March 11, 2025

New Mexico Oil Conservation Division 1220 South St. Francis Drive Santa Fe, New Mexico 87505

Re: Closure Request PLU Big Sinks 02-25-30 State Battery Incident Number nAPP2419252577 Eddy County, New Mexico

To Whom It May Concern:

Ensolum, LLC (Ensolum), on behalf of XTO Energy, Inc. (XTO), has prepared this *Closure Request* to document assessment, excavation, and soil sampling activities at the PLU Big Sinks 02-25-30 State Battery (Site). The purpose of the assessment and soil sampling activities was to assess for the presence or absence of impacts to soil following a release of crude oil and produced water from a pipeline, associated with the Big Sinks 2-25-30 Tank Battery (Facility ID fAPP2123047011), and in a right-of-way (ROW) south of the facility pad. Based on field observations, field screening activities, and soil sample laboratory analytical results, XTO is submitting this *Closure Request*, describing Site assessment, excavation, and delineation activities that have occurred and requesting no further action for Incident Number nAPP2419252577.

SITE DESCRIPTION AND RELEASE SUMMARY

The Site was reported to be located in Unit O, Section 2, Township 25 South, Range 30 East, in Eddy County, New Mexico (32.15394°, -103.84901°) on a tank battery facility associated with oil and gas exploration and production operations on State Trust Land managed by the State Land Office (NMSLO); however, after a review of internal documents, including photos, the release was found to be located south of the facility in the pipeline ROW in Unit B, Section 11, Township 25 South, Range 31 East, in Eddy County, New Mexico (32.151982°, -103.849375°) on land associated with oil and gas exploration and production operations on Federal Land managed by the Bureau of Land Management (BLM).

On July 8, 2024, corrosion of a surface flow line resulted in the release of approximately 4 barrels (bbls) of crude oil and 9 bbls of produced water into a pipeline ROW and the surrounding pasture. No fluids were recovered. XTO reported the release to the New Mexico Oil Conservation Division (NMOCD) via Notification of Release (NOR) and an Initial C-141 Application (C-141) on July 10, 2024. The release was assigned Incident Number nAPP2419252577.

SITE CHARACTERIZATION AND CLOSURE CRITERIA

The Site was characterized to assess the applicability of Table I, Closure Criteria for Soils Impacted by a Release, of Title 19, Chapter 15, Part 29 (19.15.29) of the New Mexico Administrative Code (NMAC). Results from the characterization desktop review are presented below. Potential Site receptors are identified on Figure 1.

Depth to groundwater at the Site is estimated to be greater than 100 feet below ground surface (bgs) based on the nearest groundwater well data. The closest permitted groundwater well with depth to groundwater data is United States Geological Survey (USGS) well 320856103502801, located approximately 0.49 miles southeast of the Site. The groundwater well's most recently reported depth to groundwater measurement was collected on January 28. 1998, at 390 feet bgs. The total depth of the well is 482 feet bgs. The Well Record and Log is included in Appendix A. All wells used to evaluate depth to groundwater are presented on Figure 1.

The closest continuously flowing or significant watercourse to the Site is a wetland, located approximately 600 feet northeast of the Site. The Site is greater than 200 feet from a lakebed, sinkhole, or playa lake and greater than 300 feet from an occupied residence, school, hospital, institution, church, or wetland. The Site is greater than 1,000 feet to a freshwater well or spring and is not within a 100-year floodplain or overlying a subsurface mine. The Site is not underlain by unstable geology (low potential karst designation area).

Based on the results of the Site Characterization, the following NMOCD Table I Closure Criteria (Closure Criteria) apply:

- Benzene: 10 milligrams per kilogram (mg/kg)
- Benzene, toluene, ethylbenzene, and total xylenes (BTEX): 50 mg/kg
- Total petroleum hydrocarbons (TPH): 100 mg/kg
- Chloride: 600 mg/kg

Since the release occurred off pad, XTO submitted a Form 3160-5 (Sundry Form) to the BLM to request access to the pasture on October 1, 2024. XTO received an approved sundry, granting access to complete remediation, on October 2, 2024. The approved sundry is presented in Appendix B.

SITE ASSESSMENT ACTIVITIES

On August 30, 2024, Ensolum personnel visited the Site to evaluate the release extent based on information provided on the C-141, internal documents and visual observations. Five delineation soil samples (SS01 through SS04) were collected within and around the release extent from a depth of approximately 0.5 feet bgs to assess the extent of the release. The soil samples were field screened for volatile organic compounds (VOCs) utilizing a calibrated photoionization detector (PID) and chloride using Hach[®] chloride QuanTab[®] test strips. The release extent and delineation soil sample locations were mapped utilizing a handheld Global Positioning System (GPS) unit and are depicted on Figure 2. Photographic documentation is included in Appendix C.

The soil samples were placed directly into pre-cleaned glass jars, labeled with the location, date, time, sampler name, method of analysis, and immediately placed on ice. The soil samples were transported under strict chain-of-custody procedures to Cardinal Laboratories (Cardinal) in Hobbs, New Mexico, for analysis of the following contaminants of concern (COCs): BTEX following United States Environmental Protection Agency (EPA) Method 8021B; TPH-gasoline range organics (GRO), TPH-diesel range organics (DRO), and TPH-oil range organics (ORO) following EPA Method 8015M/D; and chloride following Standard Method SM4500.

Laboratory analytical results for delineation soil samples SS02 through SS05 indicated all COC concentrations were compliant with the Closure Criteria, successfully defining the lateral extent of the

release. Laboratory analytical results for delineation soil sample SS01, collected from within the release extent, indicated TPH and chloride concentrations exceeded the Closure Criteria. Laboratory analytical results are summarized in Table 1 and the complete laboratory analytical reports are included as Appendix D.

On October 22, 2024, following approval of the land access sundry from BLM, Ensolum personnel returned to the Site to remove the gross impacts in the top 4 feet of the pasture to prevent further contamination. No samples were collected during this Site visit. Photographic documentation is included in Appendix C.

EXCAVATION SOIL SAMPLING ACTIVITIES

Between December 16, 2024, and January 24, 2025, Ensolum personnel were at the Site to oversee excavation activities. Impacted soil was excavated from the release area as indicated by visible staining, field screening activities, and laboratory analytical results for the delineation soil samples. Excavation activities were performed using a hammer hoe, backhoe and transport vehicle. To direct excavation activities, Ensolum personnel screened soil for VOCs and chloride. Following removal of impacted soil to the maximum extent practicable (MEP), Ensolum personnel collected 5-point composite soil samples representing no more than 200 square feet from the sidewalls and floor of the excavation. The 5-point composite soil samples were collected by placing five equivalent aliquots of soil into a 1-gallon, resealable plastic bag and homogenizing the samples by thoroughly mixing. Confirmation soil samples FS01 through FS06 were collected from the floor of the excavation at depths ranging from 4 feet to 8 feet bgs. Confirmation sidewall soil samples SW01 and SW03 were collected from the sidewalls of the excavation at depths ranging from ground surface to 4 feet bgs. Confirmation sidewall soil samples SW04 through SW06 were collected form the sidewalls of the excavation at depths ranging from 4 feet bgs to 8 feet bgs. The confirmation soil samples were collected, handled, and analyzed following the same procedures as described above. The excavation extent and confirmation soil sample locations are presented on Figure 3.

The final excavation extent measured approximately 1,009 square feet. A total of approximately 270 cubic yards of impacted soil was removed during the excavation activities. The impacted soil was transported and properly disposed of at the OWL Landfill in Jal, New Mexico (Appendix E). The final excavation was backfilled with material purchased locally and recontoured to match pre-existing Site conditions. One representative 5-point composite sample (BF01) was collected from the topsoil backfill material. The backfill soil sample was collected and handled as described above and submitted to Cardinal for the same COCs listed above.

LABORATORY ANALYTICAL RESULTS

Laboratory analytical results for the final confirmation soil samples indicated all COC concentrations were compliant with the Closure Criteria and confirmed the lateral and vertical extent of the release. Laboratory analytical results for backfill soil sample BF01 indicated COC concentrations were in compliance with reclamation requirements. Laboratory analytical results are summarized in Table 1 and the complete laboratory analytical reports are included as Appendix D.

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RECLAMATION PLAN

The Site will be seeded with BLM seed mix #2 for sandy sites at the rate specified in pounds of pure live seed (PLS) per acre during the next BLM recommended planting season.

| Species/Cultivar | PLS/Acre |
|--|----------|
| Sand lovegrass (Eragrostis trichodes) | 1.0 |
| Sands dropseed (Sporobolus cryptandrus) | 1.0 |
| Plains bristlegrass (Setaria macrostachya) | 2.0 |

The seed mix will be applied via drill seeding or broadcast seeding. If broadcast seeding is selected, the PLS/acre will be doubled, and the seed will be raked in by chaining or dragging the Site. Reclamation activities will be documented with photographs and included in a *Re-Vegetation Report*.

