office Manager  
Printed Name & Title

4-10-95  
Date

505 393-1079  
Telephone No.

## OIL CONSERVATION DIVISION

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

### PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS

| PERMIT<br>NUMBER | LEASE OPERATOR                 | LEASE NAME                                | GROSS VOLUME<br>SEDIMENT OIL | NET BBLs. P.L.<br>OIL RECOVERED |
|------------------|--------------------------------|---|------------------------------|---------------------------------|
| H-17705          | TRANSPORTER:<br>A.A. Oilfield  | A.A. OILFIELD SERVICE<br>State AB SWD     | 125.00                       |                                 |
| H-17702          | GPM                            | Lynch Booster                             | 125.00                       |                                 |
| H-17697          | GPM                            | Lea Booster                               | <u>210.00</u>                |                                 |
|                  | TOTAL                          |   | 460.00                       | 270.00                          |
| H-17633          | TRANSPORTER:<br>BTA            | I & W TRANSPORTATION<br>JVP-1             | 45.90                        |                                 |
| H-17689          | I&W Transportation             | Shell State                               | 1055.00                      |                                 |
| H-17674          | Charles B. Gillespie           | Saunders SWD                              | <u>321.10</u>                |                                 |
|                  | TOTAL                          |   | 1422.00                      | 1166.70                         |
| H-17701          | TRANSPORTER:<br>WJC, Inc.      | LUCKY SERVICES<br>VF Cox #1               | <u>120.00</u>                |                                 |
|                  | TOTAL                          |   | 120.00                       | 120.00                          |
| H-17672          | TRANSPORTER:<br>& Midcontinent | MCCASLAND SERVICES<br>Adobe Fed 1 & Belco | 70.00                        |                                 |
| H-17678          |                                | Fed 1 & 2                                 |                              |                                 |
| TEXAS            | Unocal                         | Midland Tank Farm                         | 1240.00                      |                                 |
| H-17670          | McCasland                      | Atha #1                                   | 257.90                       |                                 |
| H-17717          | McCasland                      | Atha #1                                   | <u>294.01</u>                |                                 |
|                  | TOTAL                          |   | 1861.91                      | 1731.91                         |
| A-8356           | TRANSPORTER:<br>R&B Operating  | ROWLAND TRUCKING<br>Brantley Comm #1      | 136.40                       |                                 |
| A-8329           | Rowland                        | Springs SWD                               | 160.00                       |                                 |
| A-8386           | Rowland                        | Springs SWD                               | <u>149.34</u>                |                                 |
|                  | TOTAL                          |   | 445.74                       | 445.74                          |
|                  | TOTAL GROSS BARRELS            |   | 4309.65                      |                                 |
|                  | TOTAL NET BARRELS              |   |                              | 3734.35                         |

## NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I: Generator Unocal  
Address P.O. Box 2540  
City/State Ums, TX 75790

(905) 943-8686  
Telephone No.

## ORIGINATION OF WASTE:

Operations Center Ums, TEXAS

RRC NO. \_\_\_\_\_

Property Name Minkab Tank Farm  
(Well, Tank, Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) |                    |                    |
|---|--------------------|--------------------|
| Commercial/Slud Waste   | Oil Waste          | Spill Clean-up     |
| Drilled Solids  | Plant Waste Water  | & Debris           |
| Drilled Pit Liquids   | Produced Sand      | Storm Water Runoff |
| Filter Elements   | Produced Water     | Used Containers    |
| General Refuse  | Rinse              | Used Lube Oil      |
| H2S Scavengers/<br>Sweetening   | Scale              | Completion Solids  |
| SLAW/CRUDE  | Sludge (water)     | Completion liquids |
| (TANK BOTTOMS) ✓ <u>120</u>   | Sludge (Petroleum) | Other              |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Gary Overstreet  
Signature of Generator's Authorized Agent

\_\_\_\_\_  
Date and time of Shipment

## PART II: TRANSPORTER: (To be completed in full by Transporter)

Name McCasland Service Inc.  
Address P.O. Box 99  
City/State Ennice, NM 88241

505-394-2581

Telephone No.

✓ 41  
Track No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Alfred Anderson  
Signature of Transporter's Agent

✓ 3-1-95  
Date and time of Received

## PART III: RECLAMATION SITE:

Name Controlled Recovery, Inc./Hazard Products  
Address P.O. Box 369  
City/State Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Alfred Anderson  
Signature of Facility Agent

✓ 3-1-95  
Date and time of Received

WHITE ORIGINAL - GEN

YELLOW COPY - GEN

TELE COPY - Generator

GOLDEN ROD COPY - Transporter

## NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I: Generator Unocal  
Address P.O. Box 2547  
City/State Ums, TX 75790

(903) 943-8686  
Telephone No.

## ORIGINATION OF WASTE:

Operations Center Van, TEXAS

RRC NO. \_\_\_\_\_

Property Name Mioland Tank Farm  
(Well, Tank Battery, Plant Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU FT, LBS, UNITS, ETC.)

|                                  |                          |                          |
|----------------------------------|--------------------------|--------------------------|
| Commercial/Site Waste _____      | Oil Waste _____          | Spill Clean-up _____     |
| Drilled Solids _____             | Plant Waste Water _____  | & Debris _____           |
| Drilled Pit Liquids _____        | Produced Sand _____      | Storm Water Runoff _____ |
| Filter Elements _____            | Produced Water _____     | Used Containers _____    |
| General Refuse _____             | Rinsate _____            | Used Lube Oils _____     |
| H2S Scavengers/ _____            | Scale _____              | Completion solids _____  |
| Sweetening _____                 | Sludge (water) _____     | Completion liquids _____ |
| BS&W/CRUDE _____                 | Sludge (Petroleum) _____ | Other _____              |
| (TANK BOTTOMS) <u>✓ 120 bbls</u> |                          |                          |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Rory Christant  
Signature of Generator's Authorized Agent

3-1-95  
Date and time of Shipment

## PART II: TRANSPORTER: (To be completed in full by Transporter)

Name McCasland Service Inc.  
Address P.O. Box 99  
City/State Eunice, NM 88231

505-394-2581  
Telephone No.  
✓ 58  
Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Robert Anderson  
Signature of Transporter's Agent

✓ 3-1-95  
Date and time of Received

## PART III: RECLAMATION SITE:

Name Controlled Recovery, Inc./Island Products  
Address P.O. Box 369  
City/State Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

D. Parson  
Signature of Facility Agent

3-01-95  
Date and time of Received

WHITE ORIGINAL - CR1

YELLOW COPY - CR2

PINK COPY - Generator

GOLDEN ROD COPY - Transporter

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I: Generator Unocal  
 Address P.O. Box 2510  
 City/State Ums, TX 75790

(903) 943-8186  
 Telephone No.

## ORIGINATION OF WASTE:

Operations Center Ums, TEXAS

RRC NO. \_\_\_\_\_

Property Name Minland Tank Farm  
 (Well, Tank, Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) |              |       |
|---|--------------|-------|
| Commercial/Site Waste   | _____        | _____ |
| Drilled Solids  | _____        | _____ |
| Drilled Pit Liquids   | _____        | _____ |
| Filter Elements   | _____        | _____ |
| General Refuse  | _____        | _____ |
| H2S Scavengers/   | _____        | _____ |
| Sweetening  | _____        | _____ |
| BSAW/CRUDE  | _____        | _____ |
| (TANK BOTTOMS)  | <u>✓ 120</u> | _____ |
| Oil Waste   | _____        | _____ |
| Plant Waste Water   | _____        | _____ |
| Produced Sand   | _____        | _____ |
| Produced Water  | _____        | _____ |
| Rinse   | _____        | _____ |
| Scale   | _____        | _____ |
| Sludge (water)  | _____        | _____ |
| Sludge (Petroleum)  | _____        | _____ |
| Spill Clean-up & Debris   | _____        | _____ |
| Storm Water Runoff  | _____        | _____ |
| Used Containers   | _____        | _____ |
| Used Lube Oils  | _____        | _____ |
| Completion Solids   | _____        | _____ |
| Completion Liquids  | _____        | _____ |
| Other   | _____        | _____ |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Lois Overstreet  
 Signature of Generator's Authorized Agent

3-1-95  
 Date and time of Shipment

## PART II: TRANSPORTER: (To be completed in full by Transporter)

Name McCasland Service Inc.  
 Address P.O. Box 99  
 City/State Ennice, NM 88231

505-394-2381  
 Telephone No.  
57  
 Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Tony Motes  
 Signature of Transporter's Agent

3-1-95  
 Date and time of Received

## PART III: RECLAMATION SITE:

Name Controlled Recovery, Inc./Linkland Products  
 Address P.O. Box 369  
 City/State Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Deanne  
 Signature of Facility Agent

3-1-95  
 Date and time of Received

WHITE ORIGINAL - CRI

YELLOW COPY - CRI

TEAL COPY - Generator

GOLDEN ROD COPY - Transporter

TOTAL P.01

P. 1

FEB-28-95 WED 9:04 AM

63

## NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I: Generator Unocal  
 Address P.O. Box 254  
 City/State Van, TX 75790

(903) 963-8686  
 Telephone No.

## ORIGINATION OF WASTE:

Operations Center Van, Texas

RAC NO. \_\_\_\_\_

Property Name Midland Tank Farm  
 (Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) |                          |                          |
|---|--------------------------|--------------------------|
| Commercial/Site Waste _____   | Oily Waste _____         | Spill Clean-up _____     |
| Drilled Solids _____  | Plant Waste Water _____  | & Debris _____           |
| Drilled Pit Liquids _____   | Produced Sand _____      | Storm Water Runoff _____ |
| Filter Elements _____   | Produced Water _____     | Used Containers _____    |
| General Refuse _____  | Rinsate _____            | Used Lube Oils _____     |
| H2S Scavengers/ _____   | Scale _____              | Completion solids _____  |
| Sweetening _____  | Sludge (water) _____     | Completion liquids _____ |
| BS&W/CRUDE _____  | Sludge (Petroleum) _____ | Other _____              |
| (TANK BOTTOMS) <u>✓ 130</u>   |                          |                          |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Gary Overstreet  
 Signature of Generator's Authorized Agent

3-3-95  
 Date and time of Shipment

## PART II: TRANSPORTER: (To be completed in full by Transporter)

Name McCasland Service Inc.  
 Address P.O. Box 99  
 City/State Eunice, NM 88231

505-394-2581  
 Telephone No.

Truck No. \_\_\_\_\_

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Robert Anderson  
 Signature of Transporter's Agent

3-3-95  
 Date and time of Received

## PART III: RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
 Address P.O. Box 369  
 City/State Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

D. Fair  
 Signature of Facility Agent

3-3-95  
 Date and time of Received

WHITE ORIGINAL-CRI

YELLOW COPY-CRI

PINK COPY-Generator

GOLDEN ROD COPY-Transporter

## NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I: Generator Unocal  
 Address P.O. Box 2543  
 City/State Van, TX 75790

(903) 963-8686  
 Telephone No.

## ORIGINATION OF WASTE:

Operations Center VAN, TEXAS  
 Property Name Midland Tank Farm  
 (Well, Tank Battery, Plant, Facility)

RAC NO. \_\_\_\_\_

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                                  |                          |                          |
|----------------------------------|--------------------------|--------------------------|
| Commercial/Site Waste _____      | Oily Waste _____         | Spill Clean-up _____     |
| Drilled Solids _____             | Plant Waste Water _____  | & Debris _____           |
| Drilled Pit Liquids _____        | Produced Sand _____      | Storm Water Runoff _____ |
| Filter Elements _____            | Produced Water _____     | Used Containers _____    |
| General Refuse _____             | Rinsate _____            | Used Lube Oils _____     |
| H2S Scavengers/ _____            | Scale _____              | Completion solids _____  |
| Sweetening _____                 | Sludge (water) _____     | Completion liquids _____ |
| BS&W/CRUDE _____                 | Sludge (Petroleum) _____ | Other _____              |
| (TANK BOTTOMS) <u>✓ 130 bbls</u> |                          |                          |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Ray Aventur  
 Signature of Generator's Authorized Agent

3-3-95  
 Date and time of Shipment

## PART II: TRANSPORTER: (To be completed in full by Transporter)

Name McCaskand Service Inc.  
 Address P.O. Box 99  
 City/State Eunice, NM 88231

505-394-2581  
 Telephone No.

Truck No. \_\_\_\_\_

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Robert Anderson  
 Signature of Transporter's Agent

3-3-95  
 Date and time of Received

## PART III: RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
 Address P.O. Box 369  
 City/State Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

D. Larson  
 Signature of Facility Agent

3-3-95  
 Date and time of Received

WHITE ORIGINAL - CR1

YELLOW COPY - CR1

PINK COPY - Generator

GOLDEN ROD COPY - Transporter

TOTAL P.01

FEB-28-95 WED 9:04 AM

G3

P. 1

# NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I: Generator Unocal  
 Address P.O. Box 2540  
 City/State Van, TX 75790

(903) 963-8686  
 Telephone No.

## ORIGINATION OF WASTE:

Operations Center VAN, TEXAS

RRC NO. \_\_\_\_\_

Property Name Midland Tank Farm  
 (Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|   |                          |                          |
|---|--------------------------|--------------------------|
| Commercial/Site Waste _____   | Oily Waste _____         | Spill Clean-up _____     |
| Drilled Solids _____  | Plant Waste Water _____  | & Debris _____           |
| Drilled Pit Liquids _____   | Produced Sand _____      | Storm Water Runoff _____ |
| Filter Elements _____   | Produced Water _____     | Used Containers _____    |
| General Refuse _____  | Rinsate _____            | Used Lube Oils _____     |
| H2S Scavengers/ _____   | Scale _____              | Completion solids _____  |
| Sweetening _____  | Sludge (water) _____     | Completion liquids _____ |
| BS&W/CRUDE _____  | Sludge (Petroleum) _____ | Other _____              |
| (TANK BOTTOMS) <input checked="" type="checkbox"/> <u>150 bbls.</u> |                          |                          |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

[Signature]  
 Signature of Generator's Authorized Agent

3-3-95 3:45  
 Date and time of Shipment

## PART II: TRANSPORTER: (To be completed in full by Transporter)

Name McCaskland Service Inc.  
 Address P.O. Box 99  
 City/State Eunice, NM 88231

505-394-2581  
 Telephone No.

☒ 57  
 Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

☒ Tommy Motes  
 Signature of Transporter's Agent

☒ 3-3-95 6:00pm  
 Date and time of Received

## PART III: RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
 Address P.O. Box 369  
 City/State Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
 Signature of Facility Agent

3-3-95  
 Date and time of Received

## NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I: Generator Unocal  
Address P.O. Box 2547  
City/State Udon, TX 75790

(903) 963-8686  
Telephone No.

## ORIGIN OF WASTE:

Operations Center Udon, TEXAS

RRC NO. \_\_\_\_\_

Property Name Michoud Tank Farm  
(Well Tank Battery, Plant Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CUFT, LBS., UNITS, ETC.) |                    |                    |       |                    |       |
|---|--------------------|--------------------|-------|--------------------|-------|
| Commercial/Site Waste   | _____              | Oil Waste          | _____ | Spill Clean-up     | _____ |
| Drilled Solids  | _____              | Plant Waste Water  | _____ | & Debris           | _____ |
| Drilled Pit Liquids   | _____              | Produced Sand      | _____ | Storm Water Runoff | _____ |
| Filter Elements   | _____              | Produced Water     | _____ | Used Containers    | _____ |
| General Refuse  | _____              | Rinseate           | _____ | Used Lube Oils     | _____ |
| H2S Scavengers/   | _____              | Scale              | _____ | Completion solids  | _____ |
| Sweetening  | _____              | Sludge (water)     | _____ | Completion liquids | _____ |
| BS&W/CRUDE  | _____              | Sludge (Petroleum) | _____ | Other              | _____ |
| (TANK BOTTOMS)  | <u>✓ 130 BBL'S</u> |                    |       |                    |       |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Larry Overton  
Signature of Generator's Authorized Agent

3-3-95 8:30  
Date and time of Shipment

## PART II: TRANSPORTER: (To be completed in full by Transporter)

Name McCasland Service Inc.  
Address P.O. Box 99  
City/State Elmwood, NM 88231

505-744-2581  
Telephone No.  
✓ 57  
Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Tommy Hootes  
Signature of Transporter's Agent

✓ 3-3-95 1:00pm  
Date and time of Received

## PART III: RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
Address P.O. Box 369  
City/State Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
Signature of Facility Agent

3-3-95  
Date and time of Received

WHITE ORIGINAL - CRI

YELLOW COPY - CRI

PINK COPY - Generator

GOLDEN ROD COPY - Transporter

FEB-28-95 WED 9:04 AM

G3

TOTAL P.01

P. 1

## NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I: Generator Unocal  
 Address P.O. Box 2543  
 City/State Van, TX 75790

(903) 963-8686  
 Telephone No.

## ORIGINATION OF WASTE:

Operations Center VAN, TEXAS

RAC NO. \_\_\_\_\_

Property Name Midland Tank Farm  
 (Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                             |                          |                          |
|-----------------------------|--------------------------|--------------------------|
| Commercial/Site Waste _____ | Oily Waste _____         | Spill Clean-up _____     |
| Drilled Solids _____        | Plant Waste Water _____  | & Debris _____           |
| Drilled Pit Liquids _____   | Produced Sand _____      | Storm Water Runoff _____ |
| Filter Elements _____       | Produced Water _____     | Used Containers _____    |
| General Refuse _____        | Rinsate _____            | Used Lube Oils _____     |
| H2S Scavengers/ _____       | Scale _____              | Completion solids _____  |
| Sweetening _____            | Sludge (water) _____     | Completion liquids _____ |
| BS&W/CRUDE _____            | Sludge (Petroleum) _____ | Other _____              |
| (TANK BOTTOMS) <u>✓ 130</u> |                          |                          |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

\_\_\_\_\_  
 Signature of Generator's Authorized Agent

\_\_\_\_\_  
 Date and time of Shipment

## PART II: TRANSPORTER: (To be completed in full by Transporter)

Name McCaskin Service Inc.  
 Address P.O. Box 99  
 City/State Eunice, NM 88231

505-394-2581  
 Telephone No.

✓ 41  
 Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

[Signature]  
 Signature of Transporter's Agent

✓ 3-3-95  
 Date and time of Received

## PART III: RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
 Address P.O. Box 369  
 City/State Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
 Signature of Facility Agent

3-3-95  
 Date and time of Received

WHITE ORIGINAL - CRI

YELLOW COPY - CRI

PINK COPY - Generator

GOLDEN ROD COPY - Transporter

TOTAL P.01

FEB-28-95 WED 9:04 AM

G3

P. 1

## NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I: Generator Unocal  
 Address P.O. Box 2547  
 City/State Van, TX 75790

(903) 943-8686  
 Telephone No.

## ORIGIN OF WASTE:

Operations Center VAN, TEXAS

RRC NO. \_\_\_\_\_

Property Name Midland Tank Farm  
 (Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) |                          |                          |
|---|--------------------------|--------------------------|
| Commercial/Site Waste _____   | Oily Waste _____         | Spill Clean-up _____     |
| Drilled Solids _____  | Plant Waste Water _____  | & Debris _____           |
| Drilled Pit Liquids _____   | Produced Sand _____      | Storm Water Runoff _____ |
| Filter Elements _____   | Produced Water _____     | Used Containers _____    |
| General Refuse _____  | Rinsate _____            | Used Lube Oils _____     |
| H2S Scavengers/ _____   | Scale _____              | Completion solids _____  |
| Sweetening _____  | Sludge (water) _____     | Completion liquids _____ |
| BS&W/CRUDE _____  | Sludge (Petroleum) _____ | Other _____              |
| (TANK BOTTOMS) <u>✓ 130</u>   |                          |                          |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

\_\_\_\_\_  
 Signature of Generator's Authorized Agent

\_\_\_\_\_  
 Date and time of Shipment

## PART II: TRANSPORTER: (To be completed in full by Transporter)

Name McCasland Service Inc.  
 Address P.O. Box 99  
 City/State Eunice, NM 88231

505-394-2581  
 Telephone No.

✓ 44  
 Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

✓ [Signature]  
 Signature of Transporter's Agent

✓ 3-3-95  
 Date and time of Received

## PART III: RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
 Address P.O. Box 369  
 City/State Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
 Signature of Facility Agent

3-3-95  
 Date and time of Received

WHITE ORIGINAL - CR1

YELLOW COPY - CR1

PINK COPY - Generator

GOLDEN ROD COPY - Transporter

## NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I: Generator Unocal  
 Address P.O. Box 2517  
 City/State Van, TX 75790

(903) 943-8686  
 Telephone No.

## ORIGINATION OF WASTE:

Operations Center Van, TEXAS

RRC NO. \_\_\_\_\_

Property Name Midland Tank Farm  
 (Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

|                             |                          |                          |
|-----------------------------|--------------------------|--------------------------|
| Commercial/Site Waste _____ | Oily Waste _____         | Spill Clean-up _____     |
| Drilled Solids _____        | Plant Waste Water _____  | & Debris _____           |
| Drilled Pit Liquids _____   | Produced Sand _____      | Storm Water Runoff _____ |
| Filter Elements _____       | Produced Water _____     | Used Containers _____    |
| General Refuse _____        | Rinsate _____            | Used Lube Oils _____     |
| H2S Scavengers/ _____       | Scale _____              | Completion solids _____  |
| Sweetening _____            | Sludge (water) _____     | Completion Liquids _____ |
| BS&W/CRUDE <u>881s</u>      | Sludge (Petroleum) _____ | Other _____              |
| (TANK BOTTOMS) <u>✓ 80</u>  |                          |                          |

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

\_\_\_\_\_  
 Signature of Generator's Authorized Agent

\_\_\_\_\_  
 Date and time of Shipment

## PART II: TRANSPORTER: (To be completed in full by Transporter)

Name McCaskand Service Inc.  
 Address P.O. Box 99  
 City/State Eunice, NM 88231

505-394-2581  
 Telephone No.