CLOSURE REQUEST

Site assessment and excavation activities were conducted at the Site to address the July 8, 2024, release of crude oil and produced water. Laboratory analytical results for the excavation soil samples, collected from the final excavation extent, indicated all COC concentrations were compliant with the Site Closure Criteria. All impacted soil was removed from the release area. Based on the soil sample analytical results, no further remediation was required. XTO backfilled the excavation with material purchased locally and recontoured the Site to match pre-existing site conditions. The release will be reseeded with a BLM approved seed mix during the next BLM recommended planting season and a revegetation report will be completed.

Excavation of impacted soil has mitigated potential impacts at this Site. Depth to groundwater has been estimated to be greater than 100 feet bgs and no other sensitive receptors were identified near the Site. XTO believes these remedial actions are protective of human health, the environment, and groundwater. As such, XTO respectfully requests closure for Incident Number nAPP2419252577.

A *Re-vegetation Report* will be submitted to the NMOCD once vegetation growth in the reclaimed pasture area has uniform vegetative cover that reflects a life-form ratio of plus or minus 50 percent (%) of pre-disturbance levels and a total percent plant cover of at least 70% of pre-disturbance levels, excluding noxious weeds, per NMAC 19.15.29.13 D.(3).

If you have any questions or comments, please contact Ms. Tacoma Morrissey at (337) 257-8307 or tmorrissey@ensolum.com.

Sincerely, Ensolum, LLC

Tran Hitland

Tracy Hillard Project Engineer

Mouissey

Tacoma Morrissey Associate Principal

cc: Colton Brown, XTO Kaylan Dirkx, XTO Bureau of Land Management

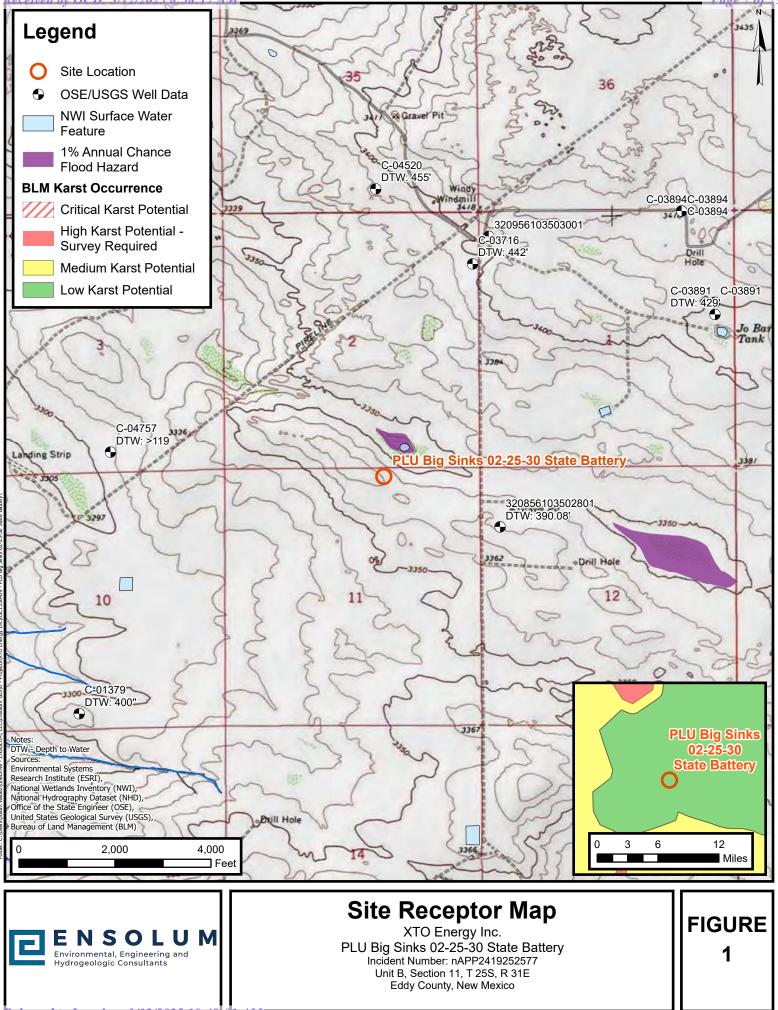
Appendices:

- Figure 1 Site Receptor Map
- Figure 2 Delineation Soil Sample Locations
- Figure 3 Excavation Soil Sample Locations
- Table 1Soil Sample Analytical Results
- Appendix A Referenced Well Records
- Appendix B Land Access Reference
- Appendix C Photographic Log
- Appendix D Laboratory Analytical Reports & Chain-of-Custody Documentation
- Appendix E Disposal Manifests
- Appendix F NMOCD Correspondence

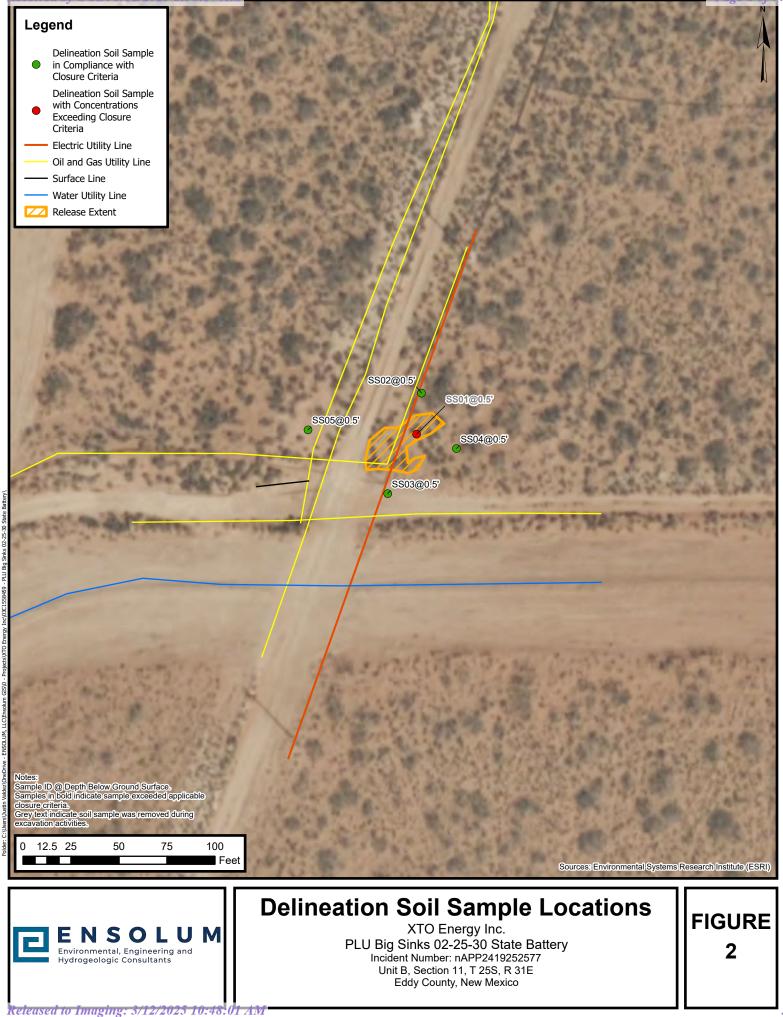


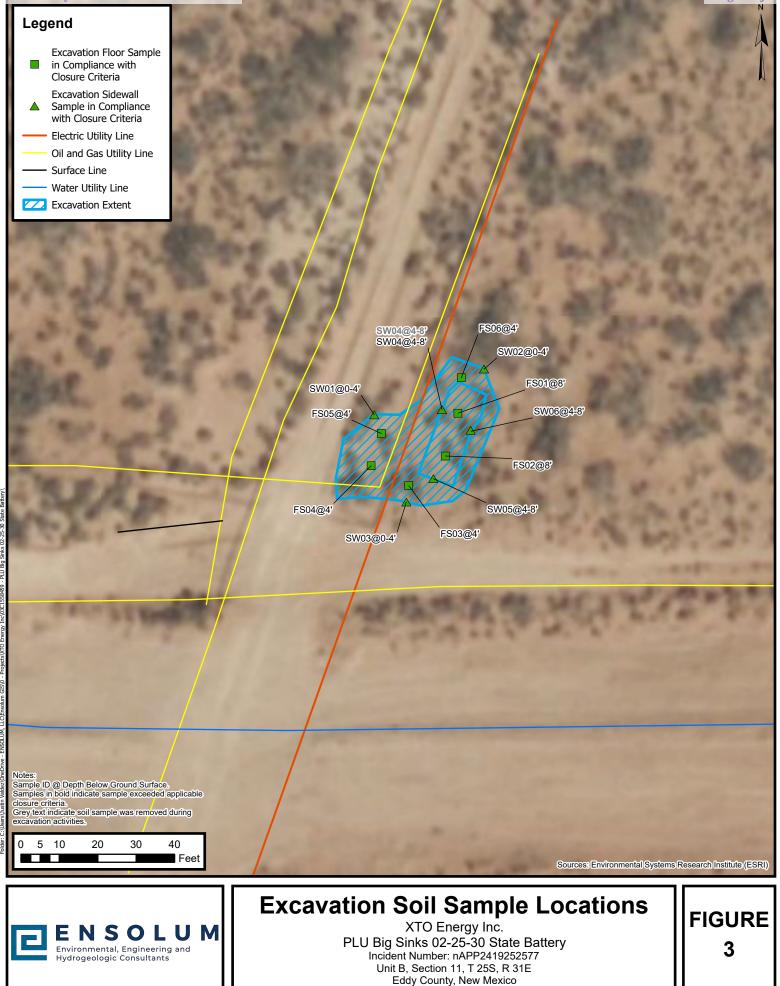
FIGURES

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TABLES

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E N S O L U M

| TABLE 1 SOIL SAMPLE ANALYTICAL RESULTS PLU Big Sinks 02-25-30 State Battery XTO Energy, Inc Eddy County, New Mexico | | | | | | | | | | |
|---|--------------------|----------------------------|--------------------|-----------------------|--------------------|--------------------|--------------------|--------------------|----------------------|---------------------|
| Sample I.D. | Sample Date | Sample Depth (feet bgs) | Benzene (mg/kg) | Total BTEX (mg/kg) | TPH GRO (mg/kg) | TPH DRO (mg/kg) | TPH ORO (mg/kg) | GRO+DRO (mg/kg) | Total TPH (mg/kg) | Chloride (mg/kg) |
| NMOCD Table I C | Closure Criteria (| NMAC 19.15.29) | 10 | 50 | NE | NE | NE | NE | 100 | 600 |
| | | | | Deli | neation Soil Sa | mples | 1 | | | |
| SS01 | 08/30/2024 | 0.5 | <0.050 | 9.58 | 230 | 10,100 | 1,600 | 10,330 | 11,930 | 3,280 |
| SS02 | 08/30/2024 | 0.5 | <0.050 | <0.300 | <10.0 | <10.0 | <10.0 | <10.0 | <10.0 | 16.0 |
| SS03 | 08/30/2024 | 0.5 | <0.050 | <0.300 | <10.0 | <10.0 | <10.0 | <10.0 | <10.0 | 16.0 |
| SS04 | 08/30/2024 | 0.5 | <0.050 | <0.300 | <10.0 | <10.0 | <10.0 | <10.0 | <10.0 | 16.0 |
| SS05 | 08/30/2024 | 0.5 | <0.050 | <0.300 | <10.0 | <10.0 | <10.0 | <10.0 | <10.0 | 32.0 |
| | | | | Confi | rmation Soil Sa | imples | | | | |
| FS01 | 01/13/2025 | 8 | <0.050 | <0.300 | <10.0 | 12.7 | <10.0 | 12.7 | 12.7 | 48.0 |
| FS02 | 01/15/2025 | 8 | <0.050 | <0.300 | <10.0 | 36.8 | <10.0 | 36.8 | 36.8 | 48.0 |
| FS03 | 01/15/2025 | 4 | <0.050 | <0.300 | <10.0 | <10.0 | <10.0 | <10.0 | <10.0 | 320 |
| FS04 | 01/15/2025 | 4 | <0.050 | <0.300 | <10.0 | <10.0 | <10.0 | <10.0 | <10.0 | 336 |
| FS05 | 01/15/2025 | 4 | <0.050 | <0.300 | <10.0 | <10.0 | <10.0 | <10.0 | <10.0 | 288 |
| FS06 | 01/15/2025 | 4 | <0.050 | <0.300 | <10.0 | 10.2 | <10.0 | 10.2 | 10.2 | 256 |
| SW01 | 01/14/2025 | 0-4 | <0.050 | <0.300 | <10.0 | <10.0 | <10.0 | <10.0 | <10.0 | 224 |
| SW02 | 01/14/2025 | 0-4 | <0.050 | <0.300 | <10.0 | <10.0 | <10.0 | <10.0 | <10.0 | 288 |
| SW03 | 01/14/2025 | 0-4 | <0.050 | <0.300 | <10.0 | <10.0 | <10.0 | <10.0 | <10.0 | 336 |
| SW04 | 01/14/2025 | 4-8 | <0.050 | <0.300 | <10.0 | 238 | 29.1 | 238 | 267 | 272 |
| SW04 | 01/24/2025 | 4-8 | <0.050 | <0.300 | <10.0 | <10.0 | <10.0 | <10.0 | <10.0 | 464 |
| SW05 | 01/14/2025 | 4-8 | <0.050 | <0.300 | <10.0 | 11.1 | <10.0 | 11.1 | 11.1 | 224 |
| SW06 | 01/15/2025 | 4-8 | <0.050 | <0.300 | <10.0 | <10.0 | <10.0 | <10.0 | <10.0 | 384 |
| | | | | Backfill | Confirmation So | oil Sample | | | | |
| BF01 | 02/17/2025 | 0.5 | <0.050 | <0.300 | <10.0 | 22.5 | <10.0 | 22.5 | 22.5 | 192 |

Notes:

bgs: below ground surface

mg/kg: milligrams per kilogram

NMOCD: New Mexico Oil Conservation Division

BTEX: Benzene, Toluene, Ethylbenzene, and Xylenes

Concentrations in **bold** exceed the NMOCD Table I Closure Criteria or reclamation requirement where applicable.

GRO: Gasoline Range Organics DRO: Diesel Range Organics ORO: Oil Range Organics TPH: Total Petroleum Hydrocarbon NMAC: New Mexico Administrative Code

Grey text indicates soil sample removed during excavation activities

Ensolum



APPENDIX A

Referenced Well Records

USGS Home Contact USGS Search USGS



National Water Information System: Web Interface

USGS Water Resources

 Data Category:
 Geographic Area:

 Groundwater
 ✔

Click to hideNews Bulletins

- Explore the NEW USGS National Water Dashboard interactive map to access real-time water data from over 13,500 stations nationwide.
- Full News

Groundwater levels for the Nation

Important: <u>Next Generation Monitoring Location Page</u>

Search Results -- 1 sites found

Agency code = usgs site_no list =

• 320856103502801

Minimum number of levels = 1 Save file of selected sites to local disk for future upload

USGS 320856103502801 25S.30E.12.113211

Eddy County, New Mexico Latitude 32°08'56", Longitude 103°50'28" NAD27 Land-surface elevation 3,371 feet above NAVD88 The depth of the well is 482 feet below land surface. This well is completed in the Pecos River Basin alluvial aquifer (N100PCSRVR) national aquifer. This well is completed in the Alluvium, Bolson Deposits and Other Surface Deposits (110AVMB) local aquifer. **Output formats**

| Table of data | |
|--------------------|--|
| Tab-separated data | |
| Graph of data | |
| Reselect period | |

| Date | Time | ? Water- level date- time accuracy | ? Parameter code | Water level, feet below land surface | Water level, feet above specific vertical datum | Referenced vertical datum | ? Status | ? Method of measurement | ? Measuring agency | ? Source (measur(|
|------------|------|---|------------------------|---|---|---------------------------------|-------------|-------------------------------|--------------------------|--------------------------|
| | | | | | | | | | | |
| 1959-03-25 | | D | 62610 | | 2978.00 | NGVD29 | 1 | Z | | |
| 1959-03-25 | | D | 62611 | | 2979.70 | NAVD88 | 1 | Z | | |
| 1959-03-25 | | D | 72019 | 391.30 | | | 1 | Z | | |
| 1983-01-31 | | D | 62610 | | 2979.00 | NGVD29 | 1 | Z | | |
| 1983-01-31 | | D | 62611 | | 2980.70 | NAVD88 | 1 | Z | | |
| 1983-01-31 | | D | 72019 | 390.30 | | | 1 | Z | | |
| 1987-10-20 | | D | 62610 | | 2978.89 | NGVD29 | 1 | Z | | |
| 1987-10-20 | | D | 62611 | | 2980.59 | NAVD88 | 1 | Z | | |
| 1987-10-20 | | D | 72019 | 390.41 | | | 1 | Z | | |
| 1992-11-06 | | D | 62610 | | 2978.89 | NGVD29 | 1 | S | | |
| 1992-11-06 | | D | 62611 | | 2980.59 | NAVD88 | 1 | S | | |
| 1992-11-06 | | D | 72019 | 390.41 | | | 1 | S | | |
| 1998-01-28 | | D | 62610 | | 2979.22 | NGVD29 | 1 | S | | |
| 1998-01-28 | | D | 62611 | | 2980.92 | NAVD88 | 1 | S | | |
| 1998-01-28 | | D | 72019 | 390.08 | | | 1 | S | | |

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| Explanation | | | | | | |
|--------------------------------|--------|---|--|--|--|--|
| Section | Code | Description | | | | |
| Water-level date-time accuracy | D | Date is accurate to the Day | | | | |
| Parameter code | 62610 | Groundwater level above NGVD 1929, feet | | | | |
| Parameter code | 62611 | Groundwater level above NAVD 1988, feet | | | | |
| Parameter code | 72019 | Depth to water level, feet below land surface | | | | |
| Referenced vertical datum | NAVD88 | North American Vertical Datum of 1988 | | | | |
| Referenced vertical datum | NGVD29 | National Geodetic Vertical Datum of 1929 | | | | |
| Status | 1 | Static | | | | |
| Method of measurement | S | Steel-tape measurement. | | | | |
| Method of measurement | Z | Other. | | | | |
| Measuring agency | | Not determined | | | | |
| Source of measurement | | Not determined | | | | |
| Water-level approval status | А | Approved for publication Processing and review completed. | | | | |

<u>Questions or Comments</u> <u>Automated retrievals</u> <u>Help</u>

Data Tips Explanation of terms Subscribe for system changes News

Accessibility FOIA Privacy Policies and Notices

U.S. Department of the Interior | U.S. Geological Survey Title: Groundwater for USA: Water Levels URL: https://nwis.waterdata.usgs.gov/nwis/gwlevels?