✓ 41  
 Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

[Signature]  
 Signature of Transporter's Agent

✓ 3-7-95  
 Date and time of Received

## PART III: RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products  
 Address P.O. Box 369  
 City/State Hobbs, NM 88241

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
 Signature of Facility Agent

3-7-95  
 Date and time of Received

WHITE ORIGINAL-CRI

YELLOW COPY-CRI

PINK COPY-Generator

GOLDEN ROD COPY-Transporter

DISTRICT I

P.O. Box 1980, Hobbs, NM 88241-1980

DISTRICT II

P.O. Drawer DD, Artesia, NM 88211-0719

DISTRICT III

1000 Rio Brazos Rd, Aztec, NM 87410

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

## TREATING PLANT OPERATOR'S MONTHLY REPORT

Submit 2 copies to appropriate District Office by 15th of next succeeding month.

Report of Controlled Recovery Inc. Month & year February 1995Address P.O. Box 369 Hobbs, NM 88241-0369

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) |                             |          |
|--|-----------------------------|----------|
| PLANT NAME   | LOCATION                    | BARRELS  |
| Controlled Recovery Inc.   | Halfway Disposal            | 5,734.83 |
| Oil Skimmed from pits  |                             | 833.00   |
| TOTAL ALL PLANTS   |                             | 6,567.83 |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)                 |                             |          |
| PLANT NAME   | LOCATION                    | BARRELS  |
| Controlled Recovery Inc.   | Halfway Disposal            | 4,067.65 |
| TOTAL ALL PLANTS   |                             | 4,067.65 |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)                      |                             |          |
| FROM   | TO                          | BARRELS  |
| Controlled Recovery Inc.   | Petro Source Partners, Ltd. | 1,240.89 |
| TOTAL ALL PLANTS   |                             | 1,240.89 |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)       |                             |          |
| PLANT NAME   | LOCATION                    | BARRELS  |
| Controlled Recovery Inc.   | Halfway Disposal            | 9,394.59 |
| TOTAL ALL PLANTS   |                             | 9,394.59 |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

Annette Curiel, Office Manager

Printed Name &amp; Title

3-10-95

Date

505 393-1079

Telephone No.

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

**PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS**

| PERMIT<br>NUMBER   | LEASE OPERATOR   | LEASE NAME  | GROSS VOLUME<br>SEDIMENT OIL  | NET BBLs. P.L.<br>OIL RECOVERED |
|--|--|---|---|---------------------------------|
| H-17619<br>H-17586   | TRANSPORTER:<br>A.A. Oilfield<br>Texaco<br>TOTAL   | A.A. OILFIELD SERVICE<br>Alpha Phi Crude Plant<br>NM AB Battery   | 255.00<br><u>140.00</u><br>395.00   | 325.00                          |
| H-17635<br>H-17627   | TRANSPORTER:<br>Purvis Operating<br>Purvis Oil Co.<br>TOTAL  | GANDY<br>SWD Well H-5<br>Purvis SWD #5  | 200.00<br><u>135.30</u><br>335.30   | 281.30                          |
| H-17624  | TRANSPORTER:<br>Conoco<br>TOTAL  | GOLD STAR<br>MCA Battery #2   | <u>43.35</u><br>43.35   | 23.35                           |
| H-17652  | TRANSPORTER:<br>WJC, Inc.<br>TOTAL   | I & W TRANSPORTATION<br>CE Brooks #2  | <u>66.50</u><br>66.50   | 66.50                           |
| H-17605<br>H-17625<br>H-17597<br>H-17593<br>TEXAS  | TRANSPORTER:<br>Arco<br>McCasland<br>McCasland<br>Richard Coe<br>Unocal<br>TOTAL   | MCCASLAND SERVICES<br>EL Steeler<br>Atha #1<br>Atha #1<br>Government N2<br>Midland Tank Farm                                  | 35.00<br>239.70<br>244.05<br>38.00<br><u>1429.00</u><br>1985.75                                       | 1852.25                         |
| A-8308<br>A-8314<br>A-8287<br>A-8315<br>A-8288<br>H-17641<br>H-17631<br>H-17637<br>H-17620 | TRANSPORTER:<br>Rowland<br>Rowland<br>Rowland<br>Rowland<br>Rowland<br>Pogo<br>Rowland<br>Meridian<br>Cross Timbers<br>TOTAL | ROWLAND TRUCKING<br>BKE<br>BKE<br>BKE<br>Springs SWD<br>Springs SWD<br>Battery 23<br>RA #1<br>State DS<br>US Minerals Battery | 123.00<br>140.00<br>139.44<br>365.20<br>272.51<br>30.00<br>399.10<br>70.00<br><u>30.00</u><br>1569.25 | 1519.25                         |
|  | TOTAL GROSS BARRELS<br>TOTAL NET BARRELS   |   | 4395.15   | 4067.65                         |

DISTRICT I

P.O.Box 1980, Hobbs, NM 88241-1980

DISTRICT II

P.O. Drawer DD, Artesia, NM 88211-0719

DISTRICT III

1000 Rio Brazos Rd, Aztec, NM 87410

State of New Mexico

Energy, Minerals and Natural Resources Department

Form C-118

Revised 4-1-91

Sheet 1

## OIL CONSERVATION DIVISION

P.O. Box 2088

50 Santa Fe, New Mexico 87504-2088

Submit 2 copies to appropriate  
District Office by 15th of next  
succeeding month.

## TREATING PLANT OPERATOR'S MONTHLY REPORT

Report of Controlled Recovery Inc. Month & year January 1995

Address P.O. Box 369 Hobbs, NM 88241-0369

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) |                             |          |
|--|-----------------------------|----------|
| PLANT NAME   | LOCATION                    | BARRELS  |
| Controlled Recovery Inc.   | Halfway Disposal            | 4,350.59 |
| TOTAL ALL PLANTS   |                             | 4,350.59 |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)                 |                             |          |
| PLANT NAME   | LOCATION                    | BARRELS  |
| Controlled Recovery Inc.   | Halfway Disposal            | 3,878.35 |
| TOTAL ALL PLANTS   |                             | 3,878.35 |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)                      |                             |          |
| FROM   | TO                          | BARRELS  |
| Controlled Recovery Inc.   | Petro Source Partners, LTD. | 1,094.11 |
| Transfer from oil treating<br>plant to disposal area :                               | Water =                     | 1,400.00 |
| TOTAL ALL PLANTS   |                             | 2,494.11 |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)       |                             |          |
| PLANT NAME   | LOCATION                    | BARRELS  |
| Controlled Recovery Inc.   | Halfway Disposal            | 5,734.83 |
| TOTAL ALL PLANTS   |                             | 5,734.83 |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

Annette Curiel

Annette Curiel, Office Manager

Printed Name & Title

2/10/95

Date

505 393-1079

Telephone No.

## OIL CONSERVATION DIVISION

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

### PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS

| PERMIT<br>NUMBER | LEASE OPERATOR      | LEASE NAME               | GROSS VOLUME<br>SEDIMENT OIL | NET BBLS. P.L.<br>OIL RECOVERED |
|------------------|---------------------|--------------------------|------------------------------|---------------------------------|
| H-17522          | TRANSPORTER:        | A.A. OILFIELD SERVICE    |                              |                                 |
| H-17518          | NATCO               | Hobbs yard inventory     | 95.00                        |                                 |
|                  | A.A. Oilfield       | State AB SWD             | <u>91.80</u>                 |                                 |
|                  | TOTAL               |                          | 186.80                       | 96.00                           |
| A-8223           | TRANSPORTER:        | B&E TRUCKING             |                              |                                 |
|                  | Dakota Resources    | Big Eddy #100 SWD        | <u>120.00</u>                |                                 |
|                  | TOTAL               |                          | 120.00                       | 40.00                           |
| H-17509          | TRANSPORTER:        | CHAPARRAL SERVICES       |                              |                                 |
|                  | Arch Petroleum      | CH Lockhard #6           | <u>90.00</u>                 |                                 |
|                  | TOTAL               |                          | 90.00                        | 90.00                           |
| H-17560          | TRANSPORTER:        | I & W TRANSPORTATION     |                              |                                 |
|                  | Harvard Operation   | Dickinson Cattle Co.     | <u>320.00</u>                |                                 |
|                  | TOTAL               |                          | 320.00                       | 275.00                          |
| H-17532          | TRANSPORTER:        | LUCKY SERVICES           |                              |                                 |
| H-17501          | Breck Operating     | State SC                 | 235.00                       |                                 |
|                  | L.B. Simmons        | Dennis Fed Battery       | <u>80.00</u>                 |                                 |
|                  | TOTAL               |                          | 315.00                       | 190.00                          |
| H-17546          | TRANSPORTER:        | MCCASLAND SERVICES       |                              |                                 |
| H-17496          | McCasland Services  | Atha #1                  | 235.14                       |                                 |
| H-17488          | McCasland Services  | Atha #1                  | 118.85                       |                                 |
| H-17505          | Chevron             | Janda J                  | 20.00                        |                                 |
| H-17489          | Parabo              | Parabo SWD               | 1485.00                      |                                 |
| H-17500          | Sandhills Petroleum | Monument Lack Unit       | 100.00                       |                                 |
|                  | Sandhills Petroleum | Deak Lack Unit #1        | <u>105.00</u>                |                                 |
|                  | TOTAL               |                          | 2063.99                      | 2043.99                         |
| A-8223           | TRANSPORTER:        | ROWLAND TRUCKING COMPANY |                              |                                 |
| A-8232           | Marathon            | McMillian Fed Com #1     | 100.60                       |                                 |
| A-8224           | Rowland Trucking    | BKE                      | 271.24                       |                                 |
| H-17520          | Rowland Trucking    | Springs                  | 411.12                       |                                 |
| H-17540          | Texaco              | State AQ                 | 120.00                       |                                 |
|                  | Texaco              | CVU Central Battery      | <u>330.00</u>                |                                 |
|                  | TOTAL               |                          | 1232.96                      | 1143.36                         |
|                  | TOTAL GROSS BARRELS |                          | 4328.75                      |                                 |
|                  | TOTAL NET BARRELS   |                          |                              | 3878.35                         |

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88241-1980

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88211-0719

DISTRICT III  
1000 Rio Brazos Rd, Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-118  
Revised 4-1-91  
Sheet 1

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088  
TREATING PLANT OPERATOR'S MONTHLY REPORT

RECEIVED

Submit 2 copies to appropriate  
District Office by 15th of next  
succeeding month.

Report of Controlled Recovery Inc. Month & year December 1994

Address P.O. Box 369 Hobbs, NM 88241-0369

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) |                  |          |
|--|------------------|----------|
| PLANT NAME   | LOCATION         | BARRELS  |
| Controlled Recovery Inc.   | Halfway Disposal | 5,758.53 |
| TOTAL ALL PLANTS   |                  | 5,758.53 |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)                 |                  |          |
| PLANT NAME   | LOCATION         | BARRELS  |
| Controlled Recovery Inc.   | Halfway Disposal | 3,610.65 |
| TOTAL ALL PLANTS   |                  | 3,610.65 |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)                      |                  |          |
| FROM   | TO               | BARRELS  |
| Controlled Recovery Inc.   | Petro Source     | 2,635.59 |
| Transfer from oil treating<br>to disposal area:                                      |                  |          |
| water=   |                  | 1,900.00 |
| solids=  |                  | 483.00   |
| TOTAL ALL PLANTS   |                  | 5,018.59 |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)       |                  |          |
| PLANT NAME   | LOCATION         | BARRELS  |
| Controlled Recovery Inc.   | Halfway Disposal | 4,350.59 |
| TOTAL ALL PLANTS   |                  | 4,350.59 |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

Annette Curiel

Annette Curiel, Office Manager

1-10-95

505 393-1079

Printed Name & Title

Date

Telephone No.

## OIL CONSERVATION DIVISION

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

### PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS

| PERMIT<br>NUMBER | LEASE OPERATOR                      | LEASE NAME                               | GROSS VOLUME<br>SEDIMENT OIL | NET BBLs. P.L.<br>OIL RECOVERED |
|------------------|-------------------------------------|--|------------------------------|---------------------------------|
| H-17431          | TRANSPORTER:<br>A.A. Oilfield       | A.A. OILFIELD SERVICE<br>State AB SWD #1 | 125.00                       |                                 |
| H-17436          | A.A. Oilfield                       | Alpha Phi Crude Plant                    | 125.00                       |                                 |
| H-17483          | A.A. Oilfield                       | Alpha Phi Crude Plant                    | 350.00                       |                                 |
|                  | TOTAL                               |  | 600.00                       | 495.00                          |
| RRC#62362        | TRANSPORTER:<br>Brazos Petroleum    | McCASLAND SERVICES<br>Willard            | 260.00                       |                                 |
|                  | TOTAL                               |  | 260.00                       | 260.00                          |
| H-17397          | TRANSPORTER:<br>I & W Transporation | I & W TRANSPORTATION<br>L.C. State #2    | 260.00                       |                                 |
|                  | TOTAL                               |  | 260.00                       | 245.00                          |
| H-17433          | TRANSPORTER:<br>McCasland Services  | McCASLAND SERVICES<br>Atha #1            | 260.00                       |                                 |
| H-17440          | McCAsland Services                  | Atha #1                                  | 300.00                       |                                 |
| H-17478          | McCAsland Services                  | Atha #1                                  | 680.00                       |                                 |
| H-17456          | McCAsland Services                  | Atha #1                                  | 123.75                       |                                 |
| H-17474          | McCAsland Services                  | Atha #1                                  | 110.00                       |                                 |
|                  | TOTAL                               |  | 1473.75                      | 1443.75                         |
| H-17510          | TRANSPORTER:<br>Merit Energy Co.    | GANDY CORPORATION<br>Susco State 1       | 40.00                        |                                 |
|                  | TOTAL                               |  | 40.00                        | 35.00                           |
| H-17403          | TRANSPORTER:<br>Oxy                 | CHAPARREL SERVICES<br>West Dollar Hide   | 220.00                       |                                 |
| H-17424          | Oxy                                 | West Dollar Hide                         | 405.00                       |                                 |
| H-17416          | Oxy                                 | West Dollar Hide                         | 90.00                        |                                 |
| TEXAS            | Oxy                                 | W. Seminole San Andres                   | 220.00                       |                                 |
|                  | TOTAL                               |  | 975.00                       | 600.00                          |
| RRC#67292        | TRANSPORTER:<br>Placid Oil          | PATE<br>Red Dog 1                        | 96.90                        |                                 |
|                  | TOTAL                               |  | 96.90                        | 96.90                           |
| A-8098           | TRANSPORTER:<br>Pogo                | ROWLAND TRUCKING COMPANY<br>Uriquidez    | 90.00                        |                                 |
| H-17454          | Pogo                                | Calmon 3 Battery                         | 130.00                       |                                 |
| H-17405          | Pogo                                | Pure Gold Battery                        | 40.00                        |                                 |
| H-17425          | Texaco                              | CVU Battery                              | 370.00                       |                                 |
|                  | TOTAL                               |  | 630.00                       | 305.00                          |

**OIL CONSERVATION DIVISION**

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

**PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS**

| PERMIT<br>NUMBER | LEASE OPERATOR      | LEASE NAME          | GROSS VOLUME<br>SEDIMENT OIL | NET BBLs. P.L.<br>OIL RECOVERED |
|------------------|---------------------|---------------------|------------------------------|---------------------------------|
| RRC#27561        | TRANSPORTER:        | McCASLAND SERVICES  |                              |                                 |
|                  | Wilson SWD          | West Texas Disposal | <u>180.00</u>                |                                 |
|                  | TOTAL               |                     | 180.00                       | 130.00                          |
|                  | TOTAL GROSS BARRELS |                     | 4515.65                      |                                 |
|                  | TOTAL NET BARRELS   |                     |                              | 3610.65                         |

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88241-1980

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88211-0719

DISTRICT III  
1000 Rio Brazos Rd, Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-118  
Revised 4-1-91  
Sheet 1

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088  
TREATING PLANT OPERATOR'S MONTHLY REPORT

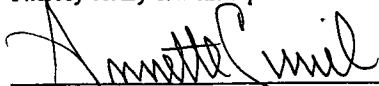
Submit 2 copies to appropriate  
District Office by 15th of next  
succeeding month.

Report of Controlled Recovery Inc. Month & year November 1994

Address P.O. Box 369 Hobbs, NM 88241-0369

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) |                  |          |
|--|------------------|----------|
| PLANT NAME   | LOCATION         | BARRELS  |
| Controlled Recovery Inc.   | Halfway Disposal | 8,232.22 |
| TOTAL ALL PLANTS   |                  | 8,232.22 |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)                 |                  |          |
| PLANT NAME   | LOCATION         | BARRELS  |
| Controlled Recovery Inc.   | Halfway Disposal | 3,039.75 |
| TOTAL ALL PLANTS   |                  | 3,039.75 |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)                      |                  |          |
| FROM   | TO               | BARRELS  |
| Controlled Recovery Inc.   | Petro Source     | 4,092.44 |
| Transfer from oil treating<br>to disposal area:                                      |                  | 1,421.00 |
| TOTAL ALL PLANTS   |                  | 5,513.44 |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)       |                  |          |
| PLANT NAME   | LOCATION         | BARRELS  |
| Controlled Recovery Inc.   | Halfway Disposal | 5,758.53 |
| TOTAL ALL PLANTS   |                  | 5,758.53 |

I hereby certify that this report is true and complete to the best of my knowledge and belief.



Signature

Annette Curiel, Office Manager

Printed Name & Title

Date

505 393-1079

Telephone No.

OIL CONSERVATION DIVISION

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

PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS

| PERMIT<br>NUMBER   | LEASE OPERATOR  | LEASE NAME  | GROSS VOLUME<br>SEDIMENT OIL   | NET BBLs. P.L.<br>OIL RECOVERED |
|--|---|---|--|---------------------------------|
| H-17331<br>H-17358   | TRANSPORTER:<br>A.A. Oilfield<br>A.A. Oilfield<br>TOTAL   | A.A. OILFIELD SERVICE<br>State AB SWD #1<br>State AB SWD #1   | 110.00<br><u>115.00</u><br>225.00  | 225.00                          |
| A-8058   | TRANSPORTER:<br>Maco Industries<br>TOTAL  | B & E<br>State 15 #1  | <u>100.00</u><br>100.00  | 60.00                           |
| RRC#64015  | TRANSPORTER:<br>North American Roy.<br>TOTAL  | BRUTON<br>Harrison  | <u>100.00</u><br>100.00  | 100.00                          |
| H-17372<br>H-17393<br>H-17344<br>H-17394<br>H-17343<br>RRC#63473 | TRANSPORTER:<br>John H Hendrix<br>McCasland Services<br>McCasland Services<br>Parabo<br>Arch<br>Samson Resources<br>TOTAL | MCCASLAND SERVICES<br>Pike Federal<br>Atha #1<br>Atha #1<br>SWD Disposal<br>CE Lamuiyor #30 Battery<br>Beavers #1 | 70.00<br>260.00<br>980.00<br>510.00<br>80.00<br><u>305.00</u><br>2205.00 | 1510.00                         |
| TEXAS<br>TEXAS   | TRANSPORTER:<br>DCB Oil & Gas<br>Placid Oil Co.<br>TOTAL  | PATE TRUCKING<br>Brumley #1<br>Weaver #1  | 130.00<br><u>70.00</u><br>200.00   | 190.00                          |
| TEXAS  | TRANSPORTER:<br>Pride Pipeline<br>TOTAL   | PRIDE PIPELINE<br>Crane station #24   | <u>379.75</u><br>379.75  | 269.75                          |
| H-17382<br>H-17380<br>A-8066<br>A-8052                           | TRANSPORTER:<br>Pogo<br>Pogo<br>Pogo<br>Pogo<br>TOTAL   | ROWLAND TRUCKING CO.<br>Amex Battery<br>Pure Gold Battery<br>Mobil Fed Battery<br>Cal Mon #2                      | 10.00<br>90.00<br>170.00<br><u>135.00</u><br>405.00                      | 295.00                          |
| H-17330  | TRANSPORTER:<br>Jenex<br>TOTAL  | SONNY'S OILFIELD SERVICE<br>Hobbs Station   | <u>690.00</u><br>690.00  | 390.00                          |
|  | TOTAL GROSS BARRELS<br>TOTAL NET BARRELS  |   | 4304.75  | 3039.75                         |

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88241-1980

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88211-0719

DISTRICT III  
1000 Rio Brazos Rd, Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-118  
Revised 4-1-91  
Sheet 1

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088  
TREATING PLANT OPERATOR'S MONTHLY REPORT

Submit 2 copies to appropriate  
District Office by 15th of next  
succeeding month.