Page Contact Information: <u>USGS Water Data Support Team</u> Page Last Modified: 2024-04-23 12:17:11 EDT 0.44 0.34 nadww02 USA.gov



APPENDIX B

Land Access Reference

| U.S. Department of the Interior BUREAU OF LAND MANAGEMENT | | Sundry Print Report 10/02/2024 |
|--|--|--|
| Well Name: POKER LAKE UNIT | Well Location: T25S / R30E / SEC 11 / NENW / 32.1509886 / -103.85555973 | County or Parish/State: EDDY / NM |
| Well Number: 347H | Type of Well: OIL WELL | Allottee or Tribe Name: |
| Lease Number: NMLC061616A | Unit or CA Name: CNSOL DLWR PA BDEFHI | Unit or CA Number: NMNM71016AN |
| US Well Number: 3001538668 | Operator: XTO PERMIAN OPERATING LLC | |

Notice of Intent

Sundry ID: 2814810

Type of Submission: Notice of Intent

Date Sundry Submitted: 10/01/2024

Date proposed operation will begin: 10/28/2024

Type of Action: Surface Disturbance Time Sundry Submitted: 04:13

Procedure Description: XTO Permian Operating LLC (XTO) respectfully requests access off pad in order to complete remediation activities related to NMOCD Incident Number NAPP2419252577 which involves the PLU Big Sinks 02-25-30 State Battery flowline release that occurred on July 8, 2024. Excavation of impacted soil is needed in pasture and right-of-way (ROW) areas where the release occurred (32.151979, -103.849381). The nearest XTO well on BLM land is Poker Lake Unit #347H located approximately 0.37 miles east-northeast of the release. Heavy equipment (backhoe, trackhoe, front loader, hydro-vacuum truck) will be utilized to complete the excavation. After successful completion of remediation efforts, the disturbed areas will be backfilled and recontoured to match pre-existing conditions and reseeded with the recommended BLM seed mixture.

Surface Disturbance

Is any additional surface disturbance proposed?: No

NOI Attachments

Procedure Description

PLU_Big_Sinks_02_25_30_State_Battery_Site_Map_20241001161313.pdf

| Received by OCD: 3/12/2025 8:58:17-AM Well Name: POKER LAKE UNIT | Well Location: T25S / R30E / SEC 11 / NENW / 32.1509886 / -103.8555973 | County or Parish/State: EDD17, of 7 NM |
|---|---|---|
| Well Number: 347H | Type of Well: OIL WELL | Allottee or Tribe Name: |
| Lease Number: NMLC061616A | Unit or CA Name: CNSOL DLWR PA BDEFHI | Unit or CA Number: NMNM71016AN |
| US Well Number: 3001538668 | Operator: XTO PERMIAN OPERATING LLC | |

Operator

I certify that the foregoing is true and correct. Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction. Electronic submission of Sundry Notices through this system satisfies regulations requiring a

| Operator Electronic Signa | ture: AMY RUTH |
|------------------------------|--------------------|
| Name: XTO PERMIAN OPE | RATING LLC |
| Title: SHE Coordinator | |
| Street Address: 6401 HOL | DAY HILL ROAD BLDG |
| City: MIDLAND | State: TX |
| Phone: (575) 689-3380 | |
| Email address: AMY.RUTH | @EXXONMOBIL.COM |

Field

Representative Name: Street Address: City: State: Phone: Email address:

BLM Point of Contact

BLM POC Name: CRISHA A MORGAN BLM POC Phone: 5752345987 Disposition: Approved Signature: CRISHA A. MORGAN BLM POC Title: Environmental Protection Specialist

Signed on: OCT 01, 2024 04:13 PM

BLM POC Email Address: camorgan@blm.gov

Zip:

Disposition Date: 10/02/2024

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|--|---|---|--|---|--|--|---|--|
| Form 3160-5 (June 2019) | | UNITED STA PARTMENT OF THI EAU OF LAND MA | E INTERIOR | | FORM APPROVED OMB No. 1004-0137 Expires: January 31, 2025 5. Lease Serial No. | | | |
| | | NOTICES AND RE | | /FUIS | | 6. If Indian, Allottee or Tribe Name | | |
| Do no | Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals. | | | | | 0. If indian, Anotice of T | | |
| | SUBMIT IN | TRIPLICATE - Other in | structions on pag | e 2 | | 7. If Unit of CA/Agreem | ent, Name and/or No. | |
| 1. Type of Well | | | | | | NMNM 071016X | | |
| ✓ Oil Well | Gas V | Well Other | | | | 8. Well Name and No. Po | oker Lake Unit #347H | |
| 2. Name of Operator X | TO Permian C | Operating LLC | | | | 9. API Well No. 30-015- | 38668 | |
| 2 4 1 1 | reene Street | | 3b. Phone No. | (include area code | ;) | 10. Field and Pool or Exp | | |
| 5104 L G | NM 88220 | | (432) 661-05 | | / | Poker Lake | · • | |
| 4. Location of Well (For | otage, Sec., T., I | R.,M., or Survey Descripti | ion) | | | 11. Country or Parish, St | ate | |
| 32.1510, -103.8556; | Unit C, Section | on 11, T25S, R30E | | | | Eddy County, New M | lexico | |
| | 12. CHE | ECK THE APPROPRIATE | E BOX(ES) TO INI | DICATE NATURE | OF NOT | FICE, REPORT OR OTHE | R DATA | |
| TYPE OF SUBM | IISSION | | | TY | PE OF AG | CTION | | |
| ✓ Notice of Intent | | Acidize | Deep | Deepen Prod | | oduction (Start/Resume) | Water Shut-Off | |
| | | Alter Casing | | | Rec | well Integrity | | |
| Subsequent Repo | ort | Casing Repair | New | Construction | | complete | ✓ Other | |
| | | Change Plans | | and Abandon | _ | nporarily Abandon | | |
| Final Abandonme | | Convert to Inject | | | | ter Disposal | | |
| the proposal is to de the Bond under whi completion of the in | epen directiona ch the work wi wolved operation andonment No | ally or recomplete horizon ill be perfonned or provide ons. If the operation result | tally, give subsurfa the Bond No. on f ts in a multiple com | ice locations and n ile with BLM/BIA ppletion or recomp | easured a . Require letion in | and true vertical depths of a ed subsequent reports must l a new interval, a Form 3160 | and approximate duration thereof. If Il pertinent markers and zones. Attach be filed within 30 days following 0-4 must be filed once testing has been operator has detennined that the site | |
| NAPP24192525 needed in pastur Poker Lake Unit truck) will be utili. | 77 which invol e and right-of- #347H located zed to comple | lves the PLU Big Sinks (-way (ROW) areas whe d approximately 0.37 m | 02-25-30 State B re the release oc iles east-northeas successful comp | attery flowline re curred is located st of the release. pletion of remedia | ease tha at 32.15 Heavy e tion effo | at occurred on July 8, 202 51979, -103.849381. The equipment (backhoe, trac | ed to NMOCD Incident Number 24. Excavation of impacted soil is nearest XTO well on BLM land is khoe, front loader, hydrovaccuum will be backfilled and recontoured | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 14. I hereby certify that t | he foregoing is | s true and correct. Name (| Printed/Typed) | | | | | |
| | | | | Title | | | | |

| Signature | Date | | | | | |
|--|-------|--|------|--|--|--|
| THE SPACE FOR FEDERAL OR STATE OFICE USE | | | | | | |
| Approved by | | | | | | |
| | Title | | Date | | | |
| Conditions of approval, if any, are attached. Approval of this notice does not warrant certify that the applicant holds legal or equitable title to those rights in the subject lea which would entitle the applicant to conduct operations thereon. | | | | | | |
| | | | | | | |

Title 18 U.S.C Section 1001 and Title 43 U.S.C Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

This form is designed for submitting proposals to perform certain well operations and reports of such operations when completed as indicated on Federal and Indian lands pursuant to applicable Federal law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local area or regional procedures and practices, are either shown below, will be issued by or may be obtained from the local Federal office.

SPECIFIC INSTRUCTIONS

Item 4 - Locations on Federal or Indian land should be described in accordance with Federal requirements. Consult the local Federal office for specific instructions.

Item 13: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by the local Federal office. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to the top of any tubing left in the hole; method of closing top of well and date well site conditioned for final inspection looking for approval of the abandonment. If the proposal will involve **hydraulic fracturing operations**, you must comply with 43 CFR 3162.3-3, including providing information about the protection of usable water. Operators should provide the best available information about all formations containing water and their depths. This information could include data and interpretation of resistivity logs run on nearby wells. Information may also be obtained from state or tribal regulatory agencies and from local BLM offices.