Report of Controlled Recovery Inc. Month & year October 1994

Address P.O. Box 369 Hobbs, NM 88241-0369

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) |                  |           |
|--|------------------|-----------|
| PLANT NAME   | LOCATION         | BARRELS   |
| Controlled Recovery Inc.   | Halfway Disposal | 12,629.21 |
| Oil skimmed from pits  |                  | 180.44    |
| TOTAL ALL PLANTS   |                  | 12,809.65 |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)                 |                  |           |
| PLANT NAME   | LOCATION         | BARRELS   |
| Controlled Recovery Inc.   | Halfway Disposal | 2,811.90  |
| TOTAL ALL PLANTS   |                  | 2,811.90  |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)                      |                  |           |
| FROM   | TO               | BARRELS   |
| Controlled Recovery Inc.   | Petro Source     | 5,321.14  |
|  | Petrolite        | 1,232.86  |
| Transfer from oil treating<br>to Disposal area:                                      | Water/Solids     | 835.33    |
| TOTAL ALL PLANTS   |                  | 7,389.33  |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)       |                  |           |
| PLANT NAME   | LOCATION         | BARRELS   |
| Controlled Recovery Inc.   | Halfway Disposal | 8,232.22  |
| TOTAL ALL PLANTS   |                  | 8,232.22  |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

Annette Curiel, Office Manager 11-07-94

505 888-9768 303-1070

PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS

| PERMIT<br>NUMBER | LEASE OPERATOR             | LEASE NAME                      | GROSS VOLUME<br>SEDIMENT OIL | NET BBLs. P.L.<br>OIL RECOVERED |
|------------------|----------------------------|---------------------------------|------------------------------|---------------------------------|
|                  | <b>TRANSPORTER:</b>        | <b>A.A. OILFIELD SERVICE</b>    |                              |                                 |
| H-17305          | A.A. Oilfield              | State AB SWD #1                 | <u>375.00</u>                |                                 |
|                  | <b>TOTAL</b>               |                                 | <b>375.00</b>                | <b>375.00</b>                   |
|                  | <b>TRANSPORTER:</b>        | <b>I &amp; W TRANSPORTATION</b> |                              |                                 |
| H-17307          | Lynx                       | Midwest State #1                | <u>50.00</u>                 |                                 |
|                  | <b>TOTAL</b>               |                                 | <b>50.00</b>                 | <b>50.00</b>                    |
|                  | <b>TRANSPORTER:</b>        | <b>JENEX</b>                    |                              |                                 |
| H-17270          | Jenex Operating            | Hobbs Station Yard              | <u>279.24</u>                |                                 |
|                  | <b>TOTAL</b>               |                                 | <b>279.24</b>                | <b>279.24</b>                   |
|                  | <b>TRANSPORTER:</b>        | <b>PATE TRUCKING</b>            |                              |                                 |
| TEXAS            | Placid Oil                 | Weaver #1                       | 131.15                       |                                 |
| H-17273          | Jenex Operating            | Hobbs Station Yard              | <u>775.00</u>                |                                 |
|                  | <b>TOTAL</b>               |                                 | <b>906.15</b>                | <b>906.15</b>                   |
|                  | <b>TRANSPORTER:</b>        | <b>MCCASLAND SERVICES</b>       |                              |                                 |
| TEXAS            | Coda Energy                | Shafter Lake Unit               | 370.00                       |                                 |
| H-17284          | McCasland Services         | Atha #1                         | 264.43                       |                                 |
| H-17311          | McCasland Services         | Atha #1                         | 132.63                       |                                 |
| TEXAS            | Wilson Operating           | Penwell Plant                   | 305.00                       |                                 |
| TEXAS            | Prime Operating            | Arco Holt 35 & 36               | <u>118.00</u>                |                                 |
|                  | <b>TOTAL</b>               |                                 | <b>1190.06</b>               | <b>1136.36</b>                  |
|                  | <b>TRANSPORTER:</b>        | <b>RAPID TRANSPORT</b>          |                              |                                 |
| TEXAS            | Pride Pipeline             | Keystone #57                    | <u>70.00</u>                 |                                 |
|                  | <b>TOTAL</b>               |                                 | <b>70.00</b>                 | <b>2.00</b>                     |
|                  | <b>TRANSPORTER:</b>        | <b>ROWLAND TRUCKING CO.</b>     |                              |                                 |
| A-7977           | El Paso Nat'l Gas          | Pecos River Plant               | 70.00                        |                                 |
| A-7976           | Rowland Trucking           | BKE SWD                         | 220.00                       |                                 |
| H-17351          | Texaco                     | CVU Battery                     | <u>90.15</u>                 |                                 |
|                  | <b>TOTAL</b>               |                                 | <b>380.15</b>                | <b>63.15</b>                    |
|                  | <b>TRANSPORTER:</b>        | <b>LUCKY'S SERVICES</b>         |                              |                                 |
| H-17264          | Oxy USA                    | Tracy B #1                      | <u>110.00</u>                |                                 |
|                  | <b>TOTAL</b>               |                                 | <b>110.00</b>                | <b>0.00</b>                     |
|                  | <b>TOTAL GROSS BARRELS</b> |                                 | <b>3360.60</b>               |                                 |
|                  | <b>TOTAL NET BARRELS</b>   |                                 |                              | <b>2811.90</b>                  |

DISTRICT I

P.O. Box 1980, Hobbs, NM 88241-1980

DISTRICT II

P.O. Drawer DD, Artesia, NM 88211-0719

DISTRICT III

1000 Rio Brazos Rd, Aztec, NM 87410

State of New Mexico

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

## TREATING PLANT OPERATOR'S MONTHLY REPORT

Form C-118

Revised 4-1-91

Sheet 1

Submit 2 copies to appropriate  
District Office by 15th of next  
succeeding month.

Report of Controlled Recovery Inc. Month & year September 1994

Address P.O. Box 369 Hobbs, NM 88241-0369

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) |                  |           |
|--|------------------|-----------|
| PLANT NAME   | LOCATION         | BARRELS   |
| Controlled Recovery Inc.   | Halfway Disposal | 14,824.97 |
| TOTAL ALL PLANTS   |                  | 14,824.97 |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)                 |                  |           |
| PLANT NAME   | LOCATION         | BARRELS   |
| Controlled Recovery Inc.   | Halfway Disposal | 2,281.00  |
| TOTAL ALL PLANTS   |                  | 2,281.00  |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)                      |                  |           |
| FROM   | TO               | BARRELS   |
| Controlled Recovery Inc.   | Petro Source     | 731.66    |
| Transfers from oil treating<br>plant to disposal area:                               | Water=           | 3,745.00  |
| TOTAL ALL PLANTS   |                  | 4,476.66  |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)       |                  |           |
| PLANT NAME   | LOCATION         | BARRELS   |
| Controlled Recovery Inc.   | Halfway Disposal | 12,629.31 |
| TOTAL ALL PLANTS   |                  | 12,629.31 |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

Annette Curiel, Office Manager

10/12/94

505-393-1079

## OIL CONSERVATION DIVISION

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

### PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS

| PERMIT<br>NUMBER                             | LEASE OPERATOR  | LEASE NAME  | GROSS VOLUME<br>SEDIMENT OIL                          | NET BBLs. P.L.<br>OIL RECOVERED |
|--|---|---|---|---------------------------------|
| H-17175                                      | TRANSPORTER:<br>A.A. Oilfield<br>TOTAL  | A.A. OILFIELD SERVICE<br>State AB SWD #1  | <u>250.00</u><br>250.00                               | 250.00                          |
| H-17226                                      | TRANSPORTER:<br>Bandera<br>TOTAL  | BANDERA<br>Bandera Plant  | <u>225.00</u><br>225.00                               | 225.00                          |
| RRC-17278<br>RRC-17278                       | TRANSPORTER:<br>Pure Flow<br>Pure Flow<br>TOTAL   | BERGSTEIN SERVICES<br>JE Barkerd<br>Andrews Butane Disp.  | 300.00<br><u>300.00</u><br>600.00                     | 190.00                          |
| H-17214<br>H-17216                           | TRANSPORTER:<br>BTA<br>Plains Radio Pet.<br>TOTAL   | GANDY CORPORATION<br>Byers #2 SWD<br>L.E. Ranch 16  | 120.00<br><u>10.00</u><br>130.00                      | 80.00                           |
| H-17180                                      | TRANSPORTER:<br>I & W Transport.<br>TOTAL   | I & W TRANSPORTATION<br>Shell State   | <u>120.00</u><br>120.00                               | 100.00                          |
| H-17269<br>H-17234<br>RRC-12482<br>RRC-12482 | TRANSPORTER:<br>Texaco<br>McCasland Services<br>Wilson Systems<br>Wilson Systems<br>TOTAL | MCCASLAND SERVICES<br>BF Harrison B #3<br>Atha SWD #1<br>Penwell Plant<br>TXL B Lease Goldsmith | 100.00<br>350.00<br>676.00<br><u>80.00</u><br>1206.00 | 1026.00                         |
| TEXAS  | TRANSPORTER:<br>Pride Pipeline<br>TOTAL   | PRIDE PIPELINE<br>Orla Station #77  | <u>50.00</u><br>50.00                                 | 50.00                           |
| A-7937<br>A-7949<br>A-7958                   | TRANSPORTER:<br>CRW-SWD<br>Rowland Trucking<br>Tide West Oil<br>TOTAL                     | ROWLAND TRUCKING CO.<br>SWD Disposal<br>Springs SWD<br>Worth Fed .Tank Battery                  | 230.00<br>110.00<br><u>140.00</u><br>480.00           | 330.00                          |
| H-17166<br>H-17167                           | TRANSPORTER:<br>Penroc<br>Koch<br>TOTAL   | SONNY'S OILFIELD SERVICE<br>State AF<br>East Lovington  | 65.00<br><u>45.00</u><br>110.00                       | 30.00                           |
|  | TOTAL GROSS BARRELS   |   | 3171.00   |                                 |
|  | TOTAL NET BARRELS   |   |   | 2281.00                         |

DISTRICT I

P.O. Box 1980, Hobbs, NM 88241-1980

DISTRICT II

P.O. Drawer DD, Artesia, NM 88211-0719

DISTRICT III

1000 Rio Brazos Rd, Aztec, NM 87410

OIL CONSERVATION DIVISION

RECEIVED

Energy, Minerals and Natural Resources Department

State of New Mexico

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

## TREATING PLANT OPERATOR'S MONTHLY REPORT

Form C-118

Revised 4-1-91

Sheet 1

Submit 2 copies to appropriate  
District Office by 15th of next  
succeeding month.

Report of Controlled Recovery Inc. Month & year August 1994

Address P.O. Box 369 Hobbs, NM 88241-0369

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) |                  |          |
|--|------------------|----------|
| PLANT NAME   | LOCATION         | BARRELS  |
| Controlled Recovery Inc.   | Halfway Disposal | 20326.70 |
| Skimmed from water pits  |                  | 502.06   |
| TOTAL ALL PLANTS   |                  | 20828.76 |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)                 |                  |          |
| PLANT NAME   | LOCATION         | BARRELS  |
| Controlled Recovery Inc.   | Halfway Disposal | 3905.10  |
| TOTAL ALL PLANTS   |                  | 3905.10  |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)                      |                  |          |
| FROM   | TO               | BARRELS  |
| Controlled Recovery Inc.   | Petro Source     | 347.89   |
| Transfers from oil treating plant to disposal area:                                  | Water =          | 3065.00  |
|  | Soil =           | 6496.00  |
| TOTAL ALL PLANTS   |                  | 9908.89  |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)       |                  |          |
| PLANT NAME   | LOCATION         | BARRELS  |
| Controlled Recovery Inc.   | Halfway Disposal | 14824.97 |
| TOTAL ALL PLANTS   |                  | 14824.97 |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

Annette Curiel

Annette Curiel, Office Manager

505 885-9765

**OIL CONSERVATION DIVISION**

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

**PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS**

| PERMIT<br>NUMBER   | LEASE OPERATOR  | LEASE NAME  | GROSS VOLUME<br>SEDIMENT OIL   | NET BBLs. P.L.<br>OIL RECOVERED |
|--|---|---|--|---------------------------------|
| A-7908   | TRANSPORTER:<br>Dakota Resources<br>TOTAL   | B & E<br>Big Eddy Fed 100   | <u>745.00</u><br>745.00  | 130.00                          |
| TX RRC-1   | TRANSPORTER:<br>Chevron<br>Pure Flow SWD<br>TOTAL   | BERGSTEIN SERVICES<br>Coons Water Flood St.<br>Andrews Butane Disposal  | 60.00<br><u>100.00</u><br>160.00   | 160.00                          |
| A-7861<br>H-17163<br>H-17095   | TRANSPORTER:<br>CRW-SWD<br>H & M Disposal<br>Texaco E & P<br>TOTAL  | GANDY CORPORATION<br>SWD<br>Mayme Gram #1<br>Vacuum Grayburg  | 90.00<br>115.00<br><u>325.00</u><br>530.00   | 275.00                          |
| H-17154  | TRANSPORTER:<br>Oxy<br>TOTAL  | LUCKY SERVICES<br>Colonia A #1  | <u>210.00</u><br>210.00  | 120.00                          |
| H-17106<br>H-17112<br>A-7664   | TRANSPORTER:<br>Clayton Williams<br>Marshall Young<br>Wilson Disposal<br>TOTAL                                | MCCASLAND SERVICES<br>State A-16-A #13<br>Carrie O Davis<br>Wilson Disposal Hill                                  | 25.50<br>530.10<br><u>227.00</u><br>782.60   | 757.60                          |
| H-17117  | TRANSPORTER:<br>Osborne Heirs<br>TOTAL  | PATE TRUCKING<br>Maddie Price   | <u>60.00</u><br>60.00  | 60.00                           |
| A-7861<br>A-7820<br>H-17089<br>A-7881<br>A-7886<br>A-7873<br>A-7856<br>H-17095 | TRANSPORTER:<br>CRW-SWD<br>Rowland<br>Rowland<br>El Paso Nat'l<br>Meridian<br>Pogo<br>Pogo<br>Texaco<br>TOTAL | ROWLAND TRUCKING<br>SWD<br>Springs SWD<br>Lynx<br>Trunk A<br>Malano<br>Amax 28 #8<br>Fed 12 #4<br>Vacuum Grayburg | 255.00<br>255.00<br>40.00<br>90.00<br>50.00<br>210.00<br>290.00<br><u>1677.50</u><br>2867.50 | 2317.50                         |
| H-17135<br>H-17111   | TRANSPORTER:<br>Koch<br>Penroc Oil  | SONNY'S OILFIELD<br>East Lovington<br>State AF  | 45.00<br><u>150.00</u><br>195.00   | 85.00                           |
|  | TOTAL NET BARRELS   |   |  | 3905.10                         |

DISTRICT I OIL CONSERVATION DIVISION  
P.O. Box 1980, Hobbs, NM 88241-0980

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-118  
Revised 4-1-91  
Sheet 1

DISTRICT II

P.O. Drawer DD, Aztec, NM 88211-0719

DISTRICT III

1000 Rio Brazos Rd, Aztec, NM 87410

850 OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

TREATING PLANT OPERATOR'S MONTHLY REPORT

Submit 2 copies to appropriate  
District Office by 15th of next  
succeeding month.

Report of Controlled Recovery Inc. Month & year July 1994

Address P.O. Box 369 Hobbs, NM 88241-0369

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary)                      |                   |                   |
|---|-------------------|-------------------|
| PLANT NAME  | LOCATION          | BARRELS           |
| Controlled Recovery Inc.  | Halfway Disposal  | 27584.51          |
| TOTAL ALL PLANTS  |                   | 27584.51          |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)                                      |                   |                   |
| PLANT NAME  | LOCATION          | BARRELS           |
| Controlled Recovery Inc.  | Halfway Disposal  | 2445.76           |
| TOTAL ALL PLANTS  |                   | 2445.76           |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)   |                   |                   |
| FROM  | TO                | BARRELS           |
| Controlled Recovery Inc.  | Petro Source      | 884.16            |
| Adjustments for transfers made from<br>oil treating plant to disposal area:<br>Jan 1994 through July 1994 | Water =<br>Soil = | 8689.00<br>130.41 |
| TOTAL ALL PLANTS  |                   | 9703.57           |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)                            |                   |                   |
| PLANT NAME  | LOCATION          | BARRELS           |
| Controlled Recovery Inc.  | Halfway Disposal  | 20326.70          |
| TOTAL ALL PLANTS  |                   | 20326.70          |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

*Annette Curiel*

Annette Curiel, Office Manager

505 885-9765

## OIL CONSERVATION DIVISION

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

### PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS

| PERMIT<br>NUMBER | LEASE OPERATOR     | LEASE NAME              | GROSS VOLUME<br>SEDIMENT OIL | NET BBLS. P.L.<br>OIL RECOVERED |
|------------------|--------------------|-------------------------|------------------------------|---------------------------------|
| H-17044          | TRANSPORTER:       | A.A. OILFIELD SERV.     |                              |                                 |
| H-17065          | A.A. Oilfield      | State A.B. SWD          | 75.00                        |                                 |
|                  | A.A. Oilfield      | State A.B. SWD          | <u>516.95</u>                |                                 |
|                  | TOTAL              |                         | 591.95                       | 591.95                          |
| H-17024          | TRANSPORTER:       | LUCKY'S SERVICES        |                              |                                 |
|                  | Oxy                | State CX Com #1         | <u>100.00</u>                |                                 |
|                  | TOTAL              |                         | 100.00                       | 5.00                            |
| H-17066          | TRANSPORTER:       | MCCASLAND SERVICES      |                              |                                 |
| A-7664           | McCasland Services | Atha #1                 | 240.00                       |                                 |
|                  | Navajo             | Artesia Station         | <u>1403.81</u>               |                                 |
|                  | TOTAL              |                         | 1643.81                      | 1643.81                         |
| H-17052          | TRANSPORTER:       | PETRO THERMO            |                              |                                 |
|                  | Jim Abbott         | Goodwill Treating Plant | <u>210.00</u>                |                                 |
|                  | TOTAL              |                         | 210.00                       | 135.00                          |
| TEXAS            | TRANSPORTER:       | ROWLAND TRUCKING        |                              |                                 |
|                  | Mobil              | Cowden Lease Battery    | <u>85.00</u>                 |                                 |
|                  | TOTAL              |                         | 85.00                        | 35.00                           |
| H-17041          | TRANSPORTER:       | XL TRANSPORTATION       |                              |                                 |
|                  | Mobil              | Cowden Lease Battery    | <u>35.00</u>                 |                                 |
|                  | TOTAL              |                         | 35.00                        | 35.00                           |
|                  | TOTAL NET BARRELS  |                         |                              | 2445.76                         |

NON-HAZARDOUS OFFSITE WASTE DISPOSAL  
SHIPPING PAPER

RETURN COMPLETED FORM TO: MOBIL EXPLORATION AND PRODUCING U.S. INC.  
P.O. BOX 1760  
DENVER CITY, TX 79323  
Attention: Environmental Technician

PART I

ORIGIN OF WASTE: Field/Lease/etc. Name Cowden Lease Battery - 1000 bbl. stock tank TO BE FILLED OUT BY GENERATOR Andrews Co., Texas

Location Code: 5118131411111 ARC 33183, 1359933182

TYPE OF WASTE: Produced Water \_\_\_\_\_ Tank Bottoms ☒ Municipal Waste  
Drilling/Workover Waste \_\_\_\_\_ Contaminated Soil \_\_\_\_\_  
Other (Describe) \_\_\_\_\_

QUANTITY OF WASTE 85 (bbls.) 95 Lbs., or \_\_\_\_\_ Tons.

DESTINATION: CRI - Controlled Recovery Inc.  
DISPOSAL FACILITY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

CERTIFICATION: The waste described above was consigned to the carrier named below. Pursuant to applicable law, this waste is classified non-hazardous. I certify that the foregoing is true and correct to the best of my knowledge.

Mobil Producing Texas & NM  
PRINTED NAME OF GENERATOR James Davis 7/13/94 DATE SHIPPED

PART II

TO BE FILLED OUT BY TRANSPORTER

TRANSPORTER'S NAME: Rawland Trucking Co. Inc.  
ADDRESS: 118 S. Graves - Hobbs, N.M. 88240

CERTIFICATION: I certify that the waste in the quantity above was accepted by me for shipment to the above destination.

Scott Shaefer  
PRINTED NAME OF TRANSPORTER Rawland Trucking Co. Inc. 7/13/94 DATE ACCEPTED  
SIGNATURE OF TRANSPORTER

PART III

TO BE FILLED OUT BY DISPOSER

DISPOSAL FACILITY NAME: CRI - Controlled Recovery Inc.  
ADDRESS: \_\_\_\_\_

CERTIFICATION: I certify that the waste in the quantity and description in Part I was received by me for proper disposal.

Controlled Recovery Inc.  
PRINTED NAME OF DISPOSER Danora 7/13/94 DATE RECEIVED  
SIGNATURE OF DISPOSER

WHITE: Disposer send to Generator and Generator send a copy to Environmental/Regulatory

CANARY: Disposer Keep (Optional)

PINK: Transporter Keep (Optional)

GOLDEN: Generator Keep

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88241-1980

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88211-0710

DISTRICT III  
1000 Rio Brazos Rd, Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-118  
Revised 4-1-91  
Sheet 1

OIL CONSERVATION DIVISION

RECEIVED

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Submit 2 copies to appropriate  
District Office by 15th of next  
succeeding month.