NOTICES

The privacy Act of 1974 and the regulation in 43 CFR 2.48(d) provide that you be furnished the following information in connection with information required by this application.

AUTHORITY: 30 U.S.C. 181 et seq., 351 et seq., 25 U.S.C. 396; 43 CFR 3160.

PRINCIPAL PURPOSE: The information is used to: (1) Evaluate, when appropriate, approve applications, and report completion of subsequent well operations, on a Federal or Indian lease; and (2) document for administrative use, information for the management, disposal and use of National Resource lands and resources, such as: (a) evaluating the equipment and procedures to be used during a proposed subsequent well operation and reviewing the completed well operations for compliance with the approved plan; (b) requesting and granting approval to perform those actions covered by 43 CFR 3162.3-2, 3162.3-3, and 3162.3-4; (c) reporting the beginning or resumption of production, as required by 43 CFR 3162.4-1(c)and (d) analyzing future applications to drill or modify operations in light of data obtained and methods used.

ROUTINE USES: Information from the record and/or the record will be transferred to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal or regulatory investigations or prosecutions in connection with congressional inquiries or to consumer reporting agencies to facilitate collection of debts owed the Government.

EFFECT OF NOT PROVIDING THE INFORMATION: Filing of this notice and report and disclosure of the information is mandatory for those subsequent well operations specified in 43 CFR 3162.3-2, 3162.3-3, 3162.3-4.

The Paperwork Reduction Act of 1995 requires us to inform you that:

The BLM collects this information to evaluate proposed and/or completed subsequent well operations on Federal or Indian oil and gas leases.

Response to this request is mandatory.

The BLM would like you to know that you do not have to respond to this or any other Federal agency-sponsored information collection unless it displays a currently valid OMB control number.

BURDEN HOURS STATEMENT: Public reporting burden for this form is estimated to average 8 hours per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to U.S. Department of the Interior, Bureau of Land Management (1004-0137), Bureau Information Collection Clearance Officer (WO-630), 1849 C St., N.W., Mail Stop 401 LS, Washington, D.C. 20240

Additional Information

Location of Well

0. SHL: NENW / 540 FNL / 1440 FWL / TWSP: 25S / RANGE: 30E / SECTION: 11 / LAT: 32.1509886 / LONG: -103.8555973 (TVD: 0 feet, MD: 0 feet) BHL: NWNE / 1315 FNL / 2610 FEL / TWSP: 25S / RANGE: 30E / SECTION: 3 / LAT: 0.0 / LONG: 0.0 (TVD: 0 feet, MD: 0 feet)

PLU Big Sinks 02-25-30 State Battery



9/26/2024

 $\overline{}$

O Sample Location Pipeline Line Utility

Electric Utility Line

Oil and Gas Utility Line Linear Features - Other

> Location Mark Release Extent

Low Resolution 15m Imagery High Resolution 60cm Imagery High Resolution 30cm Imagery Citations 15cm Resolution Metadata

World Imagery

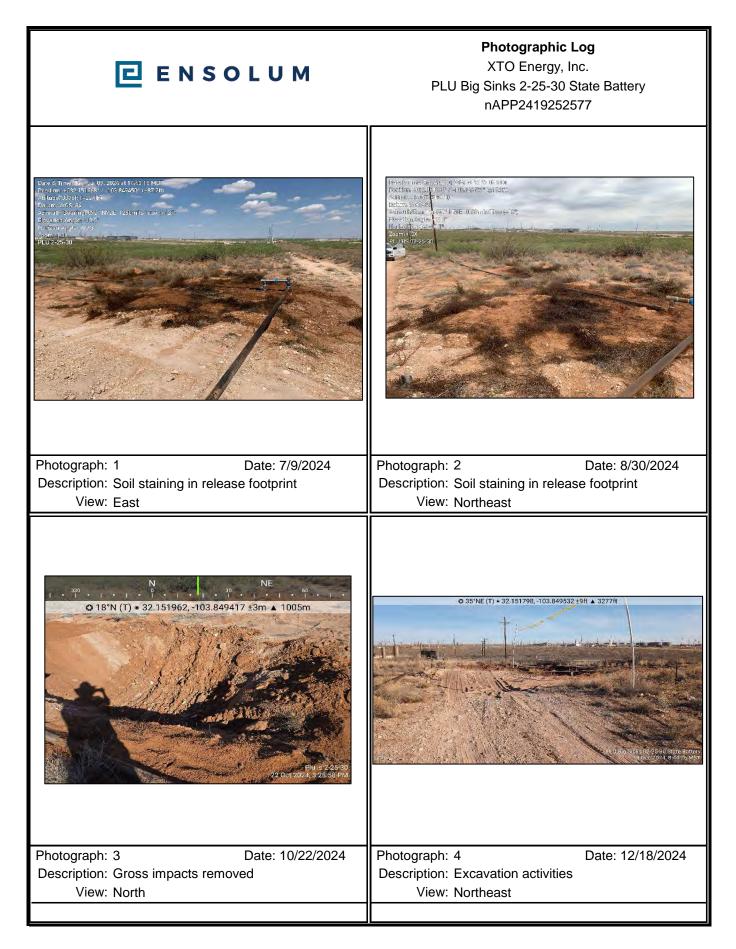
1:5940 0 0.01 0.02 mi
0 0.01 0.02 km

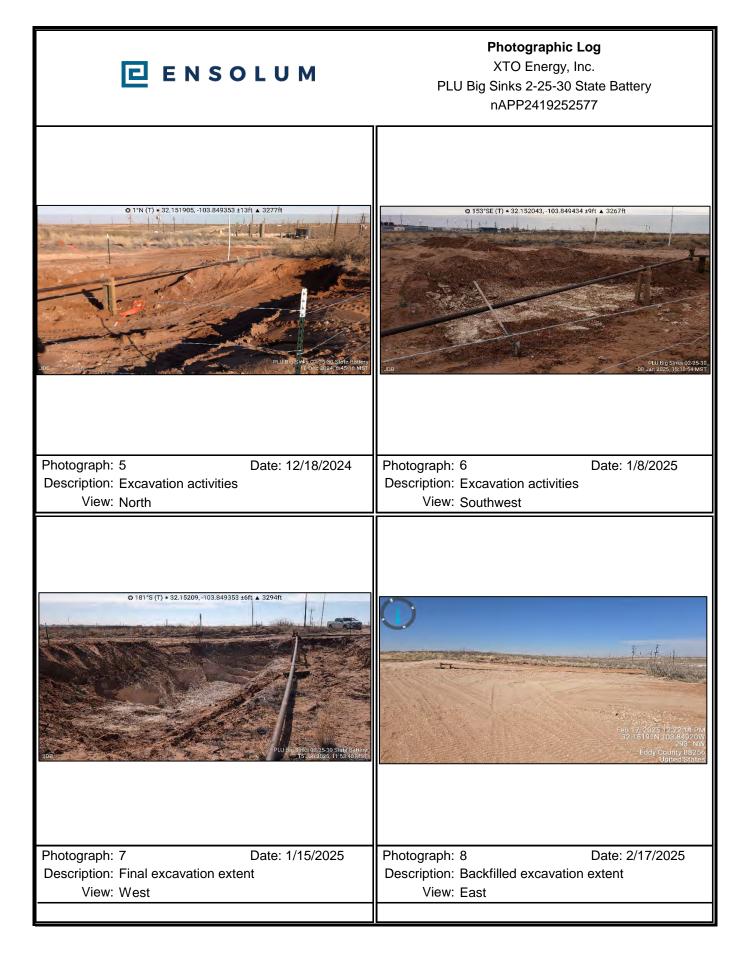
Maxar, Microsoft, Esri Community Maps Contributors, Texas Parks & Wildlife, © OpenStreetMap, Microsoft, CONANP, Esri, TomTom, Garmin, SafeGraph, GeoTechnologies, Inc, METI/NASA, USGS, EPA, NPS, US Census Bureau, USDA, USFWS



APPENDIX C

Photographic Log







APPENDIX D

Laboratory Analytical Reports & Chain of Custody Documentation



January 20, 2025

TRACY HILLARD ENSOLUM 3122 NATIONAL PARKS HWY CARLSBAD, NM 88220

RE: PLU BIG SINKS 02-25-30 STATE BATTERY

Enclosed are the results of analyses for samples received by the laboratory on 01/16/25 13:39.

Cardinal Laboratories is accredited through Texas NELAP under certificate number TX-C24-00112. Accreditation applies to drinking water, non-potable water and solid and chemical materials. All accredited analytes are denoted by an asterisk (*). For a complete list of accredited analytes and matrices visit the TCEQ website at www.tceq.texas.gov/field/ga/lab_accred_certif.html.

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

| Method EPA 552.2 | Haloacetic Acids (HAA-5) |
|------------------|------------------------------|
| Method EPA 524.2 | Total Trihalomethanes (TTHM) |
| Method EPA 524.4 | Regulated VOCs (V1, V2, V3) |

Accreditation applies to public drinking water matrices.