TREATING PLANT OPERATOR'S MONTHLY REPORT

Report of Controlled Recovery Inc. Month & year June 1994

Address P.O. Box 369 Hobbs, NM 88241-0369

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) |                  |          |
|--|------------------|----------|
| PLANT NAME   | LOCATION         | BARRELS  |
| Controlled Recovery Inc.   | Halfway Disposal | 23178.43 |
| Oil skimmed from pits  |                  | 161.93   |
| TOTAL ALL PLANTS   |                  | 23340.36 |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)                 |                  |          |
| PLANT NAME   | LOCATION         | BARRELS  |
| Controlled Recovery Inc.   | Halfway Disposal | 6201.14  |
| TOTAL ALL PLANTS   |                  | 6201.14  |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)                      |                  |          |
| FROM   | TO               | BARRELS  |
| Controlled Recovery Inc.   | Petro Source     | 1956.99  |
| TOTAL ALL PLANTS   |                  | 1956.99  |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)       |                  |          |
| PLANT NAME   | LOCATION         | BARRELS  |
| Controlled Recovery Inc.   | Halfway Disposal | 27584.51 |
| TOTAL ALL PLANTS   |                  | 27584.51 |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

Annette Curiel

Annette Curiel, Office Manager

7-8-94

505 885-9765

**OIL CONSERVATION DIVISION**

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

**PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS**

| PERMIT<br>NUMBER          | LEASE OPERATOR                                      | LEASE NAME   | GROSS VOLUME<br>SEDIMENT OIL              | NET BBLs. P.L.<br>OIL RECOVERED |
|---------------------------|---|--|---|---------------------------------|
| H-19633                   | TRANSPORTER:<br>I & W Transport.<br>TOTAL           | I & W TRANSPORTATION<br>Shell State                                    | <u>420.00</u><br>420.00                   | 190.00                          |
| A-7691                    | TRANSPORTER:<br>Tom Boy Operating<br>TOTAL          | I & W, INC.<br>Hinkle  | <u>30.60</u><br>30.60                     | 30.60                           |
| H-16978                   | TRANSPORTER:<br>Rice Engineering<br>TOTAL           | LUCKY SERVICES<br>Vacuum G 35  | <u>220.00</u><br>220.00                   | 0.00                            |
| H-16945                   | TRANSPORTER:<br>Arco Oil & Gas<br>TOTAL             | MCCASLAND SERVICES<br>Learcy McBuffington                              | <u>45.00</u><br>45.00                     | 45.00                           |
| A-7664                    | TRANSPORTER:<br>Navajo Refining<br>TOTAL            | MCCASLAND SERV.<br>Artesia Station Storage                             | <u>5264.94</u><br>5264.94                 | 5264.94                         |
| TEXAS                     | TRANSPORTER:<br>Pride Pipeline<br>TOTAL             | RAPID TRANSPORT<br>Shell Tank Farm #141                                | <u>290.00</u><br>290.00                   | 170.00                          |
| A-7679<br>A-7731<br>TEXAS | TRANSPORTER:<br>El Paso<br>Llano<br>Energy Develop. | ROWLAND TRUCKING<br>Guadalupe Compressor<br>Weems #1<br>Borden Co. SWD | 80.00<br>40.80<br><u>440.00</u><br>560.80 | 500.60                          |
|                           | TOTAL NET BARRELS                                   |  |   | 6201.14                         |

DISTRICT I

P.O.Box 1980, Hobbs, NM 88241-1980

Energy, Minerals and Natural Resources Department

Form C-118

Revised 4-1-91

Sheet 1

DISTRICT II

P.O. Drawer DD, Artesia, NM 88211-0719

## OIL CONSERVATION DIVISION

DISTRICT III

1000 Rio Brazos Rd, Aztec, NM 87410

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Submit 2 copies to appropriate  
District Office by 15th of next  
succeeding month.

RECEIVED

TREATING PLANT OPERATOR'S MONTHLY REPORT

Report of Controlled Recovery Inc. Month & year May 1994Address P.O. Box 369 Hobbs, NM 88241-0369

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) |                  |           |
|--|------------------|-----------|
| PLANT NAME   | LOCATION         | BARRELS   |
| Controlled Recovery Inc.   | Halfway Disposal | 21,642.27 |
| skimmed from water pits  |                  | 190.00    |
| TOTAL ALL PLANTS   |                  | 21,832.27 |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)                 |                  |           |
| PLANT NAME   | LOCATION         | BARRELS   |
| Controlled Recovery Inc.   | Halfway Disposal | 2,070.00  |
| TOTAL ALL PLANTS   |                  | 2,070.00  |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)                      |                  |           |
| FROM   | TO               | BARRELS   |
| Controlled Recovery Inc.   | Petro Source     | 723.84    |
| TOTAL ALL PLANTS   |                  | 723.84    |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)       |                  |           |
| PLANT NAME   | LOCATION         | BARRELS   |
| Controlled Recovery Inc.   | Halfway Disposal | 23,178.43 |
| TOTAL ALL PLANTS   |                  | 23,178.43 |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

Annette Curiel, Office Manager

505 885-9765

Signature

Printed Name &amp; Title

Date

Telephone No.

**OIL CONSERVATION DIVISION**

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

**PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS**

| PERMIT<br>NUMBER   | LEASE OPERATOR   | LEASE NAME   | GROSS VOLUME<br>SEDIMENT OIL  | NET BBLs. P.L.<br>OIL RECOVERED |
|--|--|--|---|---------------------------------|
| H-19620<br>H-16823                                       | TRANSPORTER:<br>AA Oilfield Serv.<br>AA Oilfield Serv.<br>TOTAL  | A.A. OILFIELD SERVICE<br>State AB SWD #1<br>State AB SWD #1  | 125.00<br><u>125.00</u><br>250.00                                     | 250.00                          |
| H-16909  | TRANSPORTER:<br>Alliance Corp.<br>TOTAL  | LUCKY SERVICES<br>ST AJ  | <u>1300.00</u><br>1300.00   | 780.00                          |
| H-16917<br>H-7621<br>A-7639<br>A-7635<br>A-7679<br>TEXAS | TRANSPORTER:<br>Lynx Petroleum<br>Pogo Producing<br>Rowland Trucking<br>Rowland Trucking<br>El Paso<br>Energy Development<br>TOTAL | ROWLAND TRUCKING CO.<br>Sprinkle Fed<br>Federal #1<br>BKE SWD<br>BKE SWD<br>Compressor Station<br>Borden Co. SWD | 95.00<br>90.04<br>100.00<br>78.92<br>80.00<br><u>491.00</u><br>934.96 | 843.96                          |
| H-16923  | TRANSPORTER:<br>Rice Engineering<br>TOTAL  | SONNY'S OILFIELD SERV.<br>I-1 SWD Well   | <u>430.00</u><br>430.00   | 95.00                           |
| H-16873  | TRANSPORTER:<br>Cheveron<br>TOTAL  | MCCASLAND SERV.<br>Mattern D & E Battery   | <u>30.00</u><br>30.00   | 30.00                           |
| TEXAS  | TRANSPORTER:<br>Aectra<br>TOTAL  | WHY WASTEWATER?, INC.<br>Rio Grande Plant  | <u>71.04</u><br>71.04   | 71.04                           |
| TOTAL NET BARRELS  |  |  |   | 2070.00                         |

DISTRICT I

P.O.Box 1980, Hobbs, NM 88241-1980

DISTRICT II

P.O. Drawer DD, Artesia, NM 88211-0719

DISTRICT III

1000 Rio Brazos Rd, Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

## TREATING PLANT OPERATOR'S MONTHLY REPORT

Form C-118

Revised 4-1-91

Sheet 1

Submit 2 copies to appropriate  
District Office by 15th of next  
succeeding month.

Report of Controlled Recovery Inc. Month & year April 1994

Address P.O. Box 369 Hobbs, NM 88241-0369

## TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS   |
|--------------------------|------------------|-----------|
| Controlled Recovery Inc. | Halfway Disposal | 19,923.37 |

TOTAL ALL PLANTS 19,923.37

## TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS  |
|--------------------------|------------------|----------|
| Controlled Recovery Inc. | Halfway Disposal | 4,774.61 |

TOTAL ALL PLANTS 4,774.61

## DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)

| FROM                     | TO           | BARRELS  |
|--------------------------|--------------|----------|
| Controlled Recovery Inc. | Petro Source | 3,055.71 |

TOTAL ALL PLANTS 3,055.71

## TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS   |
|--------------------------|------------------|-----------|
| Controlled Recovery Inc. | Halfway Disposal | 21,642.27 |

TOTAL ALL PLANTS 21,642.27

I hereby certify that this report is true and complete to the best of my knowledge and belief.

Annette Curiel

Annette Curiel, Office Manager

5-09-94

505 885-9765

**OIL CONSERVATION DIVISION**

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

**PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS**

| PERMIT<br>NUMBER                         | LEASE OPERATOR  | LEASE NAME  | GROSS VOLUME<br>SEDIMENT OIL                           | NET BBLs. P.L.<br>OIL RECOVERED |
|--|---|---|--|---------------------------------|
| H-16824<br>H-16799<br>H-16823            | TRANSPORTER:<br>Amerada Hess Corp.<br>AA Oilfield Serv.<br>AA Oilfield Serv.<br>TOTAL               | A.A. OILFIELD SERVICE<br>NMG/SAU 09660-96<br>State AB SWD #1<br>Alpha Phi Crude Plant | 55.00<br>65.12<br><u>124.32</u><br>244.44              | 179.32                          |
| H-16857<br>H-16828<br>H-16822<br>H-16834 | TRANSPORTER:<br>Alliance Corp.<br>Rice Engineering<br>Rice Engineering<br>Rice Engineering<br>TOTAL | LUCKY SERVICES<br>ST AJ<br>EME-K33<br>EME-K33<br>EME-K33                              | 260.00<br>300.00<br>260.00<br><u>240.00</u><br>1060.00 | 180.00                          |
| H-16798<br>A-7584                        | TRANSPORTER:<br>Jenex<br>Yates Petroleum<br>TOTAL   | ROWLAND TRUCKING CO.<br>Jenex Plant<br>Cost Tank #5                                   | 360.00<br><u>90.00</u><br>450.00                       | 50.00                           |
| H-16795                                  | TRANSPORTER:<br>I & W Transport.<br>TOTAL   | I & W TRANSPORTATION<br>Richardson Fee  | <u>455.24</u><br>455.24                                | 350.24                          |
| H-16820                                  | TRANSPORTER:<br>Rice Engineering<br>TOTAL   | SONNY'S OILFIELD SERV.<br>SWD K-33  | <u>500.00</u><br>500.00                                | 180.00                          |
| H-16829<br>H-16796<br>H-16818<br>H-16848 | TRANSPORTER:<br>Jenex Operating<br>Arco<br>Cheveron<br>McCasland Services<br>TOTAL                  | MCCASLAND SERV.<br>Jenex Plant<br>Carlton<br>Arnott C State #4<br>Atha #1             | 350.00<br>208.40<br>41.44<br><u>120.00</u><br>719.84   | 339.84                          |
|  | TRANSPORTER:<br>Aectra<br>TOTAL   | PETRO SOURCE<br>Rio Grande Plant  | <u>2611.21</u><br>2611.21                              | 2611.21                         |
|  | TRANSPORTER:<br>Aectra<br>TOTAL   | GROENDYKE TRANSPORTS<br>Rio Grande Plant  | <u>884.00</u><br>884.00                                | 884.00                          |
| TOTAL NET BARRELS                        |   |   |  | 4774.61                         |

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88241-1980

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88211-0719

DISTRICT III  
1000 Rio Brazos Rd, Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

TREATING PLANT OPERATOR'S MONTHLY REPORT

Form C-118  
Revised 4-1-91  
Sheet 1

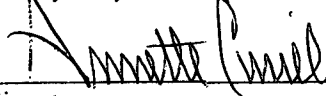
Submit 2 copies to appropriate  
District Office by 15th of next  
succeeding month.

Report of Controlled Recovery Inc. Month & year March 1994

Address P.O. Box 369 Hobbs, NM 88241-0369

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) |                  |           |
|--|------------------|-----------|
| PLANT NAME   | LOCATION         | BARRELS   |
| Controlled Recovery Inc.   | Halfway Disposal | 16,785.30 |
| TOTAL ALL PLANTS   |                  | 16,785.30 |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)                 |                  |           |
| PLANT NAME   | LOCATION         | BARRELS   |
| Controlled Recovery Inc.   | Halfway Disposal | 4,454.05  |
| TOTAL ALL PLANTS   |                  | 4,454.05  |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)                      |                  |           |
| FROM   | TO               | BARRELS   |
| Controlled Recovery Inc.   | Petro Source     | 1,315.98  |
| TOTAL ALL PLANTS   |                  | 1,315.98  |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)       |                  |           |
| PLANT NAME   | LOCATION         | BARRELS   |
| Controlled Recovery Inc.   | Halfway Disposal | 19,923.37 |
| TOTAL ALL PLANTS   |                  | 19,923.37 |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

  
Signature

Annette Curiel, Office Manager  
Printed Name & Title

4/6/94  
Date

505 885-9765  
Telephone No.

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-118  
Revised 4-1-91  
Sheet 1-A

**OIL CONSERVATION DIVISION**

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

**PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS**

| PERMIT<br>NUMBER | LEASE OPERATOR      | LEASE NAME             | GROSS VOLUME<br>SEDIMENT OIL | NET BBLs. P.L.<br>OIL RECOVERED |
|------------------|---------------------|------------------------|------------------------------|---------------------------------|
|                  | TRANSPORTER:        | A.A. OILFIELD SERVICE  |                              |                                 |
| H-16642          | AA Oilfield Service | State AB #1            | 250.00                       |                                 |
| H-16710          | AA Oilfield Service | State AB #1            | 125.00                       |                                 |
| H-16740          | AA Oilfield Service | State AB #1            | 375.92                       |                                 |
| H-16727          | AA Oilfield Service | State AB #1            | 106.56                       |                                 |
| H-16739          | AA Oilfield Service | Alpha Phi              | 125.00                       |                                 |
|                  | TOTAL               |                        |                              | 858.88                          |
|                  | TRANSPORTER:        | GENERAL PETROLEUM      |                              |                                 |
| H-16701          | Rice Engineering    | Vacuum G-39            | 417.36                       |                                 |
|                  | TOTAL               |                        |                              | 375.92                          |
|                  | TRANSPORTER:        | ROWLAND TRUCKING CO.   |                              |                                 |
| H-16736          | Jenex               | Jenex Plant            | 237.48                       |                                 |
| H-16742          | Shell               | Shell Central Battery  | 90.80                        |                                 |
| A-7487           | Pogo                | Federal #1             | 40.00                        |                                 |
| A-7503           | Rowland Trucking    | Bonesprings SWD        | 76.96                        |                                 |
| A-7508           | Rowland Trucking    | Bonesprings SWD        | 71.04                        |                                 |
|                  | TOTAL               |                        |                              | 313.00                          |
|                  | TRANSPORTER:        | I & W TRANSPORTATION   |                              |                                 |
| H-16753          | I & W Transport.    | Shell State            | 643.45                       |                                 |
| H-16770          | I & W Transport.    | Richardson Fee         | 613.08                       |                                 |
| H-16722          | I & W Transport.    | Shell State            | 266.40                       |                                 |
|                  | TOTAL               |                        |                              | 1126.21                         |
|                  | TRANSPORTER:        | SONNY'S OILFIELD SERV. |                              |                                 |
| H-16607          | Rice Engineering    | C-2 SWD Well           | 325.60                       |                                 |
| H-16728          | Rice Engineering    | H-16 Pump Station      | 53.28                        |                                 |
| H-16711          | Rice Engineering    | Vacuum G-35            | 115.44                       |                                 |
| H-16769          | Rice Engineering    | G-8 SWD Well           | 633.44                       |                                 |
|                  | TOTAL               |                        |                              | 442.32                          |
|                  | TRANSPORTER:        | MCCASLAND SERV.        |                              |                                 |
| H-16749          | Arco                | Arnott Ramsey H-28     | 14.80                        |                                 |
| H-16723          | Arco                | Gregory A Fed. Battery | 103.60                       |                                 |
| H-16715          | McCasland Services  | Atha #1                | 238.78                       |                                 |
| H-16713          | Mobile Oil          | SE Long Battery 3      | 26.64                        |                                 |
| H-16741          | Zia Energy          | Toby #1-H              | 82.88                        |                                 |
|                  | TOTAL               |                        |                              | 383.82                          |
|                  | TRANSPORTER:        | OIL TRANSPORTATION     |                              |                                 |
| (TEXAS)          | Texaco              | Basin TK Farm          | 313.76                       |                                 |
| 06-0156          |                     | Midland, TX            |                              |                                 |
|                  | TOTAL               |                        |                              | 313.76                          |

**OIL CONSERVATION DIVISION**

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

**PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS**

| PERMIT<br>NUMBER | LEASE OPERATOR    | LEASE NAME        | GROSS VOLUME<br>SEDIMENT OIL | NET BBLs. P.L.<br>OIL RECOVERED |
|------------------|-------------------|-------------------|------------------------------|---------------------------------|
| (TEXAS)          | TRANSPORTER:      | PETRO SOURCE      |                              |                                 |
|                  | Strata Production | Gansa St. #1      | 175.14                       |                                 |
|                  | Aectra            | Rio Grande Plant  | 465.00                       |                                 |
|                  | TOTAL             |                   |                              | 640.14                          |
|                  |                   | TOTAL NET BARRELS |                              | 4454.05                         |

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88241-1980

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88211-0719

DISTRICT III  
1000 Rio Brazos Rd, Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

TREATING PLANT OPERATOR'S MONTHLY REPORT

Form C-118  
Revised 4-1-91  
Sheet 1

Submit 2 copies to appropriate  
District Office by 15th of next  
succeeding month.

Report of Controlled Recovery Inc. Month & year February 1994

Address P.O. Box 369 Hobbs, NM 88241-0369

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) |                           |                   |
|--|---------------------------|-------------------|
| PLANT NAME   | LOCATION                  | BARRELS           |
| Controlled Recovery Inc.   | Halfway Disposal          | 16857.46          |
| TOTAL ALL PLANTS   |                           | 16857.46          |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)                 |                           |                   |
| PLANT NAME   | LOCATION                  | BARRELS           |
| Controlled Recovery Inc.   | Halfway Disposal          | 1937.84           |
| TOTAL ALL PLANTS   |                           | 1937.84           |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)                      |                           |                   |
| FROM   | TO                        | BARRELS           |
| Controlled Recovery Inc.   | Petrolite<br>Petro Source | 1862.20<br>147.80 |
| TOTAL ALL PLANTS   |                           | 2010.00           |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)       |                           |                   |
| PLANT NAME   | LOCATION                  | BARRELS           |
| Controlled Recovery Inc.   | Halfway Disposal          | 16765.30          |
| TOTAL ALL PLANTS   |                           | 16765.30          |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

Steve McLane  
General Manager

03-09-94

505 885-9765

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88241-1980

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88211-0719

DISTRICT III  
1000 Rio Brazos Rd, Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

**OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-118  
Revised 4-1-91  
Sheet 1

Submit 2 copies to appropriate  
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succeeding month.

**TREATING PLANT OPERATOR'S MONTHLY REPORT**

Report of Controlled Recovery Inc. Month & year February 1994

Address P.O. Box 369 Hobbs, NM 88241-0369

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) |                           |                   |
|--|---------------------------|-------------------|
| PLANT NAME   | LOCATION                  | BARRELS           |
| Controlled Recovery Inc.   | Halfway Disposal          | 16857.46          |
| TOTAL ALL PLANTS   |                           | 16857.46          |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)                 |                           |                   |
| PLANT NAME   | LOCATION                  | BARRELS           |
| Controlled Recovery Inc.   | Halfway Disposal          | 1937.84           |
| TOTAL ALL PLANTS   |                           | 1937.84           |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)                      |                           |                   |
| FROM   | TO                        | BARRELS           |
| Controlled Recovery Inc.   | Petrolite<br>Petro Source | 1862.20<br>147.80 |
| TOTAL ALL PLANTS   |                           | 2010.00           |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)       |                           |                   |
| PLANT NAME   | LOCATION                  | BARRELS           |
| Controlled Recovery Inc.   | Halfway Disposal          | 16765.30          |
| TOTAL ALL PLANTS   |                           | 16785.30          |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

Steve McLane  
General Manager

03-09-94

505 885-9765

**OIL CONSERVATION DIVISION**

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

**PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS**

| PERMIT<br>NUMBER | LEASE OPERATOR                               | LEASE NAME                                    | GROSS VOLUME<br>SEDIMENT OIL | NET BBLs. P.L.<br>OIL RECOVERED |
|------------------|--|---|------------------------------|---------------------------------|
| H-16642          | TRANSPORTER:<br>AA Oilfield Service<br>TOTAL | A.A. OILFIELD SERVICE<br>W. Lovington Battery | 125.80                       | 70.56                           |
| H-16638          | TRANSPORTER:<br>Bandera                      | BANDERA<br>Bandera Plant                      | 94.20                        |                                 |
| H-16638          | Bandera                                      | Bandera Plant                                 | 94.20                        |                                 |
| H-16638          | Bandera                                      | Bandera Plant                                 | 88.80                        |                                 |
| H-16638          | Bandera<br>TOTAL                             | Bandera Plant                                 | 100.64                       | 226.71                          |
| H-16611          | TRANSPORTER:<br>Lynx Petroleum               | ROWLAND TRUCKING CO.<br>State 20 Battery      | 83.20                        |                                 |
| H-16637          | Jenex  | Jenex Plant                                   | 120.00                       |                                 |
| H-16637          | Jenex  | Jenex Plant                                   | 75.00                        |                                 |
| H-16637          | Jenex  | Jenex Plant                                   | 121.36                       |                                 |
| H-16679          | Jenex  | Jenex Plant                                   | 120.00                       |                                 |
| H-16679          | Jenex  | Jenex Plant                                   | 120.00                       |                                 |
| H-16679          | Jenex  | Jenex Plant                                   | 120.00                       |                                 |
| H-16670          | Jenex  | Jenex Plant                                   | 120.00                       |                                 |
| H-16670          | Jenex  | Jenex Plant                                   | 125.00                       |                                 |
| H-16670          | Jenex  | Jenex Plant                                   | 110.00                       |                                 |
| H-16670          | Jenex<br>TOTAL                               | Jenex Plant                                   | 130.00                       | 768.27                          |
| H-16657          | TRANSPORTER:<br>Petro Thermo                 | PETRO THERMO<br>Goodwin Plant                 | 121.36                       |                                 |
| H-16657          | Petro Thermo                                 | Goodwin Plant                                 | 121.36                       |                                 |
| H-16657          | Petro Thermo<br>TOTAL                        | Goodwin Plant                                 | 121.36                       | 154.66                          |
| H-16607          | TRANSPORTER:<br>Rice Engineering             | SONNY'S OILFIELD SERV.<br>C-2 SWD Well        | 106.56                       |                                 |
| H-16691          | Rice Engineering                             | Vacuum SWD F-35                               | 32.56                        |                                 |
| H-16607          | Rice Engineering                             | C-2 SWD Well                                  | 124.32                       |                                 |
| H-16607          | Rice Engineering                             | C-2 SWD Well                                  | 114.48                       |                                 |
| H-16671          | Rice Engineering<br>TOTAL                    | G-8 SWD Well                                  | 112.48                       | 143.29                          |
| H-16686          | TRANSPORTER:<br>John Hendrix                 | MCCASLAND SERV.<br>Jr Cone S Battery          | 50.32                        |                                 |
| H-16643          | Mack Energy                                  | Buffington                                    | 55.00                        |                                 |
| H-16695          | McCasland Services                           | Atha #1                                       | 56.24                        |                                 |
| H-16695          | McCasland Services                           | Atha #1                                       | 109.52                       |                                 |
| H-16640          | Sea Board                                    | Mattox #1                                     | 100.64                       |                                 |
| H-16703          | Yates<br>TOTAL                               | Lost Tank Battery                             | 65.00                        | 248.98                          |

**OIL CONSERVATION DIVISION**

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

**PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS**

| PERMIT<br>NUMBER   | LEASE OPERATOR                            | LEASE NAME   | GROSS VOLUME<br>SEDIMENT OIL | NET BBLs. P.L.<br>OIL RECOVERED |
|--------------------|---|--|------------------------------|---------------------------------|
| H-16690            | TRANSPORTER:<br>Rice Engineering<br>TOTAL | GENERAL PETROLEUM<br>Vaccum SWD F-35               | 118.40                       | 41.21                           |
| (TEXAS)<br>06-0156 | TRANSPORTER:<br>Texaco<br>TOTAL           | OIL TRANSPORTATION<br>Basin TK Farm<br>Midland, TX | 535.76                       | 284.16                          |
|                    |   | TOTAL NET BBLs.                                    |                              | 1937.84                         |

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88241-1980  
DISTRICT II  
P.O. Drawer DD, Artesia, NM 88211-0719  
DISTRICT III  
1000 Rio Brazos Rd, Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-118  
Revised 4-1-91  
Sheet 1

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088  
TREATING PLANT OPERATOR'S MONTHLY REPORT

OIL CONSERVATION DIVISION  
RECEIVED  
94 FEB 14 AM 8 35  
Month & year

Submit 2 copies to appropriate  
District Office by 15th of next  
succeeding month.