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

Sincerely,

Celey D. Keine

Celey D. Keene Lab Director/Quality Manager



ENSOLUM TRACY HILLARD 3122 NATIONAL PARKS HWY CARLSBAD NM, 88220 Fax To:

| Received: | 01/16/2025 | Sampling Date: | 01/13/2025 |
|-------------------|-------------------------------------|---------------------|---------------|
| Reported: | 01/20/2025 | Sampling Type: | Soil |
| Project Name: | PLU BIG SINKS 02-25-30 STATE BATTER | Sampling Condition: | Cool & Intact |
| Project Number: | 03C1558459 | Sample Received By: | Alyssa Parras |
| Project Location: | XTO 32.151949,-103.849368 | | |

Sample ID: FS 01 8' (H250252-01)

| BTEX 8021B | mg | /kg | Analyze | d By: JH | | | | | |
|--------------------------------------|--------|-----------------|-----------------|--------------|------|------------|---------------|--------|-----------|
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Benzene* | <0.050 | 0.050 | 01/17/2025 | ND | 1.81 | 90.6 | 2.00 | 0.225 | |
| Toluene* | <0.050 | 0.050 | 01/17/2025 | ND | 2.02 | 101 | 2.00 | 0.877 | |
| Ethylbenzene* | <0.050 | 0.050 | 01/17/2025 | ND | 2.15 | 108 | 2.00 | 0.0477 | |
| Total Xylenes* | <0.150 | 0.150 | 01/17/2025 | ND | 6.43 | 107 | 6.00 | 0.355 | |
| Total BTEX | <0.300 | 0.300 | 01/17/2025 | ND | | | | | |
| Surrogate: 4-Bromofluorobenzene (PID | 106 | % 71.5-13 | 4 | | | | | | |
| Chloride, SM4500Cl-B | mg | /kg | Analyze | d By: HM | | | | | |
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Chloride | 48.0 | 16.0 | 01/17/2025 | ND | 416 | 104 | 400 | 7.41 | |
| TPH 8015M | mg | /kg | Analyzed By: MS | | | | | | |
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| GRO C6-C10* | <10.0 | 10.0 | 01/17/2025 | ND | 196 | 97.9 | 200 | 0.197 | |
| DRO >C10-C28* | 12.7 | 10.0 | 01/17/2025 | ND | 174 | 86.9 | 200 | 1.56 | |
| EXT DRO >C28-C36 | <10.0 | 10.0 | 01/17/2025 | ND | | | | | |
| Surrogate: 1-Chlorooctane | 81.0 | % 48.2-13 | 4 | | | | | | |
| Surrogate: 1-Chlorooctadecane | 73.1 | % 49.1-14 | 8 | | | | | | |

Cardinal Laboratories

*=Accredited Analyte

Celez D. Keine

Celey D. Keene, Lab Director/Quality Manager



ENSOLUM TRACY HILLARD 3122 NATIONAL PARKS HWY CARLSBAD NM, 88220 Fax To:

| Received: | 01/16/2025 | Sampling Date: | 01/15/2025 |
|-------------------|-------------------------------------|---------------------|---------------|
| Reported: | 01/20/2025 | Sampling Type: | Soil |
| Project Name: | PLU BIG SINKS 02-25-30 STATE BATTER | Sampling Condition: | Cool & Intact |
| Project Number: | 03C1558459 | Sample Received By: | Alyssa Parras |
| Project Location: | XTO 32.151949,-103.849368 | | |

Sample ID: FS 02 8' (H250252-02)

| BTEX 8021B | mg/ | ′kg | Analyze | d By: JH | | | | | | |
|--------------------------------------|--------|-----------------|------------|-----------------|------|------------|---------------|--------|-----------|--|
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier | |
| Benzene* | <0.050 | 0.050 | 01/17/2025 | ND | 1.81 | 90.6 | 2.00 | 0.225 | | |
| Toluene* | <0.050 | 0.050 | 01/17/2025 | ND | 2.02 | 101 | 2.00 | 0.877 | | |
| Ethylbenzene* | <0.050 | 0.050 | 01/17/2025 | ND | 2.15 | 108 | 2.00 | 0.0477 | | |
| Total Xylenes* | <0.150 | 0.150 | 01/17/2025 | ND | 6.43 | 107 | 6.00 | 0.355 | | |
| Total BTEX | <0.300 | 0.300 | 01/17/2025 | ND | | | | | | |
| Surrogate: 4-Bromofluorobenzene (PID | 108 9 | % 71.5-13 | 4 | | | | | | | |
| Chloride, SM4500CI-B | mg/ | ′kg | Analyze | Analyzed By: HM | | | | | | |
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier | |
| Chloride | 48.0 | 16.0 | 01/17/2025 | ND | 416 | 104 | 400 | 7.41 | | |
| TPH 8015M | mg/ | ′kg | Analyze | d By: MS | | | | | | |
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier | |
| GRO C6-C10* | <10.0 | 10.0 | 01/17/2025 | ND | 196 | 97.9 | 200 | 0.197 | | |
| DRO >C10-C28* | 36.8 | 10.0 | 01/17/2025 | ND | 174 | 86.9 | 200 | 1.56 | | |
| EXT DRO >C28-C36 | <10.0 | 10.0 | 01/17/2025 | ND | | | | | | |
| Surrogate: 1-Chlorooctane | 83.6 | % 48.2-13 | 4 | | | | | | | |
| Surrogate: 1-Chlorooctadecane | 75.3 | % 49.1-14 | 8 | | | | | | | |

Cardinal Laboratories

*=Accredited Analyte

Celez D. Keine

Celey D. Keene, Lab Director/Quality Manager



ENSOLUM TRACY HILLARD 3122 NATIONAL PARKS HWY CARLSBAD NM, 88220 Fax To:

| Received: | 01/16/2025 | Sampling Date: | 01/15/2025 |
|-------------------|-------------------------------------|---------------------|---------------|
| Reported: | 01/20/2025 | Sampling Type: | Soil |
| Project Name: | PLU BIG SINKS 02-25-30 STATE BATTER | Sampling Condition: | Cool & Intact |
| Project Number: | 03C1558459 | Sample Received By: | Alyssa Parras |
| Project Location: | XTO 32.151949,-103.849368 | | |

Sample ID: FS 03 4' (H250252-03)

| BTEX 8021B | mg, | /kg | Analyze | d By: JH | | | | | |
|--------------------------------------|--------|-----------------|-----------------|--------------|------|------------|---------------|--------|-----------|
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Benzene* | <0.050 | 0.050 | 01/17/2025 | ND | 1.81 | 90.6 | 2.00 | 0.225 | |
| Toluene* | <0.050 | 0.050 | 01/17/2025 | ND | 2.02 | 101 | 2.00 | 0.877 | |
| Ethylbenzene* | <0.050 | 0.050 | 01/17/2025 | ND | 2.15 | 108 | 2.00 | 0.0477 | |
| Total Xylenes* | <0.150 | 0.150 | 01/17/2025 | ND | 6.43 | 107 | 6.00 | 0.355 | |
| Total BTEX | <0.300 | 0.300 | 01/17/2025 | ND | | | | | |
| Surrogate: 4-Bromofluorobenzene (PID | 107 | % 71.5-13 | 4 | | | | | | |
| Chloride, SM4500Cl-B | mg/ | /kg | Analyzed By: KV | | | | | | |
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Chloride | 320 | 16.0 | 01/17/2025 | ND | 432 | 108 | 400 | 0.00 | |
| TPH 8015M | mg, | /kg | Analyze | By: MS | | | | | |
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| GRO C6-C10* | <10.0 | 10.0 | 01/17/2025 | ND | 196 | 97.9 | 200 | 0.197 | |
| DRO >C10-C28* | <10.0 | 10.0 | 01/17/2025 | ND | 174 | 86.9 | 200 | 1.56 | |
| EXT DRO >C28-C36 | <10.0 | 10.0 | 01/17/2025 | ND | | | | | |
| Surrogate: 1-Chlorooctane | 84.9 | % 48.2-13 | 4 | | | | | | |
| Surrogate: 1-Chlorooctadecane | 78.5 | % 49.1-14 | 8 | | | | | | |

Cardinal Laboratories

*=Accredited Analyte

Celez D. Keine

Celey D. Keene, Lab Director/Quality Manager



ENSOLUM TRACY HILLARD 3122 NATIONAL PARKS HWY CARLSBAD NM, 88220 Fax To:

| Received: | 01/16/2025 | Sampling Date: | 01/15/2025 |
|-------------------|-------------------------------------|---------------------|---------------|
| Reported: | 01/20/2025 | Sampling Type: | Soil |
| Project Name: | PLU BIG SINKS 02-25-30 STATE BATTER | Sampling Condition: | Cool & Intact |
| Project Number: | 03C1558459 | Sample Received By: | Alyssa Parras |
| Project Location: | XTO 32.151949,-103.849368 | | |

Sample ID: FS 04 4' (H250252-04)

| BTEX 8021B | mg/ | ′kg | Analyze | d By: JH | | | | | |
|--------------------------------------|--------|-----------------|-----------------|----------------|------|------------|---------------|-------|-----------|
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Benzene* | <0.050 | 0.050 | 01/17/2025 | ND | 2.16 | 108 | 2.00 | 1.32 | |
| Toluene* | <0.050 | 0.050 | 01/17/2025 | ND | 2.19 | 110 | 2.00 | 0.195 | |
| Ethylbenzene* | <0.050 | 0.050 | 01/17/2025 | ND | 2.36 | 118 | 2.00 | 0.501 | |
| Total Xylenes* | <0.150 | 0.150 | 01/17/2025 | ND | 7.22 | 120 | 6.00 | 1.36 | |
| Total BTEX | <0.300 | 0.300 | 01/17/2025 | ND | | | | | |
| Surrogate: 4-Bromofluorobenzene (PID | 127 9 | % 71.5-13 | 4 | | | | | | |
| Chloride, SM4500Cl-B | mg/ | ′kg | Analyzed By: KV | | | | | | |
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Chloride | 336 | 16.0 | 01/17/2025 | ND | 432 | 108 | 400 | 0.00 | |
| TPH 8015M | mg/ | ′kg | Analyze | nalyzed By: MS | | | | | |
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| GRO C6-C10* | <10.0 | 10.0 | 01/17/2025 | ND | 182 | 91.0 | 200 | 1.33 | |
| DRO >C10-C28* | <10.0 | 10.0 | 01/17/2025 | ND | 180 | 90.2 | 200 | 1.83 | |
| EXT DRO >C28-C36 | <10.0 | 10.0 | 01/17/2025 | ND | | | | | |
| Surrogate: 1-Chlorooctane | 80.5 | % 48.2-13 | 4 | | | | | | |
| Surrogate: 1-Chlorooctadecane | 79.8 | % 49.1-14 | 8 | | | | | | |

Cardinal Laboratories

*=Accredited Analyte

Celez D. Keine

Celey D. Keene, Lab Director/Quality Manager



ENSOLUM TRACY HILLARD 3122 NATIONAL PARKS HWY CARLSBAD NM, 88220 Fax To:

| Received: | 01/16/2025 | Sampling Date: | 01/15/2025 |
|-------------------|-------------------------------------|---------------------|---------------|
| Reported: | 01/20/2025 | Sampling Type: | Soil |
| Project Name: | PLU BIG SINKS 02-25-30 STATE BATTER | Sampling Condition: | Cool & Intact |
| Project Number: | 03C1558459 | Sample Received By: | Alyssa Parras |
| Project Location: | XTO 32.151949,-103.849368 | | |

Sample ID: FS 05 4' (H250252-05)

| BTEX 8021B | mg, | /kg | Analyze | d By: JH | | | | | |
|--------------------------------------|--------|-----------------|------------|--------------|------|------------|---------------|-------|-----------|
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Benzene* | <0.050 | 0.050 | 01/17/2025 | ND | 2.16 | 108 | 2.00 | 1.32 | |
| Toluene* | <0.050 | 0.050 | 01/17/2025 | ND | 2.19 | 110 | 2.00 | 0.195 | |
| Ethylbenzene* | <0.050 | 0.050 | 01/17/2025 | ND | 2.36 | 118 | 2.00 | 0.501 | |
| Total Xylenes* | <0.150 | 0.150 | 01/17/2025 | ND | 7.22 | 120 | 6.00 | 1.36 | |
| Total BTEX | <0.300 | 0.300 | 01/17/2025 | ND | | | | | |
| Surrogate: 4-Bromofluorobenzene (PID | 126 | % 71.5-13 | 4 | | | | | | |
| Chloride, SM4500Cl-B | mg, | /kg | Analyze | | | | | | |
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Chloride | 288 | 16.0 | 01/17/2025 | ND | 432 | 108 | 400 | 0.00 | |
| TPH 8015M | mg, | /kg | Analyze | yzed By: MS | | | | | |
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| GRO C6-C10* | <10.0 | 10.0 | 01/17/2025 | ND | 182 | 91.0 | 200 | 1.33 | |
| DRO >C10-C28* | <10.0 | 10.0 | 01/17/2025 | ND | 180 | 90.2 | 200 | 1.83 | |
| EXT DRO >C28-C36 | <10.0 | 10.0 | 01/17/2025 | ND | | | | | |
| Surrogate: 1-Chlorooctane | 82.1 | % 48.2-13 | 4 | | | | | | |
| Surrogate: 1-Chlorooctadecane | 80.6 | % 49.1-14 | 8 | | | | | | |

Cardinal Laboratories

*=Accredited Analyte

Celez D. Keine

Celey D. Keene, Lab Director/Quality Manager



ENSOLUM TRACY HILLARD 3122 NATIONAL PARKS HWY CARLSBAD NM, 88220 Fax To:

| Received: | 01/16/2025 | Sampling Date: | 01/15/2025 |
|-------------------|-------------------------------------|---------------------|---------------|
| Reported: | 01/20/2025 | Sampling Type: | Soil |
| Project Name: | PLU BIG SINKS 02-25-30 STATE BATTER | Sampling Condition: | Cool & Intact |
| Project Number: | 03C1558459 | Sample Received By: | Alyssa Parras |
| Project Location: | XTO 32.151949,-103.849368 | | |

Sample ID: FS 06 4' (H250252-06)

| BTEX 8021B | mg, | /kg | Analyze | d By: JH | | | | | |
|--------------------------------------|--------|-----------------|------------|---------------|------|------------|---------------|-------|-----------|
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Benzene* | <0.050 | 0.050 | 01/17/2025 | ND | 2.16 | 108 | 2.00 | 1.32 | |
| Toluene* | <0.050 | 0.050 | 01/17/2025 | ND | 2.19 | 110 | 2.00 | 0.195 | |
| Ethylbenzene* | <0.050 | 0.050 | 01/17/2025 | ND | 2.36 | 118 | 2.00 | 0.501 | |
| Total Xylenes* | <0.150 | 0.150 | 01/17/2025 | ND | 7.22 | 120 | 6.00 | 1.36 | |
| Total BTEX | <0.300 | 0.300 | 01/17/2025 | ND | | | | | |
| Surrogate: 4-Bromofluorobenzene (PID | 124 | % 71.5-13 | 4 | | | | | | |
| Chloride, SM4500Cl-B | mg, | /kg | Analyze | alyzed By: KV | | | | | |
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Chloride | 256 | 16.0 | 01/17/2025 | ND | 432 | 108 | 400 | 0.00 | |
| TPH 8015M | mg/ | /kg | Analyze | alyzed By: MS | | | | | |
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| GRO C6-C10* | <10.0 | 10.0 | 01/17/2025 | ND | 182 | 91.0 | 200 | 1.33 | |
| DRO >C10-C28* | 10.2 | 10.0 | 01/17/2025 | ND | 180 | 90.2 | 200 | 1.83 | |
| EXT DRO >C28-C36 | <10.0 | 10.0 | 01/17/2025 | ND | | | | | |
| Surrogate: 1-Chlorooctane | 85.8 | % 48.2-13 | 4 | | | | | | |
| Surrogate: 1-Chlorooctadecane | 84.7 | % 49.1-14 | 8 | | | | | | |

Cardinal Laboratories

*=Accredited Analyte

Celez D. Keine

Celey D. Keene, Lab Director/Quality Manager



ENSOLUM TRACY HILLARD 3122 NATIONAL PARKS HWY CARLSBAD NM, 88220 Fax To:

| Received: | 01/16/2025 | Sampling Date: | 01/14/2025 |
|-------------------|-------------------------------------|---------------------|---------------|
| Reported: | 01/20/2025 | Sampling Type: | Soil |
| Project Name: | PLU BIG SINKS 02-25-30 STATE BATTER | Sampling Condition: | Cool & Intact |
| Project Number: | 03C1558459 | Sample Received By: | Alyssa Parras |
| Project Location: | XTO 32.151949,-103.849368 | | |

Sample ID: SW 01 0-4' (H250252-07)

| BTEX 8021B | mg/kg | | Analyzed By: JH | | | | | | |
|--------------------------------------|--------|-----------------|-----------------|--------------|------|------------|---------------|-------|-----------|
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Benzene* | <0.050 | 0.050 | 01/17/2025 | ND | 2.16 | 108 | 2.00 | 1.32 | |
| Toluene* | <0.050 | 0.050 | 01/17/2025 | ND | 2.19 | 110 | 2.00 | 0.195 | |
| Ethylbenzene* | <0.050 | 0.050 | 01/17/2025 | ND | 2.36 | 118 | 2.00 | 0.501 | |
| Total Xylenes* | <0.150 | 0.150 | 01/17/2025 | ND | 7.22 | 120 | 6.00 | 1.36 | |
| Total BTEX | <0.300 | 0.300 | 01/17/2025 | ND | | | | | |
| Surrogate: 4-Bromofluorobenzene (PID | 129 | % 71.5-13 | 4 | | | | | | |
| Chloride, SM4500Cl-B | mg, | ′kg | Analyzed By: KV | | | | | | |
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Chloride | 224 | 16.0 | 01/17/2025 | ND | 432 | 108 | 400 | 0.00 | |
| TPH 8015M | mg/ | ′kg | Analyzed By: MS | | | | | | |
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| GRO C6-C10* | <10.0 | 10.0 | 01/17/2025 | ND | 182 | 91.0 | 200 | 1.33 | |
| DRO >C10-C28* | <10.0 | 10.0 | 01/17/2025 | ND | 180 | 90.2 | 200 | 1.83 | |
| EXT DRO >C28-C36 | <10.0 | 10.0 | 01/17/2025 | ND | | | | | |
| Surrogate: 1-Chlorooctane | 87.4 | % 48.2-13 | 4 | | | | | | |
| Surrogate: 1-Chlorooctadecane | 85.2 | % 49.1-14 | 8 | | | | | | |