Report of Controlled Recovery Inc.

Address P.O. Box 369 Hobbs, NM 88241-0369

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) |                            |             |
|--|----------------------------|-------------|
| PLANT NAME   | LOCATION                   | BARRELS     |
| Controlled Recovery Inc.   | Halfway Disposal           | 15061.09    |
| TOTAL ALL PLANTS   |                            | 15061.09    |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)                 |                            |             |
| PLANT NAME   | LOCATION                   | BARRELS     |
| Controlled Recovery Inc.   | Halfway Disposal           | 3176.37     |
| TOTAL ALL PLANTS   |                            | 3176.37     |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)                      |                            |             |
| FROM   | TO                         | BARRELS     |
| Controlled Recovery Inc.   | Petro Lite<br>Petro Source | 1200<br>180 |
| TOTAL ALL PLANTS   |                            | 1380        |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)       |                            |             |
| PLANT NAME   | LOCATION                   | BARRELS     |
| Controlled Recovery Inc.   | Halfway Disposal           | 16857.46    |
| TOTAL ALL PLANTS   |                            | 16857.46    |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

Annette Cuiel

Steve L. McLane  
General Manager

2-09-94

(505) 393-1079

**OIL CONSERVATION DIVISION**

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

**PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS**

| PERMIT<br>NUMBER | LEASE OPERATOR      | LEASE NAME             | GROSS VOLUME<br>SEDIMENT OIL | NET BBLs. P.L.<br>OIL RECOVERED |
|------------------|---------------------|------------------------|------------------------------|---------------------------------|
|                  | TRANSPORTER:        | A.A. OILFIELD SERVICE  |                              |                                 |
| H-16515          | AA Oilfield Service | Alphi Crude Plant      | 145.00                       |                                 |
| H-16563          | AA Oilfield Service | State AB SWD #1        | 124.32                       |                                 |
| H-16562          | AA Oilfield Service | State AB SWD #1        | 124.32                       |                                 |
| H-16571          | AA Oilfield Service | Alphi Crude Plant      | 65.12                        |                                 |
| H-16584          | AA Oilfield Service | Alphi Crude Plant      | 47.36                        |                                 |
| H-16615          | AA Oilfield Service | Alphi Crude Plant      | 124.32                       |                                 |
|                  | TOTAL               |                        |                              | 316.21                          |
|                  | TRANSPORTER:        | GANDY                  |                              |                                 |
| H-16521          | Hanson Operating    | McBride State Bat.     | 30.00                        |                                 |
|                  | TOTAL               |                        |                              | 15.00                           |
|                  | TRANSPORTER:        | ROWLAND TRUCKING CO.   |                              |                                 |
| A-7384           | OGS Operating       | Lucy Pearl #1          | 35.52                        |                                 |
| H-16569          | Lynx                | B-Lee State Bat.       | 153.92                       |                                 |
| H-16569          | Lynx                | B-Lee State Bat.       | 59.20                        |                                 |
| A-7368           | El Paso Natural Gas | Trunk B                | 100.64                       |                                 |
| H-16597          | Armstrong Energy    | Mobil Lea State        | 85.00                        |                                 |
| H-16598          | Armstrong Energy    | Gov. E 1 Battery       | 25.00                        |                                 |
| A-7391           | OGS Operating       | Lucy Pearl #1          | 100.64                       |                                 |
| H-16611          | Lynx Petroleum      | State 20 Battery       | 65.12                        |                                 |
|                  | TOTAL               |                        |                              | 261.71                          |
|                  | TRANSPORTER:        | JENNEX                 |                              |                                 |
| H-16509          | Jenex Operating     | Jenex Plant            | 110.00                       |                                 |
|                  | TOTAL               |                        |                              | 49.50                           |
|                  | TRANSPORTER:        | SONNY'S OILFIELD SERV. |                              |                                 |
| H-16540          | Rice Engineering    | Blindbrey Drinkard     | 256.00                       |                                 |
| H-16608          | Rice Engineering    | 68 SWD Well            | 219.04                       |                                 |
|                  | TOTAL               |                        |                              | 130.40                          |
|                  | TRANSPORTER:        | MCCASLAND SERV.        |                              |                                 |
| H-16520          | Arco                | Endura State           | 12.75                        |                                 |
| H-16519          | Arco                | South Justice          | 43.25                        |                                 |
| (TEXAS)          | Greenhill Petroleum | Emma Pit               | 2779.14                      |                                 |
| H-16579          | McCasland Services  | Atha #1                | 110.00                       |                                 |
| H-16582          | McCasland Services  | Atha #1                | 112.48                       |                                 |
| H-16616          | American Explor.    | Citgo Federal          | 124.32                       |                                 |
|                  | TOTAL               |                        |                              | 388.59                          |
|                  | TRANSPORTER:        | GENERAL PETROLEUM      |                              |                                 |
| H-16510          | Rice Engineering    | H-20                   | 398.12                       |                                 |
| H-16550          | Rice Engineering    | H-35 B.D.              | 90.00                        |                                 |
| H-16574          | Rice Engineering    | C-2 B.D. SWD           | 130.24                       |                                 |
| H-16606          | Rice Engineering    | G-8 SWD                | 130.24                       |                                 |
|                  | TOTAL               |                        |                              | 340.10                          |

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

| PERMIT<br>NUMBER | LEASE OPERATOR         | LEASE NAME   | GROSS VOLUME<br>SEDIMENT OIL | NET BBLs. P.L.<br>OIL RECOVERED |
|------------------|------------------------|--|------------------------------|---------------------------------|
| (TEXAS)          | TRANSPORTER:<br>Texaco | OIL TRANSPORTATION<br>Basin TK Farm<br>Midland, TX | 2392.65                      | 1674.86                         |
|                  | TOTAL                  |  |                              |                                 |
|                  |                        | TOTAL NET BBLs.                                    |                              | 3176.37                         |

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88241-1980

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88211-0719

DISTRICT III  
1000 Rio Brazos Rd, Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

TREATING PLANT OPERATOR'S MONTHLY REPORT

REVISED

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Form C-118  
Revised 4-1-91  
Sheet 1

Submit 2 copies to appropriate  
District Office by 15th of next  
succeeding month.

Report of Controlled Recovery Inc. Month & year December 1993

Address P.O. Box 369 Hobbs, NM 88241-0369

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) |                  |          |
|--|------------------|----------|
| PLANT NAME   | LOCATION         | BARRELS  |
| Controlled Recovery Inc.   | Halfway Disposal | -0-      |
| TOTAL ALL PLANTS   |                  | -0-      |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)                 |                  |          |
| PLANT NAME   | LOCATION         | BARRELS  |
| Controlled Recovery Inc.   | Halfway Disposal | 15061.09 |
| TOTAL ALL PLANTS   |                  | 15061.09 |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)                      |                  |          |
| FROM   | TO               | BARRELS  |
| Controlled Recovery Inc.   |                  | -0-      |
| TOTAL ALL PLANTS   |                  | -0-      |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)       |                  |          |
| PLANT NAME   | LOCATION         | BARRELS  |
| Controlled Recovery Inc.   | Halfway Disposal | 15061.09 |
| TOTAL ALL PLANTS   |                  | 15061.09 |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

Steve L. McLane  
General Manager

2-09-94

505 393-1079

# OIL CONSERVATION DIVISION

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

## PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS

| PERMIT<br>NUMBER | LEASE OPERATOR                    | LEASE NAME                     | GROSS VOLUME<br>SEDIMENT OIL | NET BBLs. P.L.<br>OIL RECOVERED |
|------------------|-----------------------------------|--------------------------------|------------------------------|---------------------------------|
| H-16463          | A.A. Oilfield Services            | Alpha Phi Crude                | 202.78                       |                                 |
| H-16462          | A.A. Oilfield Services            | State "AB" SWD #1              | 257.52                       |                                 |
| H-16481          | A.A. Oilfield Services            | Alpha Phi Crude                | 375.00                       |                                 |
|                  | TOTAL                             |                                |                              | 356.51                          |
| H-16461          | Rice Engineering                  | Hobbs SWD F-29                 | 245.67                       |                                 |
| H-16467          | Rice Engineering                  | EME K-33 SWD                   | 187.96                       |                                 |
| H-16505          | Rice Engineering                  | G-8                            | 430.00                       |                                 |
| H-16506          | Rice Engineering                  | H-20                           | 257.54                       |                                 |
| H-16547          | Rice Engineering                  | B-D System SWD Well            | 761.02                       |                                 |
|                  | TOTAL                             |                                |                              | 232.21                          |
| H-16485          | Alliance Corp.                    | State A.J.                     | 220.00                       |                                 |
|                  | TOTAL                             |                                |                              | 98.61                           |
| H-16502          | Jenex Operating                   | Jenex Plant                    | 285.00                       |                                 |
|                  | TOTAL                             |                                |                              | 133.95                          |
| H-16482          | Petro Thermo Corp.                | Goodwin Treating Plant         | 345.00                       |                                 |
|                  | Total                             |                                |                              | 110.40                          |
| A-7732           | Rowland Trucking                  | Springs SWD                    | 79.74                        |                                 |
|                  | TOTAL                             |                                |                              | 32.69                           |
| H-16489          | Sonny's Oilfield Serv.            | Hobbs St. #3                   | 783.62                       |                                 |
|                  | TOTAL                             |                                |                              | 192.86                          |
| RRC/A-7732       | Petroleum Contractors<br>(Texaco) | Basin Tank Farm<br>Midland, TX | 2142.90                      |                                 |
|                  | TOTAL                             |                                |                              | 1671.46                         |
| R-9166           | Controlled Recovery               | Halfway Disposal               | 30581.00                     |                                 |
|                  | TOTAL                             |                                |                              | 12232.40                        |
|                  |                                   | Total Net BBLs.                |                              | 15061.09                        |

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88241-1980

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88211-0719

DISTRICT III  
1000 Rio Brazos Rd, Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

# OIL CONSERVATION DIVISION

OIL CONSERVATION DIVISION P.O. Box 2088

RECEIVED Santa Fe, New Mexico 87504-2088

## TREATING PLANT OPERATOR'S MONTHLY REPORT

Form C-118  
Revised 4-1-91  
Sheet 1

Submit 2 copies to appropriate  
District Office by 15th of next  
succeeding month.

Report of Controlled Recovery Inc. Month & year December 1993

Address P.O. Box 369 Hobbs, NM 88241-0369

### TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0-     |

TOTAL ALL PLANTS -0-

### TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | 2828.69 |

TOTAL ALL PLANTS 2828.69

### DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)

| FROM                     | TO | BARRELS |
|--------------------------|----|---------|
| Controlled Recovery Inc. |    | -0-     |

TOTAL ALL PLANTS -0-

### TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | 2828.69 |

TOTAL ALL PLANTS 2828.69

I hereby certify that this report is true and complete to the best of my knowledge and belief.

for Rod Bramwell,  
General Manager

Printed Name & Title

1-17-94

Date

505 393-1079

Telephone No.

**OIL CONSERVATION DIVISION**

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

**PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS**

| PERMIT<br>NUMBER | LEASE OPERATOR                    | LEASE NAME                     | GROSS VOLUME<br>SEDIMENT OIL | NET BBLs. P.L.<br>OIL RECOVERED |
|------------------|-----------------------------------|--------------------------------|------------------------------|---------------------------------|
| H-16463          | A.A. Oilfield Services            | Alpha Phi Crude                | 202.78                       |                                 |
| H-16462          | A.A. Oilfield Services            | State "AB" SWD #1              | 257.52                       |                                 |
| H-16481          | A.A. Oilfield Services            | Alpha Phi Crude                | 375.00                       |                                 |
|                  | TOTAL                             |                                |                              | 356.51                          |
| H-16461          | Rice Engineering                  | Hobbs SWD F-29                 | 245.67                       |                                 |
| H-16467          | Rice Engineering                  | EME K-33 SWD                   | 187.96                       |                                 |
| H-16505          | Rice Engineering                  | G-8                            | 430.00                       |                                 |
| H-16506          | Rice Engineering                  | H-20                           | 257.54                       |                                 |
| H-16547          | Rice Engineering                  | B-D System SWD Well            | 761.02                       |                                 |
|                  | TOTAL                             |                                |                              | 232.21                          |
| H-16485          | Alliance Corp.                    | State A.J.                     | 220.00                       |                                 |
|                  | TOTAL                             |                                |                              | 98.61                           |
| H-16502          | Jenex Operating                   | Jenex Plant                    | 285.00                       |                                 |
|                  | TOTAL                             |                                |                              | 133.95                          |
| H-16482          | Petro Thermo Corp.                | Goodwin Treating Plant         | 345.00                       |                                 |
|                  | Total                             |                                |                              | 110.40                          |
| A-7732           | Rowland Trucking                  | Springs SWD                    | 79.74                        |                                 |
|                  | TOTAL                             |                                |                              | 32.69                           |
| H-16489          | Sonny's Oilfield Serv.            | Hobbs St. #3                   | 783.62                       |                                 |
|                  | TOTAL                             |                                |                              | 192.86                          |
| RRC#A-7732       | Petroleum Contractors<br>(Texaco) | Basin Tank Farm<br>Midland, TX | 2142.90                      |                                 |
|                  | TOTAL                             |                                |                              | 1671.46                         |
|                  |                                   | Total Net BBLs.                |                              | 2828.69                         |

Controlled Recovery Inc  
C-117  
November 1993

| Permit<br>Date | Lease<br>Operator    | Lease<br>Name              | Permit<br>Number | Estimated<br>Volume<br>(BBLS) | Actual<br>Volume<br>(BBLS) |
|----------------|----------------------|----------------------------|------------------|-------------------------------|----------------------------|
| 11/15/93       | McCasland Services   | Atha #1                    | H-16364          | 230                           | 220                        |
| 11/16/93       | Pronghorn SWD System | Pronghorn Central Facility | H-16370          | 75                            | 75                         |
| 11/23/93       | McCasland Services   | Atha #1                    | H-16398          | 100                           | 100                        |
| 11/29/93       | Phillips Petroleum   | M.E. Hale Battery          | H-16416          | 235                           | 235                        |

Total Barrels.....630

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DISTRICT I  
P.O. Box 1980, Hobbs, NM 88241-1980

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88211-0719

DISTRICT III  
1000 Rio Brazos Rd, Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-118  
Revised 4-1-91  
Sheet 1

OIL CONSERVATION DIVISION

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P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Submit 2 copies to appropriate  
District Office by 15th of next  
succeeding month.

TREATING PLANT OPERATOR'S MONTHLY REPORT

Report of Controlled Recovery Inc. Month & year November 1993

Address P.O. Box 369 Hobbs, NM 88241-0369

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) |                  |         |
|--|------------------|---------|
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)                 |                  |         |
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)                      |                  |         |
| FROM   | TO               | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)       |                  |         |
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

*Becky Johnson*

for Ken Marsh,  
President

Signature

Printed Name & Title

12-10-93

Date

505 393-1079

Telephone No.

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DEC 14 1993

OGD HOBBS  
OFFICE

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88241-1980

Energy, Minerals and Natural Resources Department

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88211-0719

## OIL CONSERVATION DIVISION

DISTRICT III  
1000 Rio Brazos Rd, Aztec, NM 87410P.O. Box 2088  
Santa Fe, New Mexico 87504-2088RECEIVED Submit 2 copies to appropriate  
District Office by 15th of next  
succeeding month.

TREATING PLANT OPERATOR'S MONTHLY REPORT

Report of Controlled Recovery Inc. Month & year October 1993Address P.O. Box 369 Hobbs, NM 88241-0369

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) |                  |         |
|--|------------------|---------|
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)                 |                  |         |
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)                      |                  |         |
| FROM   | TO               | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)       |                  |         |
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

Signature *Becky Johnson*for Ken Marsh,  
President  
Printed Name & Title

October 8, 1993

Date

505 393-1079  
Telephone No.

Controlled Recovery Inc  
C-117  
October 1993

| Permit<br>Date     | Lease<br>Operator       | Lease<br>Name              | Permit<br>Number | Estimated<br>Volume<br>(BBLs) | Actual<br>Volume<br>(BBLs) |
|--------------------|-------------------------|----------------------------|------------------|-------------------------------|----------------------------|
| 10/13/93           | Devon Energy            | Caprock St. #1             | H-16309          | 10                            | 10                         |
| 10/15/93           | Pronghorn SWD System    | Pronghorn Central Facility | H-16315          | 240                           | 240                        |
| 10/19/93           | Pronghorn SWD System    | Pronghorn Central Facility | H-16321          | 230                           | 190                        |
| 10/22/93           | McCasland Service, Inc. | ATHA #1                    | H-16328          | 140                           | 140                        |
| Total Barrels..... |                         |                            |                  | 580                           |                            |

DISTRICT I

P.O. Box 1980, Hobbs, NM 88241-1980

DISTRICT II

P.O. Drawer DD, Artesia, NM 88211-0719

DISTRICT III

1000 Rio Brazos Rd, Aztec, NM 87410

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

TREATING PLANT OPERATOR'S MONTHLY REPORT

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OIL CONSERVATION DIVISIONSubmit 2 copies to appropriate  
District Office by 15th of next  
succeeding month.Report of Controlled Recovery Inc. Month & year September 1993Address P.O. Box 369 Hobbs, NM 88241-0369

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) |                  |         |
|--|------------------|---------|
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)                 |                  |         |
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)                      |                  |         |
| FROM   | TO               | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)       |                  |         |
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

Signature *Becky Johncox*for Ken Marsh,  
President  
Printed Name & Title10-7-93  
Date505 393-1079  
Telephone No.

Controlled Recovery Inc  
C-117  
September 1993

| Permit<br>Date | Lease<br>Operator   | Lease<br>Name           | Permit<br>Number | Estimated<br>Volume<br>(BBLs) | Actual<br>Volume<br>(BBLs) |
|----------------|---------------------|-------------------------|------------------|-------------------------------|----------------------------|
| 07/22/93       | Kerr McGee          | Lukachukai Tank Battery | 3-563            | 1500                          | 859                        |
| 09/03/93       | Weatherford US Inc. | Hobbs Yard              | H-16217          | 120                           | 100                        |
| 09/13/93       | McCasland           | ATHA #1                 | H-16249          | 30                            | 30                         |
| 09/21/93       | Rowland             | Springs SWD             | A-7097           | 80                            | 80                         |

Total Barrels.....1069

DISTRICT I

P.O.Box 1980, Hobbs, NM 88241-1980

DISTRICT II

P.O. Drawer DD, Artesia, NM 88211-0719

DISTRICT III

1000 Rio Brazos Rd, Aztec, NM 87410

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

## TREATING PLANT OPERATOR'S MONTHLY REPORT

RECEIVED

Submit 2 copies to appropriate  
District Office by 15th of next  
succeeding month.Report of Controlled Recovery Inc. Month & year August 1993Address P.O. Box 369 Hobbs, NM 88241-0369

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) |                  |         |
|--|------------------|---------|
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)                 |                  |         |
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)                      |                  |         |
| FROM   | TO               | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)       |                  |         |
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

Signature Becky Johncoxfor Ken Marsh,  
President

Printed Name &amp; Title

09/10/93

Date

505 393-1079

Telephone No.

Controlled Recovery Inc  
C-117  
August 1993

| Permit<br>Date | Lease<br>Operator | Lease<br>Name           | Permit<br>Number | Estimated<br>Volume<br>(BBLs) | Actual<br>Volume<br>(BBLs) |
|----------------|-------------------|-------------------------|------------------|-------------------------------|----------------------------|
| 08/02/93       | Mobil             | North Vacuum Abo Water  | H-16133          | 230                           | 240                        |
| 08/02/93       | McCasland         | Atha 1                  | H-16135          | 105                           | 105                        |
| 08/17/93       | McCasland         | Atha 1                  | H-16164          | 100                           | 200                        |
| 08/18/93       | McCasland         | Atha 1                  | H-16169          | 100                           | 100                        |
| 07/22/93       | Kerr McGee        | Lukachukai Tank Battery | 3-563            | 1500                          | 2680                       |

Total Barrels.....3325

TREATING PLANT OPERATOR'S MONTHLY REPORT

Report of Controlled Recovery Inc. OIL CONSERVATION DIVISION Month of July 1993

Address P.O. Box 369 (Street) Hobbs (City) NM (State) 88240

RECEIVED

'93 AUG 15 AM 10 02

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) |                  |         |
|--|------------------|---------|
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)                 |                  |         |
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)                      |                  |         |
| FROM   | TO               | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)       |                  |         |
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery Inc.

for Ken Marsh

8/12/93

Controlled Recovery Inc  
C-117  
July 1993

| Permit<br>Date | Lease<br>Operator | Lease<br>Name           | Permit<br>Number | Estimated<br>Volume<br>(BBLs) | Actual<br>Volume<br>(BBLs) |
|----------------|-------------------|-------------------------|------------------|-------------------------------|----------------------------|
| 07/22/93       | Kerr McGee        | Lukachukai Tank Battery | 3-563            | 1500                          | 300                        |
| 07/08/93       | Rowland           | Springs SWD             | A-6920           | 100                           | 432                        |
| 07/19/93       | Dakota Resources  | Big Eddy #100 SWD       | A-6942           | 200                           | 240                        |
| 07/06/93       | McCasland Service | Atha #1                 | H-16071          | 330                           | 215                        |
| 07/08/93       | McCasland         | Atha #1                 | H-16078          | 220                           | 220                        |
| 07/22/93       | Chevron           | CDU Waterflood Station  | H-16103          | 175                           | 185                        |
| 07/20/93       | McCasland         | Atha #1                 | H-16104          | 30                            | 40                         |

Total Barrels.....1632

TREATING PLANT OPERATOR'S MONTHLY REPORT

Report of Controlled Recovery Inc.

Month of June 1993

Address P.O. Box 369

(Street)

Hobbs

(City)

NM

(State)

88240

TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS         |                  | -0-     |

TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS         |                  | -0-     |

DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)

| FROM                     | TO               | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS         |                  | -0-     |

TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS         |                  | -0-     |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery Inc.

*Becky Johnson*

for Ken Marsh

8/12/93

Controlled Recovery Inc  
C-117  
June 1993

| Permit<br>Date | Lease<br>Operator | Lease<br>Name    | Permit<br>Number | Estimated<br>Volume<br>(BBLS) | Actual<br>Volume<br>(BBLS) |
|----------------|-------------------|------------------|------------------|-------------------------------|----------------------------|
| 06/01/93       | McCasland Service | Atha #1          | H-15979          | 500                           | 600                        |
| 06/09/93       | St. Clair Energy  | Superior Fed A   | H-15994          | 255                           | 255                        |
| 06/14/93       | Texaco            | State I Battery  | H-16005          | 120                           | 120                        |
| 06/14/93       | Texaco            | Penrose Skelly F | H-16006          | 75                            | 70                         |
| 06/25/93       | ABC Rental Tool   | Yard Pit         | H-16048          | 80                            | 80                         |

Total Barrels.....1125

TREATING PLANT OPERATOR'S MONTHLY REPORT  
OIL CONSERVATION DIVISION

RECEIVED

Report of Controlled Recovery Inc. Month of May 1993  
Address P.O. Box 369 Hobbs NM 88240  
(Street) (City) (State)

TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS         |                  | -0-     |

TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS         |                  | -0-     |

DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)

| FROM                     | TO               | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS         |                  | -0-     |

TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS         |                  | -0-     |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery Inc.

*Becky Johnson*

for Ken Marsh  
President

6/23/93

Controlled Recovery Inc  
C-117  
May 1993

| Permit<br>Date     | Lease<br>Operator | Lease<br>Name  | Permit<br>Number | Estimated<br>Volume<br>(BBLs) | Actual<br>Volume<br>(BBLs) |
|--------------------|-------------------|----------------|------------------|-------------------------------|----------------------------|
| 05/04/93           | Koch Oil Company  | Scharb Station | H-15901          | 50                            | 70                         |
| Total Barrels..... |                   |                |                  | 70                            |                            |

TREATING PLANT OPERATOR'S MONTHLY REPORT

Report of Controlled Recovery Inc. Month of April 1993  
Address P.O. Box 369 (Street) Hobbs (City) NM (State) 88240  
OIL CONSERVATION DIVISION RECEIVED JUN 1 AM 9 12

TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS         |                  | -0-     |

TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS         |                  | -0-     |

DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)

| FROM                     | TO               | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS         |                  | -0-     |

TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS         |                  | -0-     |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery Inc.

*Becky Johnson*

for Ken Marsh  
President

5/25/93

Controlled Recovery Inc  
C-117  
April 1993

| Permit<br>Date | Lease<br>Operator  | Lease<br>Name | Permit<br>Number | Estimated<br>Volume<br>(BBLs) | Actual<br>Volume<br>(BBLs) |
|----------------|--------------------|---------------|------------------|-------------------------------|----------------------------|
| 04/07/93       | Homco              | Hobbs Yard    | H-15814          | 0                             | 60                         |
| 04/09/93       | Western Reserves   | State 24-26   | Verbal by Sexton | 95                            | 95                         |
| 04/23/93       | Homco              | Hobbs Yard    | H-15859          | 130                           | 235                        |
| 04/30/93       | Phillips Petroleum | Hobbs Fed     | H-15893          | 10                            | 10                         |

Total Barrels.....400

OIL CONSERVATION DIVISION  
TREATING PLANT OPERATOR'S MONTHLY REPORT

Report of Controlled Recovery Inc. 93 APR 21 AM 8 58 Month of March 1993  
Address P.O. Box 369 Hobbs NM 88240  
(Street) (City) (State)

TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS         |                  | -0-     |

TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS         |                  | -0-     |

DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)

| FROM             | TO | BARRELS |
|------------------|----|---------|
|                  |    |         |
| TOTAL ALL PLANTS |    | -0-     |

TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS         |                  | -0-     |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery Inc.  
By Bucky Johnson for Robert Whittemore Title General Manager Date 4/13/93

Controlled Recovery Inc  
C-117  
March 1993

| Permit<br>Date | Lease<br>Operator  | Lease<br>Name         | Permit<br>Number | Estimated<br>Volume<br>(BBLS) | Actual<br>Volume<br>(BBLS) |
|----------------|--------------------|-----------------------|------------------|-------------------------------|----------------------------|
| 03/10/93       | S&J Operating Co.  | North Denton Wolfcamp | H-15722          | 140                           | 145                        |
| 03/12/93       | Penroc Oil Company | State AE              | H-15729          | 30                            | 30                         |
| 03/26/93       | B&E, Inc.          | Tuzlu Koek            | A-6641           | 150                           | 220                        |
| 03/31/93       | Homco              | Hobbs Yard            | H-15800          | 110                           | 10                         |

Total Barrels.....405

TREATING PLANT OPERATOR'S MONTHLY REPORT

Report of Controlled Recovery Inc. Month of February 1993  
Address P.O. Box 369 Hobbs NM 88240  
(Street) (City) (State)

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) |                  |         |
|--|------------------|---------|
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)                 |                  |         |
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)                      |                  |         |
| FROM   | TO               | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)       |                  |         |
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery Inc.  
By Becky Johnson for Robert Whittemore Title General Manager Date 3/13/93

Controlled Recovery Inc  
C-117  
February 1993

| Permit<br>Date | Lease<br>Operator   | Lease<br>Name                | Permit<br>Number | Estimated<br>Volume<br>(BBLS) | Actual<br>Volume<br>(BBLS) |
|----------------|---------------------|------------------------------|------------------|-------------------------------|----------------------------|
| 02/09/93       | Greenhill Petroleum | Lovington San Andres         | H-15658          | 110                           | 110                        |
| 02/09/93       | Oryx                | Akins State G Battery        | H-15659          | 50                            | 60                         |
| 02/10/93       | Homco               | Hobbs Yard                   | H-15662          | 130                           | 40                         |
| 02/11/93       | Pennzoil            | Littlefield AB Federal       | H-15664          | 120                           | 120                        |
| 02/11/93       | Phillips            | Wyatt Federal                | H-15665          | 50                            | 50                         |
| 02/07/93       | AA Oilfield         | State AB SWD #1              | H-15669          | 125                           | 140                        |
| 02/23/93       | Sid Richardson      | Plant #4 Production          | H-15685          | 260                           | 78                         |
| 02/23/93       | AA Oilfield         | State AB SWD #1              | H-15683          | 375                           | 375                        |
| 02/23/93       | Arco                | State 367 Co-Mingle Tank Bat | H-15687          | 35                            | 32                         |
| 02/22/93       | Santa Fe Energy     | North Pure Gold 9 Fed 1      | A-6549           | 10                            | 10                         |

Total Barrels.....1015

TREATING PLANT OPERATOR'S MONTHLY REPORT  
OIL CONSERVATION DIVISION

Report of Controlled Recovery Inc. RECEIVED Month of January 1993  
Address P.O. Box 369 '93 MAR 1 AM 9 06 Hobbs NM 88240  
(Street) (City) (State)

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) |                  |         |
|--|------------------|---------|
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)                 |                  |         |
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)                      |                  |         |
| FROM   | TO               | BARRELS |
|  |                  |         |
| TOTAL ALL PLANTS   |                  | -0-     |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)       |                  |         |
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery Inc.  
Bucky Johnson for Robert Whittemore General Manager

2/26/93

Controlled Recovery Inc  
C-117  
January 1993

| Permit<br>Date | Lease<br>Operator   | Lease<br>Name         | Permit<br>Number  | Estimated<br>Volume<br>(BBLS) | Actual<br>Volume<br>(BBLS) |
|----------------|---------------------|-----------------------|-------------------|-------------------------------|----------------------------|
| 12/31/92       | Chevron USA         | Drinkard B #5         | H-15584           | 100                           | 100                        |
| 01/07/93       | Bristol Resources   | Featherstone Federal  | verbal(J. Sexton) | 80                            | 80                         |
| 01/07/93       | AA Oilfield Service | State "AB" SWD        | H-15593           | 375                           | 310                        |
| 01/15/93       | Homco International | Hobbs Yard            | H-15613           | 130                           | 85                         |
| 01/20/93       | AA Oilfield Service | State "AB" SWD        | H-15618           | 125                           | 125                        |
| 01/26/93       | Conoco              | SEMU Drinkard Battery | H-15626           | 45                            | 45                         |

Total Barrels.....745

TREATING PLANT OPERATOR'S MONTHLY REPORT

Report of Controlled Recovery Inc. OIL CONSERVATION DIVISION RECEIVED Month of December 1992  
Address P.O. Box 369 (Street) 93 FE 1 2 AM 8 44 Hobbs (City) NM (State) 88240

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) |                  |         |
|--|------------------|---------|
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)                 |                  |         |
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)                      |                  |         |
| FROM   | TO               | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)       |                  |         |
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery Inc.

*Becky Johnson for Robert Whittemore*

General Manager

1/29/93

Controlled Recovery Inc  
C-117  
December 1992

| Permit<br>Date     | Lease<br>Operator     | Lease<br>Name      | Permit<br>Number | Estimated<br>Volume<br>(BBLs) | Actual<br>Volume<br>(BBLs) |
|--------------------|-----------------------|--------------------|------------------|-------------------------------|----------------------------|
| 12/01/92           | Phillips              | Wyatt Federal      | H-15535          | 50                            | 50                         |
| 12/02/92           | Samedan Oil Corp      | Speight            | H-15538          | 120                           | 150                        |
| 12/07/92           | Conoco                | Federal BI Battery | H-15543          | 87                            | 97                         |
| 12/11/92           | Two State Tank Rental | Hobbs Yard         | H-15554          | ?                             | 500                        |
| 12/14/92           | Conoco                | MCA Battery 4      | H-15555          | 75                            | 60                         |
| 12/21/92           | AA Oilfield Service   | AB SWD             | H-15566          | 125                           | 125                        |
| 12/29/92           | D-Mill Production     | Pruitt A Battery   | H-15574          | 35                            | 45                         |
| 12/29/92           | ABC Rental Tools      | Hobbs Yard         | H-15576          | 250                           | 110                        |
| 12/29/92           | Capataz               | Reeves State #1    | H-15577          | 110                           | 130                        |
| 11/30/92           | AA Oilfield Service   | Hobbs Yard         | H-15533          | 15 yds                        | 23.56 yds                  |
| Total Barrels..... |                       |                    |                  | 1267                          |                            |
| Total Yards.....   |                       |                    |                  | 23.56                         |                            |

TREATING PLANT OPERATOR'S MONTHLY REPORT  
OIL CONSERVATION DIVISION  
RECEIVED

Report of Controlled Recovery Inc. Month of November, 1992  
Address P.O. Box 369 '92 DEC 7 AM 9 04 Hobbs NM 88240  
(Street) (City) (State)

TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS         |                  | -0-     |

TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS         |                  | -0-     |

DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)

| FROM             | TO | BARRELS |
|------------------|----|---------|
|                  |    |         |
| TOTAL ALL PLANTS |    | -0-     |

TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS         |                  | -0-     |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery Inc.

*Becky Johncox for Robert Whittemore*

General Manager

Date 12/4/92

Controlled Recovery Inc  
C-117  
November 1992

| Permit<br>Date | Lease<br>Operator   | Lease<br>Name        | Permit<br>Number       | Estimated<br>Volume<br>(BBLs) | Actual<br>Volume<br>(BBLs) |
|----------------|---------------------|----------------------|------------------------|-------------------------------|----------------------------|
| 11/04/92       | Texaco              | Federal Neff 13      | H-15510                | 20                            | 20                         |
| 11/04/92       | Texaco              | Getty Federal 24 2&4 | H-15511                | 20                            | 20                         |
| 11/04/92       | Texaco              | Getty Federal 24 1   | H-15512                | 50                            | 65                         |
| 11/09/92       | AA Oilfield Service | State AB SWD         | H-15516                | 250                           | 250                        |
| 11/10/92       | Warren Petroleum    | Saunders Plant       | H-15518                | 40                            | 40                         |
| 11/11/92       | Warren Petroleum    | Saunders Plant       | Verbal by<br>Ray Smith | 65                            | 65                         |
| 11/17/92       | Anadarko            | Metex Supply Battery | H-15527                | 35                            | 35                         |
| 11/19/92       | AA Oilfield Service | State AB SWD         | H-15528                | 375                           | 375                        |

Total Barrels.....870

TREATING PLANT OPERATOR'S MONTHLY REPORT

Report of Controlled Recovery Inc. Month of October 1992  
Address P.O. Box 369 (Street) Hobbs (City) NM (State) 88240  
OIL CONSERVATION DIVISION RECEIVED

82 NOV 6 AM 8 41

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) |                  |         |
|--|------------------|---------|
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |

| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) |                  |         |
|--|------------------|---------|
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |

| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) |    |         |
|---|----|---------|
| FROM  | TO | BARRELS |
| TOTAL ALL PLANTS  |    | -0-     |

| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) |                  |         |
|--|------------------|---------|
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery Inc.  
By Becky Johnson for Robert Whittemore Title General Manager Date 11/5/92

Controlled Recovery Inc  
C-117  
October 1992

| Permit<br>Date | Lease<br>Operator       | Lease<br>Name       | Permit<br>Number | Estimated<br>Volume<br>(BBLs) | Actual<br>Volume<br>(BBLs) |
|----------------|-------------------------|---------------------|------------------|-------------------------------|----------------------------|
| 10/02/92       | Union Oil of California | Red Hills Unit #2   | H-15441          | 100                           | 70                         |
| 10/05/92       | Conoco                  | Baish B Battery     | H-15445          | 30                            | 45                         |
| 10/06/92       | ABC Rental Tool         | Yard Pit            | H-15451          | 200                           | 200                        |
| 10/09/92       | Phillips                | Denton              | H-15460          | 60                            | 60                         |
| 10/14/92       | Conoco                  | Baish B Battery     | H-15466          | 100                           | 70                         |
| 10/21/92       | Lynx Petroleum          | B Lee State Battery | H-15479          | 40                            | 36                         |
| 10/23/92       | AA Oilfield             | Hobbs Yard          | H-15483          | 250                           | 85                         |
| 10/30/92       | Homco                   | Hobbs Yard          | H-15499          | 60                            | 75                         |

Total Barrels.....641

TREATING PLANT OPERATOR'S MONTHLY REPORT

OIL CONSERVATION DIVISION  
RECEIVED

Report of Controlled Recovery Inc. Month of September, 1992  
Address P.O. Box 369 '92 OCT 15 PM 8 59 Hobbs NM 88240  
(Street) (City) (State)

TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS         |                  | -0-     |

TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS         |                  | -0-     |

DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)

| FROM             | TO | BARRELS |
|------------------|----|---------|
|                  |    |         |
| TOTAL ALL PLANTS |    | -0-     |

TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS         |                  | -0-     |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery Inc.  
By Becky Johnson for Robert Whittemore General Manager Date 10/8/92

Controlled Recovery Inc  
C-117  
September 1992

| Permit<br>Date | Lease<br>Operator     | Lease<br>Name   | Permit<br>Number | Estimated<br>Volume<br>(BBLs) | Actual<br>Volume<br>(BBLs) |
|----------------|-----------------------|-----------------|------------------|-------------------------------|----------------------------|
| 09/02/92       | AA Oilfield Service   | State AB SWD #1 | H-15385          | 250                           | 250                        |
| 09/09/92       | Jim's Water Service   | Artesia Yard    | A-6062           | 96 yds                        | 96 yds                     |
| 09/18/92       | Two State Tank Rental | Hobbs Yard      | H-15404          | 0                             | 3.88 yds                   |
| 09/21/92       | Penroc                | State AF        | H-15419          | 35                            | 40                         |

Total Barrels.....290  
Total Yards.....99.88

TREATING PLANT OPERATOR'S MONTHLY REPORT

Report of Controlled Recovery Inc. OIL CONSERVATION DIVISION  
RECEIVED Month of August, 1992  
Address P.O. Box 369 '92 SEP 23 PM 9 37 Hobbs NM 88240  
(Street) (City) (State)

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) |                  |         |
|--|------------------|---------|
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)                 |                  |         |
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)                      |                  |         |
| FROM   | TO               | BARRELS |
|  |                  |         |
| TOTAL ALL PLANTS   |                  | -0-     |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)       |                  |         |
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery Inc.  
By Becky Johnson for Robert Whittemore Title General Manager Date 9/25/92

Controlled Recovery Inc  
C-117  
August 1992

| Permit<br>Date | Lease<br>Operator     | Lease<br>Name         | Permit<br>Number | Estimated<br>Volume<br>(BBLS) | Actual<br>Volume<br>(BBLS) |
|----------------|-----------------------|-----------------------|------------------|-------------------------------|----------------------------|
| 08/03/92       | AA Oilfield Service   | Conoco MCA Battery #3 | H-15340          | 140                           | 210                        |
| 07/31/92       | AA Oilfield Service   | State AB SWD          | H-15334          | 400                           | 377                        |
| 08/04/92       | Arco Oil and Gas      | B.J. Barber           | H-15341          | 75                            | 103                        |
| 08/07/92       | Arco Oil and Gas      | A.M. York             | H-15342          | 40                            | 25                         |
| 08/07/92       | Two State Tank Rental | Hobbs Yard            | H-15337          | 10                            | 12 yds                     |
| 08/11/92       | Coastal Oil and Gas   | State 32              | H-15352          | 120                           | 120                        |
| 08/10/92       | AA Oilfield Service   | Hobbs Yard            | H-15346          | 15                            | 14.4 yds                   |
| 08/25/92       | Trident NGL           | Bluitt Plant          | H-15376          | 60                            | 60                         |
| 08/31/92       | Homco                 | Hobbs Yard            | H-15382          | 120                           | 120                        |
| 08/31/92       | LB Simmons            | Denius Federal #1     | H-15370          | 55                            | 55                         |
| 08/31/92       | Yates                 | Howe TG Fed #1        | H-15384          | 50                            | 50                         |
|                |                       |                       |                  | Total Barrels.....            | 1120                       |
|                |                       |                       |                  | Total Yards.....              | 26.4                       |

TREATING PLANT OPERATOR'S MONTHLY REPORT

Report of Controlled Recovery Inc. OIL CONSERVATION DIVISION RECEIVED Month of July, 1992  
Address P.O. Box 369 (Street) '92 AUG 20 PM 8 16 (City) Hobbs (State) NM 88240

TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS         |                  | -0-     |

TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS         |                  | -0-     |

DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)

| FROM             | TO | BARRELS |
|------------------|----|---------|
|                  |    |         |
| TOTAL ALL PLANTS |    | -0-     |

TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS         |                  | -0-     |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery Inc.

*Bucky Johnson for Robert Whittemore*

General Manager

8/10/92

Controlled Recovery Inc  
C-117  
July 1992

| Permit<br>Date | Lease<br>Operator  | Lease<br>Name            | Permit<br>Number | Estimated<br>Volume<br>(BBLs) | Actual<br>Volume<br>(BBLs) |
|----------------|--------------------|--------------------------|------------------|-------------------------------|----------------------------|
| 07/06/92       | McCasland Disposal | Atha #1                  | H-15278          | 400                           | 570                        |
| 07/07/92       | Conoco             | MCA Batt 2               | H-15280          | 120                           | 105                        |
| 07/08/92       | Pyramid            | West Pearl Queen Battery | H-15285          | 55                            | 55                         |
| 07/08/92       | A.A. Oilfield      | State "AB" SWD #1        | H-15289          | 250                           | 235                        |
| 07/10/92       | Conoco             | MCA Battery 1            | H-15292          | 250                           | 175                        |
| 07/13/92       | Conoco             | MCA Battery 3            | H-15298          | 275                           | 155                        |
| 07/16/92       | Homco              | Hobbs Yard               | H-15303          | 110                           | 150                        |
| 07/01/92       | Dakota Resources   | Big Eddy SWD #100        | A-5931           | 250                           | 320                        |
| 07/10/92       | Enron Oil and Gas  | Loving 36 State #1       | A-5939           | 26                            | 25                         |

Total Barrels.....1790

TREATING PLANT OPERATOR'S MONTHLY REPORT

OIL CONSERVATION DIVISION  
RECEIVED

Report of Controlled Recovery Inc. Month of June 1992  
Address P.O. Box 369 Hobbs NM  
(Street) (City) (State)

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) |                  |         |
|--|------------------|---------|
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)                 |                  |         |
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)                      |                  |         |
| FROM   | TO               | BARRELS |
|  |                  |         |
| TOTAL ALL PLANTS   |                  | -0-     |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)       |                  |         |
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery Inc.

By Becky Johnson for Robert Whittemore General Manager

Date 7-13-92

Controlled Recovery Inc  
C-117  
June 1992

| Permit<br>Date | Lease<br>Operator | Lease<br>Name   | Permit<br>Number | Estimated<br>Volume<br>(BBLS) | Actual<br>Volume<br>(BBLS) |
|----------------|-------------------|-----------------|------------------|-------------------------------|----------------------------|
| 06/01/92       | A.A. Oilfield     | State AB #1-SWD | H-15200          | 250                           | 235                        |
| 06/01/92       | Kem Oil Co.       | ML Gains #4     | H-15201          | 15                            | 15                         |
| 06/11/92       | Unocal            | Gulf Fed 1-12   | H-15222          | 20                            | 25                         |
| 06/11/92       | A.A. Oilfield     | Hobbs Yard      | H-15223          | 15 yds                        | 22 yds                     |
| 06/17/92       | Homco             | Hobbs Yard      | H-15238          | 65                            | 60                         |
| 06/24/92       | Warren Petroleum  | Warren Plant    | H-15252          | 30                            | 30                         |
| 06/29/92       | Texaco            | State H #2      | H-15259          | 35                            | 35                         |
| 06/30/92       | Homco             | Hobbs Yard      | H-15262          | 205                           | 205                        |

Total Barrels.....605  
Total Yards..... 15

TREATING PLANT OPERATOR'S MONTHLY REPORT

Report of Controlled Recovery Inc.

OIL CONSERVATION DIVISION  
Month of May 1992 RECEIVED

Address P.O. Box 369  
(Street)

Hobbs  
(City)

'92 JUN 8 AM 9:19 NM

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) |                  |         |
|--|------------------|---------|
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)                 |                  |         |
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)                      |                  |         |
| FROM   | TO               | BARRELS |
|  |                  |         |
| TOTAL ALL PLANTS   |                  | -0-     |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)       |                  |         |
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery Inc.

By Becky Johnson for Robert Whittemore Title General Manager

Date 6-4-92

Controlled Recovery Inc  
C-117  
May 1992

| Permit<br>Date | Lease<br>Operator     | Lease<br>Name              | Permit<br>Number | Estimated<br>Volume<br>(BBLS) | Actual<br>Volume<br>(BBLS) |
|----------------|-----------------------|----------------------------|------------------|-------------------------------|----------------------------|
| 05/12/92       | Enron Oil and Gas     | James Ranch #14            | A-5777           | 60                            | 92                         |
| 05/01/92       | Yates Petroleum       | Sombrero State             | H-15140          | 95                            | 95                         |
| 05/04/92       | Conoco                | MCA Filter Station         | H-15141          | 250                           | 110                        |
| 05/04/92       | A.A. Oilfield         | State AB SWD               | H-15145          | 450                           | 400                        |
| 05/01/92       | Graham Resources      | State OE 13                | H-15148          | 35                            | 35                         |
| 05/07/92       | LLano Inc.            | Rattlesnake Flats Delivery | H-15152          | 100                           | 83                         |
| 05/08/92       | Unocal                | Lea State J                | H-15153          | 45                            | 45                         |
| 05/11/92       | Conoco                | Gilmore-Houston-Chambers   | H-15162          | 40                            | 20                         |
| 05/14/92       | Tamarack Petroleum    | Bronco Wolfcamp Unit #4    | H-15169          | 30                            | 40                         |
| 05/19/92       | Samedan Oil Corp      | Langlie Mattix B-4 Penrose | H-15177          | 75                            | 60                         |
| 05/20/92       | Zachary Oil Operating | Federal GPS                | H-15179          | 30                            | 30                         |

Total Barrels.....1010

TREATING PLANT OPERATOR'S MONTHLY REPORT

Report of Controlled Recovery Inc.

Month of April 1992

Address P.O. Box 369

(Street)

Hobbs

(City)

NM

(State)

TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary)

PLANT NAME

LOCATION

BARRELS

Controlled Recovery Inc.

Halfway Disposal

-0-

TOTAL ALL PLANTS

-0-

TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)

PLANT NAME

LOCATION

BARRELS

Controlled Recovery Inc.

Halfway Disposal

-0-

TOTAL ALL PLANTS

-0-

DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)

FROM

TO

BARRELS

TOTAL ALL PLANTS

-0-

TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)

PLANT NAME

LOCATION

BARRELS

Controlled Recovery Inc.

Halfway Disposal

-0-

TOTAL ALL PLANTS

-0-

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR

Controlled Recovery Inc.

Becky Johnson for Robert Whittemore

Title General Manager

Date 6-4-92

Controlled Recovery Inc  
C-117  
April 1992

| Permit<br>Date | Lease<br>Operator   | Lease<br>Name     | Permit<br>Number | Estimated<br>Volume<br>(BBLS) | Actual<br>Volume<br>(BBLS) |
|----------------|---------------------|-------------------|------------------|-------------------------------|----------------------------|
| 03/31/92       | Phillips Petroleum  | M.E. Hale Battery | H-15079          | 400                           | 307                        |
| 04/02/92       | Oxy                 | State DW #4 SWD   | H-15080          | 50                            | 80                         |
| 04/07/92       | McCasland Disposal  | Atha #1           | H-15086          | 150                           | 480                        |
| 04/15/92       | Coastal Oil and Gas | State 5 SWD       | H-15098          | 600                           | 80                         |
| 04/15/92       | Mewbourne Oil Co    | Gulf State        | H-15103          | 25                            | 25                         |
| 04/20/92       | Phillips            | Philmex Batt #3   | H-15121          | 50                            | 50                         |
| 04/22/92       | AA Oilfield         | State AB #1 SWD   | H-15129          | 125                           | 120                        |
| 04/23/92       | ABC Rental Tool     | Yard Pit          | H-15130          | 370                           | 350                        |
| 04/29/92       | AA Oilfield         | Hobbs Yard        | H-15135          | 10 yd                         | 20 yd                      |

Total Barrels.....1492  
Total Yard.....20

TREATING PLANT OPERATOR'S MONTHLY REPORT  
OIL CONSERVATION DIVISION

Report of Controlled Recovery Inc. RECEIVED Month of March 1992

Address P.O. Box 369 APR 8 58 Hobbs NM  
(Street) (City) (State)

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) |                  |         |
|--|------------------|---------|
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)                 |                  |         |
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)                      |                  |         |
| FROM   | TO               | BARRELS |
|  |                  |         |
| TOTAL ALL PLANTS   |                  | -0-     |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)       |                  |         |
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery Inc.  
Betsy Johnson for Robert Whittemore General Manager

4-20-92

Controlled Recovery Inc  
C-117  
March 1992

| Permit<br>Date | Lease<br>Operator    | Lease<br>Name     | Permit<br>Number | Estimated<br>Volume<br>(BBLs) | Actual<br>Volume<br>(BBLs) |
|----------------|----------------------|-------------------|------------------|-------------------------------|----------------------------|
| 02/28/92       | Marathon Oil Company | Lea Unit SWD      | H-14998          | 125                           | 45                         |
| 03/04/92       | A.A. Oilfield        | Alpha Phi Crude   | H-15009          | 200                           | 190                        |
| 03/10/92       | Texaco               | J.R. Phillips     | H-15021          | 50                            | 50                         |
| 03/12/92       | Jack Phillips        | NM CR State       | H-15030          | 110                           | 110                        |
| 03/17/92       | Fina Oil             | Horton Federal    | H-15048          | 110                           | 100                        |
| 03/17/92       | Marathon             | Hamon Fed Comm #1 | H-15049          | 50                            | 30                         |
| 03/23/92       | Homco                | Hobbs Yard        | H-15058          | 65                            | 25                         |
| 03/30/92       | AA Oilfield          | Alpha Phi Crude   | H-15074          | 1000                          | 1125                       |
| 03/31/92       | Texaco               | CH Weir A #14     | H-15025          | 35                            | 35                         |

Total Barrels.....1710

TREATING PLANT OPERATOR'S MONTHLY REPORT

Report of Controlled Recovery Inc. Month of February 1992

Address P.O. Box 369 Hobbs NM  
(Street) (City) (State)

TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS         |                  | -0-     |

TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS         |                  | -0-     |

DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)

| FROM             | TO | BARRELS |
|------------------|----|---------|
|                  |    |         |
| TOTAL ALL PLANTS |    | -0-     |

TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS         |                  | -0-     |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery Inc.

Robert Whittemore General Manager

3-11-92

Controlled Recovery Inc  
C-117  
February 1992

| Permit<br>Date | Lease<br>Operator | Lease<br>Name               | Permit<br>Number | Estimated<br>Volume<br>(BBLs) | Actual<br>Volume<br>(BBLs) |
|----------------|-------------------|-----------------------------|------------------|-------------------------------|----------------------------|
| 02/26/92       | Oxy, USA          | Merland A #2                | A-5561           | 88                            | 88                         |
| 02/03/92       | Doyle Hartman     | Britt A-6                   | H-14886          | 100                           | 120                        |
| 02/03/92       | Marathon          | Johnson "B" Fed A/C 1 Bty   | H-14890          | 75                            | 75                         |
| 02/07/92       | Conoco            | State H-35 Heater 4480      | H-14908          | 20                            | 20                         |
| 02/07/92       | Phillips          | Phillips State E #1         | H-14911          | 100                           | 100                        |
| 02/07/92       | Amerada Hess      | W.D. Haruney #1             | H-14912          | 15                            | 15                         |
| 02/07/92       | AA Oilfield       | State AB SWD #1             | H-14914          | 125                           | 145                        |
| 02/10/92       | AA Oilfield       | Hobbs Yard                  | H-14917          | 20                            | 20                         |
| 02/10/92       | Phillips          | Loco Hills Booster          | H-14920          | 75                            | 60                         |
| 02/11/92       | Marathon Oil      | Hamon #1                    | H-14921          | 25                            | 35                         |
| 02/13/92       | Phillips          | Phillips Booster            | H-14935          | 200                           | 75                         |
| 02/17/92       | Conoco            | MCA Battery 1               | H-14957          | 80                            | 42                         |
| 02/19/92       | Conoco            | MCA 296                     | H-14964          | 45                            | 45                         |
| 02/19/92       | Phillips          | Ranger Lake Unit            | H-14966          | 120                           | 120                        |
| 02/24/92       | AA Oilfield       | State AB SWD #1             | H-14981          | 125                           | 105                        |
| 02/25/92       | Conoco            | MCA Battery 3               | H-14986          | 50                            | 50                         |
| 02/27/92       | Marathon          | SEU-SRQ Water Flood Station | H-14994          | 30                            | 35                         |
| 02/27/92       | Koch              | Scharb                      | H-14996          | 30                            | 20                         |

Total Barrels.....1170

TREATING PLANT OPERATOR'S MONTHLY REPORT

OIL CONSERVATION DIVISION

Report of Controlled Recovery Inc. RECEIVED Month of January 1992

Address P.O. Box 369 '92 MAR 13 AM 8 26 Hobbs NM  
(Street) (City) (State)

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) |                  |         |
|--|------------------|---------|
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)                 |                  |         |
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)                      |                  |         |
| FROM   | TO               | BARRELS |
|  |                  |         |
| TOTAL ALL PLANTS   |                  |         |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)       |                  |         |
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery Inc.

By Becky Johnson for Robert Whittemore Title General Manager

Date 2/7/92

Controlled Recovery Inc  
C-117  
January 1992

| Permit<br>Date | Lease<br>Operator | Lease<br>Name          | Permit<br>Number         | Estimated<br>Volume<br>(BBLs) | Actual<br>Volume<br>(BBLs) |
|----------------|-------------------|------------------------|--------------------------|-------------------------------|----------------------------|
| 12/31/91       | AA Oilfield       | AB SWD Plant           | H-14808                  | 175                           | 197                        |
| 01/02/92       | Conoco            | MCA Unit Bty 2         | H-14816                  | 150                           | 179                        |
| 01/02/92       | B&E, Inc.         | Tuzlu Kopek            | A-5425                   | 1000                          | 2930                       |
| 01/06/92       | Hanson Operating  | Max Gutman             | H-14821                  | 10                            | 10                         |
| 01/06/92       | Trident NGL, Inc. | Bluitt Plant           | H-14822                  | 120                           | 810                        |
| 01/13/92       | Amerada Hess      | Joyce Pruitt           | H-14835                  | 90                            | 90                         |
| 01/15/92       | Conoco            | MCA Battery 4          | H-14843                  | 150                           | 93                         |
| 01/21/92       | Conoco            | State H-35             | H-14855                  | 80                            | 25                         |
| 01/23/92       | Anadarko          | Breedlove A Battery    | Letter<br>from J. Sexton | 50                            | 35                         |
| 01/30/92       | Conoco            | Anderson Ranch Battery | H-14880                  | 100                           | 42                         |

Total Barrels.....4411

TREATING PLANT OPERATOR'S MONTHLY REPORT

Report of Controlled Recovery Inc.

OIL CONSERVATION DIVISION  
RECEIVED

Month of December 1991

Address P.O. Box 369  
(Street)

92 FEB 11 1992  
(City)

NM  
(State)

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) |                  |         |
|--|------------------|---------|
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)                 |                  |         |
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)                      |                  |         |
| FROM   | TO               | BARRELS |
|  |                  |         |
| TOTAL ALL PLANTS   |                  | -0-     |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)       |                  |         |
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery Inc.

By Becky Johnson for Robert Whittemore Title General Manager

Date 2/7/92

Controlled Recovery Inc  
C-117  
December 1991

| Permit<br>Date | Lease<br>Operator | Lease<br>Name     | Permit<br>Number | Estimated<br>Volume<br>(BBLs) | Actual<br>Volume<br>(BBLs) |
|----------------|-------------------|-------------------|------------------|-------------------------------|----------------------------|
| 12/09/91       | Grace Petroleum   | Cline Fed Battery | H-14746          | 30                            | 30                         |
| 12/10/91       | Oxy USA           | Byers B Battery   | H-14757          | 80                            | 155                        |
| 12/18/92       | Conoco            | State H - 35      | H-14781          | 25                            | 30                         |
| 12/18/91       | Homco             | Hobbs Yard        | H-14783          | 125                           | 125                        |

Total Barrels.....340

TREATING PLANT OPERATOR'S MONTHLY REPORT  
OIL CONSERVATION DIVISION

Report of Controlled Recovery Inc. RECEIVED Month of November 1991

Address P.O. Box 369 '91 DE 13 AM 8:55s NM  
(Street) (City) (State)

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) |                  |         |
|--|------------------|---------|
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)                 |                  |         |
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)                      |                  |         |
| FROM   | TO               | BARRELS |
|  |                  |         |
| TOTAL ALL PLANTS   |                  | -0-     |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)       |                  |         |
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery Inc.

By Becky Johnson for Robert Whittemore Title General Manager Date 12-12-91

Controlled Recovery Inc  
C-117  
November 1991

| Permit<br>Date | Lease<br>Operator  | Lease<br>Name   | Permit<br>Number | Estimated<br>Volume<br>(BBLs) | Actual<br>Volume<br>(BBLs) |
|----------------|--------------------|-----------------|------------------|-------------------------------|----------------------------|
| 11/04/91       | Homco              | Hobbs Yard      | H-14656          | 125                           | 115                        |
| 11/07/91       | Bonneville Fuels   | Asland #1       | H-14713          | 90                            | 120                        |
| 11/08/91       | Baber Well Service | NM DL State #1  | H-14720          | 200                           | 180                        |
| 11/08/91       | O'rion Services    | Sawyer Battery  | H-14721          | 125                           | 105                        |
| 11/11/91       | Homco              | Hobbs Yard      | H-14726          | 125                           | 130                        |
| 11/18/91       | A.A. Oilfield Serv | State AB SWD #1 | H-14703          | 125                           | 125                        |
| 11/18/91       | A.A. Oilfield Serv | State AB SWD #1 | H-14704          | 600                           | 460                        |
| 11/22/91       | Chaparral          | Lea #1          | H-14680          | 250                           | 130                        |
| 11/25/91       | ABC Rental Tool    | Yard Pit        | H-14681          | 200                           | 100                        |

Total Barrels.....1465

TREATING PLANT OPERATOR'S MONTHLY REPORT

OIL CONSERVATION DIVISION

Report of Controlled Recovery Inc. Month of October 1991

Address P.O. Box 369 Hobbs 11 AM 9 37 NM  
(Street) (City) (State)

TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS         |                  | -0-     |

TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS         |                  | -0-     |

DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)

| FROM             | TO | BARRELS |
|------------------|----|---------|
|                  |    |         |
| TOTAL ALL PLANTS |    | -0-     |

TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS         |                  | -0-     |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery Inc.

By Becky Johncox for Robert Whittemore Title General Manager Date 11-15-91

Controlled Recovery Inc  
C-117  
October 1991

| Permit<br>Date     | Lease<br>Operator  | Lease<br>Name      | Permit<br>Number | Estimated<br>Volume<br>(BBLS) | Actual<br>Volume<br>(BBLS) |
|--------------------|--------------------|--------------------|------------------|-------------------------------|----------------------------|
| 10/1/91            | SPX Charm          | Pearl Queen Unit   | H-14574          | 60                            | 60                         |
| 10/3/91            | Conoco             | MCA Unit Battery 2 | H-14576          | 70                            | 22                         |
| 10/8/91            | Marathon           | Lea Unit #13       | H-14593          | 25                            | 25                         |
| 10/9/91            | Homco              | Hobbs Yard         | H-14596          | 125                           | 125                        |
| 10/17/91           | Homco              | Hobbs Yard         | H-14615          | 125                           | 120                        |
| 10/18/91           | Chevron            | Lea "G" State      | H-14620          | 35                            | 60                         |
| 10/18/91           | Chevron            | Artesia San Andres | H-14619          | 100                           | 100                        |
| 10/21/91           | Purvis Oil         | Gladiola SWD       | H-14621          | 600                           | 690                        |
| 10/25/91           | A.A. Oilfield Serv | Alpha Phi Crude    | H-14635          | 375                           | 340                        |
| Total Barrels..... |                    |                    |                  | 1542                          |                            |

TREATING PLANT OPERATOR'S MONTHLY REPORT

Report of Controlled Recovery Inc. Month of September  
Address P.O. Box 369 Hobbs, NM  
(Street) (City) (State)

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) |                  |         |
|--|------------------|---------|
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)                 |                  |         |
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)                      |                  |         |
| FROM   | TO               | BARRELS |
|  |                  |         |
| TOTAL ALL PLANTS   |                  | -0-     |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)       |                  |         |
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |

I hereby certify that this report is true and correct to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery Inc.  
By Becky Johncox for Robert Whittemore Title General Manager Date 10/29/91

Controlled Recovery Inc  
C-117  
September 1991

| Permit<br>Date     | Lease<br>Operator    | Lease<br>Name   | Permit<br>Number | Estimated<br>Volume<br>(BBLs) | Actual<br>Volume<br>(BBLs) |
|--------------------|----------------------|-----------------|------------------|-------------------------------|----------------------------|
| 9/9/91             | Homco                | Hobbs Yard      | H-14509          | 125                           | 125                        |
| 9/13/91            | ABC Rental           | Eunice Yard     | H-14518          | 200                           | 100                        |
| 9/17/91            | Homco                | Hobbs Yard      | H-14526          | 125                           | 120                        |
| 9/17/91            | AA Oilfield Services | State Ab SWD #1 | H-14254          | 125                           | 105                        |
| 9/24/91            | Conoco               | MCA Battery #2  | H-14545          | 115                           | 50                         |
| 9/25/91            | Homco                | Hobbs Yard      | H-14550          | 125                           | 120                        |
| 9/26/91            | Oxy                  | Fed-R           | H-14553          | 20                            | 25                         |
| 9/27/91            | Oryx                 | Jennings B      | H-14557          | 30                            | 220                        |
| Total Barrels..... |                      |                 |                  | 865                           |                            |
| 8/23/91            | AA Oilfield Services | Hobbs Yard      | H-14479          | 20 yd                         | 22 yd                      |
| Total Yards.....   |                      |                 |                  | 22                            |                            |

TREATING PLANT OPERATOR'S MONTHLY REPORT

Report of CONTROLLED RECOVERY INC Month of AUGUST 1991

Address P.O. BOX 369 HOBBS NM  
(Street) (City) (State)

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) |                  |         |
|--|------------------|---------|
| PLANT NAME   | LOCATION         | BARRELS |
| CONTROLLED RECOVERY INC  | HALFWAY DISPOSAL | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)                 |                  |         |
| PLANT NAME   | LOCATION         | BARRELS |
| CONTROLLED RECOVERY INC  | HALFWAY DISPOSAL | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)                      |                  |         |
| FROM   | TO               | BARRELS |
|  |                  |         |
| TOTAL ALL PLANTS   |                  | -0-     |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)       |                  |         |
| PLANT NAME   | LOCATION         | BARRELS |
| CONTROLLED RECOVERY INC  | HALFWAY DISPOSAL | -0-     |
| TOTAL ALL PLANTS   |                  | -0-     |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery, Inc.

By [Signature]

Title GENERAL MANAGER

Date 9/9/91

Controlled Recovery Inc  
C-117  
August 1991

| Permit<br>Date | Lease<br>Operator    | Lease<br>Name         | Permit<br>Number | Estimated<br>Volume<br>(BBLs) | Actual<br>Volume<br>(BBLs) |
|----------------|----------------------|-----------------------|------------------|-------------------------------|----------------------------|
| 8/1/91         | AA Oilfield Services | State AB #1 SWD       | H-14405          | 125                           | 108                        |
| 8/12/91        | Pyramid Energy       | West Pearl Queen Unit | H-14437          | 100                           | 100                        |
| 8/15/91        | Conoco               | MCA Unit Battery 3    | H-14446          | 40                            | 6                          |
| 8/7/91         | Oxy USA              | FED AA                | H-14442          | 20                            | 20                         |
| 8/8/91         | Oxy USA              | FED AA                | H-14429          | 45                            | 45                         |
| 8/8/91         | OXY USA              | FED AA                | H-14430          | 35                            | 35                         |
| 8/22/91        | AA Oilfield Services | Hobbs Yard            | H-14473          | 200                           | 150                        |
| 8/27/91        | Homco                | Hobbs Yard            | H-14482          | 150                           | 115                        |
| 8/22/91        | Conoco               | MCA Unit Battery      | H-14472          | 100                           | 75                         |
| 8/23/91        | Sonny's Oilfield     | Hobbs State #3 SWD    | H-14476          | 250                           | 630                        |

Total Barrels.....1284

TREATING PLANT OPERATOR'S MONTHLY REPORT  
OIL CONSERVATION DIVISION

Report of CONTROLLED RECOVERY INC RECEIVED Month of JULY 1991

Address P.O. BOX 369 '91 SEP 1 11 00 AM 9 25 NM  
(Street) (City) (State)

TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary)

| PLANT NAME              | LOCATION         | BARRELS |
|-------------------------|------------------|---------|
| CONTROLLED RECOVERY INC | HALFWAY DISPOSAL | -0-     |

TOTAL ALL PLANTS -0-

TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)

| PLANT NAME              | LOCATION         | BARRELS |
|-------------------------|------------------|---------|
| CONTROLLED RECOVERY INC | HALFWAY DISPOSAL | -0-     |

TOTAL ALL PLANTS -0-

DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)

| FROM | TO | BARRELS |
|------|----|---------|
|      |    |         |

TOTAL ALL PLANTS -0-

TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)

| PLANT NAME              | LOCATION         | BARRELS |
|-------------------------|------------------|---------|
| CONTROLLED RECOVERY INC | HALFWAY DISPOSAL | -0-     |

TOTAL ALL PLANTS -0-

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR

By William S. [Signature] Title GENERAL MANAGER

Date 9/9/91

Controlled Recovery Inc  
C-117  
July 1991

| Permit<br>Date     | Lease<br>Operator    | Lease<br>Name               | Permit<br>Number | Estimated<br>Volume<br>(BBLS) | Actual<br>Volume<br>(BBLS) |
|--------------------|----------------------|-----------------------------|------------------|-------------------------------|----------------------------|
| 7/12/91            | Homco International  | Hobbs Yard                  | H-14350          | 130                           | 115                        |
| 7/12/91            | AA Oilfield Services | State AB SWD #1             | H-14349          | 300                           | 185                        |
| 7/16/91            | AA Oilfield Services | State AB SWD #1             | H-14356          | 600                           | 330                        |
|                    | ABC Rental Tool      | ABC Yard                    | H-14369          | 250                           | 220                        |
| 8/2/91             | Oryx Energy          | Jennings Fed Comm Tank Batt | H-14409          | 33                            | 33                         |
| 7/31/91            | Homco International  | Hobbs Yard                  | H-14404          | 130                           | 115                        |
| Total Barrels..... |                      |                             |                  | 998                           |                            |

TREATING PLANT OPERATOR'S MONTHLY REPORT  
OIL CONSERVATION DIVISION

Report of Controlled Recovery Inc. RECEIVED Month of March 1991

Address P.O. Box 369 '91 APR 25 AM 9 55 Hobbs New Mexico  
(Street) (City) (State)

TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0-     |

TOTAL ALL PLANTS

0

TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal |         |

TOTAL ALL PLANTS

0

DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)

| FROM | TO | BARRELS |
|------|----|---------|
|      |    |         |

TOTAL ALL PLANTS

0

TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal |         |

TOTAL ALL PLANTS

0

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR

By [Signature]

Title [Signature]

Date 4/15/91

|                            |
|----------------------------|
| No. of Copies Required (5) |
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| Santa Fe                   |
| File                       |
| Operator                   |
| Transporter (2)            |

# OIL CONSERVATION DIVISION

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

TANK CLEANING, SEDIMENT OIL REMOVAL, TRANSPORTATION OF MISCELLANEOUS HYDROCARBONS AND DISPOSAL PERMIT

PERMIT NUMBER H/13998

Operator or Owner HOMCO INTERNATIONAL, INC. Address P.O. BOX 2442 HOUSTON TEXAS 77252

Lease Name If Sediment Oil Yard Location 3000 W. COUNTY RD HOBBS, NM 88240  
UL Sec. Twp. Rge.

## OPERATION TO BE PERFORMED

☐ Tank Cleaning ☐ Sediment Oil Removal ☐ Transportation of Miscellaneous Hydrocarbons

Operator or Owner Representative authorizing work HOMCO INTERNATIONAL, INC.

Date Work to be Performed 3-2-91

## TANK CLEANING DATA

Tank Number \_\_\_\_\_ Volume \_\_\_\_\_

Tank Type \_\_\_\_\_ Volume Below Load Line \_\_\_\_\_

## SEDIMENT OIL OR MISCELLANEOUS HYDROCARBON DATA

Sediment Oil from: ☐ Pit ☐ Cellar ☒ Other\*

## MISCELLANEOUS OIL

Tank Bottoms From: ☐ Pipeline Station ☐ Crude Terminal ☐ Refinery ☐ Other\*

Catchings From: ☐ Gasoline Plant ☐ Gathering Lines ☐ Salt Water Disposal System ☐ Other\*

Pipeline Break Oil or Spill ☐

\*Other (Explain) NON-HAZARDOUS OILY WASTE WATER/SLUDGES FROM ONSITE STEAM CLEANING OF OILFIELD RENTAL EQUIPMENT. (SEE ATTACHEMENT A)

## VOLUME AND DESTINATION

Estimated Volume 130 Bbls. Field test volume of good oil \_\_\_\_\_ Bbls.  
(Not required prior to Division approval.)

Destination (Name and Location of treating plant or other facility) CONTROLLED RECOVERY, INC. HALFWAY NM MAILING ADDRESS 5600 CARLSBAD, HWY. HOBBS, NEW MEXICO 88240

## DESTRUCTION OF SEDIMENT OIL

Destruction by: ☐ Burning ☐ Pit Disposal ☐ Use on Roads or firewalls ☐ Other

(Explain) \_\_\_\_\_

Location of Destruction \_\_\_\_\_

Justification of Destruction \_\_\_\_\_

APPLICATION MAY BE MADE BY EITHER OF THE FOLLOWING:

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

Owner HOMCO INTERNATIONAL, INC.

Transporter GENERAL PETROLEUM

By CONRAD LEE

By Robert Lyle

Title DISTRICT MANAGER

Title Sales Rep.

Date 3-1-91

Date 3-1-91

ORIGINAL SIGNED BY BONNIE PRICHARD OIL CONSERVATION DIVISION  
Approved By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

MAR 01 '91

|                            |
|----------------------------|
| No. of Copies Required (5) |
| DISTRIBUTION BY CCO        |
| Santa Fe                   |
| File                       |
| Operator                   |
| Transporter (2)            |

OIL CONSERVATION DIVISION

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

TANK CLEANING, SEDIMENT OIL REMOVAL, TRANSPORTATION OF MISCELLANEOUS HYDROCARBONS AND DISPOSAL PERMIT

Operator or Owner HOMCO INTERNATIONAL, INC. Address P.O. Box 2442 Houston, Texas 772  
Lease Name If Sediment Oil Yard Location 3000 W. County Rd. Hobbs, NM 882  
UL Sec. Twp. Rge.

PERMIT NUMBER H-14046

OPERATION TO BE PERFORMED

☐ Tank Cleaning ☐ Sediment Oil Removal ☐ Transportation of Miscellaneous Hydrocarbons

Operator or Owner Representative authorizing work HOMCO INTERNATIONAL, INC.

Date Work to be Performed 3-21-91

TANK CLEANING DATA

Tank Number \_\_\_\_\_ Volume \_\_\_\_\_

Tank Type \_\_\_\_\_ Volume Below Load Line \_\_\_\_\_

SEDIMENT OIL OR MISCELLANEOUS HYDROCARBON DATA

Sediment Oil from: ☐ Pit ☐ Cellar ☒ Other\*

MISCELLANEOUS OIL

Tank Bottoms From: ☐ Pipeline Station ☐ Crude Terminal ☐ Refinery ☐ Other\*

Catchings From: ☐ Gasoline Plant ☐ Gathering Lines ☐ Salt Water Disposal System ☐ Other\*

Pipeline Break (Oil or Spill) ☐

\*Other (Explain) Non-hazardous oily waste water/sludges from onsite steam cleaning of oilfield rental equipment. (see attachment A)

VOLUME AND DESTINATION

Estimated Volume 130 Bbls. Field test volume of good oil \_\_\_\_\_ Bbls.  
(Not required prior to Division approval.)

Destination (Name and Location of treating plant or other facility) Controlled Recovery, Inc. Halfway  
NM Mailing Address 5600 Carlsbad, Hwy. Hobbs, NM 88240

DESTRUCTION OF SEDIMENT OIL

Destruction by: ☐ Burning ☐ Pit Disposal ☐ Use on Roads or firewalls ☐ Other

(Explain) \_\_\_\_\_

Location of Destruction \_\_\_\_\_

Justification of Destruction \_\_\_\_\_

APPLICATION MAY BE MADE BY EITHER OF THE FOLLOWING:

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

Owner Homco International, Inc.

Transporter General Petroleum

By Conrad Lee

By Robert Clark

Title District Manager

Title District Manager

Date 3-21-91

Date 3-21-91

ORIGINAL SIGNED BY  
BONNIE PRICHARD

OIL CONSERVATION DIVISION

Approved By \_\_\_\_\_ Title \_\_\_\_\_ Date MAR 21 '91

TREATING PLANT OPERATOR'S MONTHLY REPORT  
OIL CONSERVATION DIVISION  
RECEIVED

Report of Controlled Recovery Inc. Month of February 1991  
Address P.O. Box 369 Hobbs New Mexico  
(Street) (City) (State)

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) |                  |         |
|--|------------------|---------|
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | - 0 -   |
| TOTAL ALL PLANTS   |                  | - 0 -   |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)                 |                  |         |
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | - 0 -   |
| TOTAL ALL PLANTS   |                  | - 0 -   |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)                      |                  |         |
| FROM   | TO               | BARRELS |
|  |                  |         |
| TOTAL ALL PLANTS   |                  |         |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)       |                  |         |
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | - 0 -   |
| TOTAL ALL PLANTS   |                  | - 0 -   |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery Inc.

By [Signature] Title Manager

Date 2/14/91

RECEIVED

FEB 26 1991

CCC  
HOBBS OFFICE

FILE: CRI117

CONTROLLED RECOVERY INC.

C - 117 RECAP

| PERMIT<br>DATE | LEASE<br>OPERATOR   | LEASE<br>NAME             | PERMIT<br>NUMBER | ESTIMATED<br>VOLUMES (BBLs) | ACTULLY<br>VOLUMES (BBLs) |
|----------------|---------------------|---------------------------|------------------|-----------------------------|---------------------------|
| 01/08/91       | HONCO INTERNATIONAL | FACILITY 3000 W COUNTY RD | H-13826          | 130                         | 108                       |
| 01/24/91       | HONCO INTERNATIONAL | FACILITY 3000 W COUNTY RD | H-13871          | 130                         | 130                       |

RECEIVED

FEB 26 1991

GOO  
HOUSE OFFICE

TREATING PLANT OPERATOR'S MONTHLY REPORT

Form C-118  
Revised 10-1-78  
Sheet 1

OIL CONSERVATION DIVISION  
RECEIVED

Report of Controlled Recovery Inc

Month of Feb 1991

Address P.O. Box 369

(Street)

Hobbs

(City)

New Mexico

(State)

TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | - 0 -   |
| TOTAL ALL PLANTS         |                  | 0       |

TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)

| PLANT NAME              | LOCATION         | BARRELS |
|-------------------------|------------------|---------|
| Controlled Recovery Inc | Halfway Disposal | - 0 -   |
| TOTAL ALL PLANTS        |                  | - 0 -   |

DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)

| FROM             | TO | BARRELS |
|------------------|----|---------|
|                  |    | - 0 -   |
| TOTAL ALL PLANTS |    | - 0 -   |

TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)

| PLANT NAME               | LOCATION         | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | - 0 -   |
| TOTAL ALL PLANTS         |                  | - 0 -   |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR

CONTROLLED RECOVERY INC.  
C - 117 RECAP

LEASE  
OPERATOR

LEASE  
NAME

| PERMIT<br>NUMBER | ESTIMATED<br>VOLUMES (BBLs) | ACTULLY<br>VOLUMES (BBLs) |
|------------------|-----------------------------|---------------------------|
|------------------|-----------------------------|---------------------------|

|          |                     |                           |         |     |     |
|----------|---------------------|---------------------------|---------|-----|-----|
| 02/11/91 | HOMCO INTERNATIONAL | FACILITY 3000 W COUNTY RD | H-13932 | 130 | 130 |
|          | HOMCO INTERNATIONAL | FACILITY 3000 W COUNTY RD | H-13914 |     |     |
|          |                     | CONTAMINATED SOILS        |         |     |     |

|                                      |          |
|--------------------------------------|----------|
| TOTAL BRLS.....                      | 130      |
| TOTAL YARDS - CONTAMINATED SOIL..... | 5,543.10 |

TREATING PLANT OPERATOR'S MONTHLY REPORT

Report of Controlled Recovery Inc. Month of January 1991  
Address P.O. box 369 Hobbs, New Mexico  
(Street) (City) (State)

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) |                  |         |
|--|------------------|---------|
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | - 0 -   |
| TOTAL ALL PLANTS   |                  | - 0 -   |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)                 |                  |         |
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | - 0 -   |
| TOTAL ALL PLANTS   |                  | - 0 -   |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)                      |                  |         |
| FROM   | TO               | BARRELS |
|  |                  | - 0 -   |
| TOTAL ALL PLANTS   |                  | - 0 -   |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)       |                  |         |
| PLANT NAME   | LOCATION         | BARRELS |
| Controlled Recovery Inc.   | Halfway Disposal | - 0 -   |
| TOTAL ALL PLANTS   |                  | - 0 -   |

Thereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery Inc.

By [Signature] Title Manager

Date 1/10/91

## PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS

| PERMIT<br>NUMBER | LEASE OPERATOR      | LEASE NAME                               | GROSS VOLUME<br>SEDIMENT OIL | NET BBLS. P.L.<br>OIL RECOVERED |
|------------------|---------------------|--|------------------------------|---------------------------------|
| H-13735          | Homco International | Facility 3000 West<br>County Road, Hobbs | 589                          | -0-                             |
| H-13780          | Homco International | Facility 3000 West<br>County Rd., Hobbs  | 95                           | -0-                             |

|                            |
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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

TANK CLEANING, SEDIMENT OIL REMOVAL, TRANSPORTATION OF MISCELLANEOUS HYDROCARBONS AND DISPOSAL PERMIT

PERMIT NUMBER H-13780

Operator or Owner Homco International, Inc. Address P.O. Box 2442 Houston, Tx. 77252  
Lease Name If Sediment Oil N/A Facility 3000 W. County Rd. Hobbs, NM  
Location UL Sec. Twp. Rge.  
20 185 385

OPERATION TO BE PERFORMED

☐ Tank Cleaning ☐ Sediment Oil Removal ☒ Transportation of Miscellaneous Hydrocarbons

Operator or Owner Representative authorizing work Homco International, Inc.

Date Work to be Performed 12/21/90

TANK CLEANING DATA

Tank Number \_\_\_\_\_ Volume \_\_\_\_\_

Tank Type \_\_\_\_\_ Volume Below Load Line \_\_\_\_\_

SEDIMENT OIL OR MISCELLANEOUS HYDROCARBON DATA

Sediment Oil from: ☐ Pit ☐ Cellar ☒ Other\*

MISCELLANEOUS OIL

Tank Bottoms From: ☐ Pipeline Station ☐ Crude Terminal ☐ Refinery ☐ Other\*

Catchings From: ☐ Gasoline Plant ☐ Gathering Lines ☐ Salt Water Disposal System ☐ Other\*

Pipeline Break Oil or Spill ☐

\*Other (Explain) Non-Hazardous Oily waste water/sludges from onsite steam cleaning of oilfield rental equipment (see attachment A)

VOLUME AND DESTINATION

Estimated Volume 750 Bbls. Field test volume of good oil \_\_\_\_\_ Bbls.  
(Not required prior to Division approval.)

Destination (Name and Location of treating plant or other facility) Controlled Recovery, Inc.  
Halfway, NM Mailing address 5600 Carlsbad Hwy. Hobbs, NM

DESTRUCTION OF SEDIMENT OIL

Destruction by: ☐ Burning ☐ Pit Disposal ☐ Use on Roads or firewalls ☐ Other

(Explain) \_\_\_\_\_

Location of Destruction \_\_\_\_\_

Justification of Destruction \_\_\_\_\_

APPLICATION MAY BE MADE BY EITHER OF THE FOLLOWING:

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

Owner Homco International, Inc.

Transporter AA Oilfield Services

By Conrad Lee

By [Signature]

Title District Manager

Title President

Date 12/19/90

Date 12/19/90

ORIGINAL SIGNED BY BONNIE PRICHARD Title \_\_\_\_\_ Date \_\_\_\_\_  
Approved By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

OIL CONSERVATION DIVISION

DEC 20 '90

|                            |
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| Transporter (2)            |

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

TANK CLEANING, SEDIMENT OIL REMOVAL, TRANSPORTATION OF MISCELLANEOUS HYDROCARBONS AND DISPOSAL PERMIT

PERMIT NUMBER H-13735

Operator or Owner HOMCO INTERNATIONAL, INC Address P.O. BOX 2442, HOUSTON TEXAS  
Lease Name If Sediment Oil N/A Location facility 3000 WEST COUNTY ROAD, HOBBS, NM  
UL Sec. Twp. Rge. 20 18 S 38 E

OPERATION TO BE PERFORMED

☐ Tank Cleaning ☐ Sediment Oil Removal ☒ Transportation of Miscellaneous Hydrocarbons

Operator or Owner Representative authorizing work HOMCO INTERNATIONAL, INC.

Date Work to be Performed DECEMBER 7, 1990

TANK CLEANING DATA

Tank Number \_\_\_\_\_ Volume \_\_\_\_\_

Tank Type \_\_\_\_\_ Volume Below Load Line \_\_\_\_\_

SEDIMENT OIL OR MISCELLANEOUS HYDROCARBON DATA

Sediment Oil from: ☐ Pit ☐ Cellar ☒ Other\*

MISCELLANEOUS OIL

Tank Bottoms From: ☐ Pipeline Station ☐ Crude Terminal ☐ Refinery ☐ Other\*

Catchings From: ☐ Gasoline Plant ☐ Gathering Lines ☐ Salt Water Disposal System ☐ Other\*

Pipeline Break Oil or Spill ☐

\*Other (Explain) NON-HAZARDOUS OILY WASTE WATER/ SLUDGES FROM ONSITE

STEAM CLEANING OF OILFIELD RENTAL EQUIPMENT. (SEE ATTACHEMENT A)

VOLUME AND DESTINATION

Estimated Volume 750 Bbls. Field test volume of good oil \_\_\_\_\_ Bbls.

(Not required prior to Division approval.)

Destination (Name and Location of treating plant or other facility) CONTROLLED RECOVERY, INC.

HALFWAY, NEW MEXICO MAILING ADDRESS: 5000 CARLSBAD HIGHWAY HOBBS, NM

DESTRUCTION OF SEDIMENT OIL

Destruction by: ☐ Burning ☐ Pit Disposal ☐ Use on Roads or firewalls ☐ Other

(Explain) \_\_\_\_\_

Location of Destruction \_\_\_\_\_

Justification of Destruction \_\_\_\_\_

APPLICATION MAY BE MADE BY EITHER OF THE FOLLOWING:

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

Owner HOMCO INTERNATIONAL, INC.

By CONRAD LEE

Title DISTRICT MANAGER

Date 12-4-90

Transporter AA OILFIELD SERVICES

By [Signature]

Title Pres

Date 4 Dec '90

ORIGINAL SIGNED BY  
EDDIE W. SEAY

OIL CONSERVATION DIVISION

Approved By \_\_\_\_\_ Title \_\_\_\_\_ Date DEC 04 '90

A COPY OF THIS FORM MUST BE ON LOCATION DURING TANK CLEANING, REMOVAL OF SEDIMENT OIL OR MISCELLANEOUS HYDROCARBONS, AND MUST BE PRESENTED WITH TANK BOTTOMS, SEDIMENT OIL, MISCELLANEOUS HYDROCARBONS AT THE TREATING PLANT TO WHICH IT IS DELIVERED.

PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS

| PERMIT<br>NUMBER | LEASE OPERATOR | LEASE NAME | GROSS VOLUME<br>SEDIMENT OIL | NET BBLs. P.L.<br>OIL RECOVERED |
|------------------|----------------|------------|------------------------------|---------------------------------|
|                  | PRODUCED WATER | 84,560     | 1691.20                      |                                 |

OIL CONSERVATION DIVISION  
RECEIVED  
90 NOV 30 AM 9 27

PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS

| PERMIT<br>NUMBER | LEASE OPERATOR                        | OIL CONSERVATION DIVISION<br>LEASE NAME | GROSS VOLUME<br>SEDIMENT OIL | NET BBLs. P.L.<br>OIL RECOVERED |
|------------------|---------------------------------------|---|------------------------------|---------------------------------|
| H-13538          | Mobil Producing, T & NM Bridges State | 26                                      | 306.00                       | 30.60                           |
| H-13564          | Coastal Oil & Gas                     | Coastal State A                         | 180.00                       | 9.00                            |
|                  |                                       |   | <hr/>                        | <hr/>                           |
|                  |                                       |   | 486.00                       | 39.60                           |