Cardinal Laboratories

*=Accredited Analyte

Celez D. Keine

Celey D. Keene, Lab Director/Quality Manager



ENSOLUM TRACY HILLARD 3122 NATIONAL PARKS HWY CARLSBAD NM, 88220 Fax To:

| Received: | 01/16/2025 | Sampling Date: | 01/14/2025 |
|-------------------|-------------------------------------|---------------------|---------------|
| Reported: | 01/20/2025 | Sampling Type: | Soil |
| Project Name: | PLU BIG SINKS 02-25-30 STATE BATTER | Sampling Condition: | Cool & Intact |
| Project Number: | 03C1558459 | Sample Received By: | Alyssa Parras |
| Project Location: | XTO 32.151949,-103.849368 | | |

Sample ID: SW 02 0-4' (H250252-08)

| BTEX 8021B | mg/kg | | Analyzed By: JH | | | | | | |
|--------------------------------------|--------|-----------------|-----------------|--------------|------|------------|---------------|-------|-----------|
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Benzene* | <0.050 | 0.050 | 01/17/2025 | ND | 2.16 | 108 | 2.00 | 1.32 | |
| Toluene* | <0.050 | 0.050 | 01/17/2025 | ND | 2.19 | 110 | 2.00 | 0.195 | |
| Ethylbenzene* | <0.050 | 0.050 | 01/17/2025 | ND | 2.36 | 118 | 2.00 | 0.501 | |
| Total Xylenes* | <0.150 | 0.150 | 01/17/2025 | ND | 7.22 | 120 | 6.00 | 1.36 | |
| Total BTEX | <0.300 | 0.300 | 01/17/2025 | ND | | | | | |
| Surrogate: 4-Bromofluorobenzene (PID | 127 9 | % 71.5-13 | 4 | | | | | | |
| Chloride, SM4500Cl-B | mg/ | ′kg | Analyzed By: KV | | | | | | |
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Chloride | 288 | 16.0 | 01/17/2025 | ND | 432 | 108 | 400 | 0.00 | |
| TPH 8015M | mg/ | ′kg | Analyzed By: MS | | | | | | |
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| GRO C6-C10* | <10.0 | 10.0 | 01/17/2025 | ND | 182 | 91.0 | 200 | 1.33 | |
| DRO >C10-C28* | <10.0 | 10.0 | 01/17/2025 | ND | 180 | 90.2 | 200 | 1.83 | |
| EXT DRO >C28-C36 | <10.0 | 10.0 | 01/17/2025 | ND | | | | | |
| Surrogate: 1-Chlorooctane | 90.7 | % 48.2-13 | 4 | | | | | | |
| Surrogate: 1-Chlorooctadecane | 87.6 | % 49.1-14 | 8 | | | | | | |

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Celez D. Keine

Celey D. Keene, Lab Director/Quality Manager



ENSOLUM TRACY HILLARD 3122 NATIONAL PARKS HWY CARLSBAD NM, 88220 Fax To:

| Received: | 01/16/2025 | Sampling Date: | 01/14/2025 |
|-------------------|-------------------------------------|---------------------|---------------|
| Reported: | 01/20/2025 | Sampling Type: | Soil |
| Project Name: | PLU BIG SINKS 02-25-30 STATE BATTER | Sampling Condition: | Cool & Intact |
| Project Number: | 03C1558459 | Sample Received By: | Alyssa Parras |
| Project Location: | XTO 32.151949,-103.849368 | | |

Sample ID: SW 03 0-4' (H250252-09)

| BTEX 8021B | mg/kg | | Analyzed By: JH | | | | | | |
|--------------------------------------|--------|-----------------|-----------------|--------------|------|------------|---------------|-------|-----------|
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Benzene* | <0.050 | 0.050 | 01/17/2025 | ND | 2.16 | 108 | 2.00 | 1.32 | |
| Toluene* | <0.050 | 0.050 | 01/17/2025 | ND | 2.19 | 110 | 2.00 | 0.195 | |
| Ethylbenzene* | <0.050 | 0.050 | 01/17/2025 | ND | 2.36 | 118 | 2.00 | 0.501 | |
| Total Xylenes* | <0.150 | 0.150 | 01/17/2025 | ND | 7.22 | 120 | 6.00 | 1.36 | |
| Total BTEX | <0.300 | 0.300 | 01/17/2025 | ND | | | | | |
| Surrogate: 4-Bromofluorobenzene (PID | 130 | % 71.5-13 | 4 | | | | | | |
| Chloride, SM4500Cl-B | mg, | /kg | Analyzed By: KV | | | | | | |
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Chloride | 336 | 16.0 | 01/17/2025 | ND | 432 | 108 | 400 | 0.00 | |
| TPH 8015M | mg, | /kg | Analyzed By: MS | | | | | | |
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| GRO C6-C10* | <10.0 | 10.0 | 01/17/2025 | ND | 182 | 91.0 | 200 | 1.33 | |
| DRO >C10-C28* | <10.0 | 10.0 | 01/17/2025 | ND | 180 | 90.2 | 200 | 1.83 | |
| EXT DRO >C28-C36 | <10.0 | 10.0 | 01/17/2025 | ND | | | | | |
| Surrogate: 1-Chlorooctane | 87.1 | % 48.2-13 | 4 | | | | | | |
| Surrogate: 1-Chlorooctadecane | 85.0 | % 49.1-14 | 8 | | | | | | |

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Celeg D. Keine

Celey D. Keene, Lab Director/Quality Manager



ENSOLUM TRACY HILLARD 3122 NATIONAL PARKS HWY CARLSBAD NM, 88220 Fax To:

| Received: | 01/16/2025 | Sampling Date: | 01/14/2025 |
|-------------------|-------------------------------------|---------------------|---------------|
| Reported: | 01/20/2025 | Sampling Type: | Soil |
| Project Name: | PLU BIG SINKS 02-25-30 STATE BATTER | Sampling Condition: | Cool & Intact |
| Project Number: | 03C1558459 | Sample Received By: | Alyssa Parras |
| Project Location: | XTO 32.151949,-103.849368 | | |

Sample ID: SW 04 4-8' (H250252-10)

| BTEX 8021B | mg/ | kg | Analyze | d By: JH | | | | | |
|--------------------------------------|--------|-----------------|-----------------|--------------|------|------------|---------------|-------|-----------|
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Benzene* | <0.050 | 0.050 | 01/17/2025 | ND | 2.16 | 108 | 2.00 | 1.32 | |
| Toluene* | <0.050 | 0.050 | 01/17/2025 | ND | 2.19 | 110 | 2.00 | 0.195 | |
| Ethylbenzene* | <0.050 | 0.050 | 01/17/2025 | ND | 2.36 | 118 | 2.00 | 0.501 | |
| Total Xylenes* | <0.150 | 0.150 | 01/17/2025 | ND | 7.22 | 120 | 6.00 | 1.36 | |
| Total BTEX | <0.300 | 0.300 | 01/17/2025 | ND | | | | | |
| Surrogate: 4-Bromofluorobenzene (PID | 124 9 | % 71.5-13 | 4 | | | | | | |
| Chloride, SM4500Cl-B | mg/ | 'kg | Analyzed By: KV | | | | | | |
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Chloride | 272 | 16.0 | 01/17/2025 | ND | 432 | 108 | 400 | 0.00 | |
| TPH 8015M | mg/ | 'kg | Analyzed By: MS | | | | | | |
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| GRO C6-C10* | <10.0 | 10.0 | 01/17/2025 | ND | 182 | 91.0 | 200 | 1.33 | |
| DRO >C10-C28* | 238 | 10.0 | 01/17/2025 | ND | 180 | 90.2 | 200 | 1.83 | |
| EXT DRO >C28-C36 | 29.1 | 10.0 | 01/17/2025 | ND | | | | | |
| Surrogate: 1-Chlorooctane | 78.1 | % 48.2-13 | 4 | | | | | | |
| Surrogate: 1-Chlorooctadecane | 77.2 | % 49.1-14 | 8 | | | | | | |

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Celeg D. Keine

Celey D. Keene, Lab Director/Quality Manager



ENSOLUM TRACY HILLARD 3122 NATIONAL PARKS HWY CARLSBAD NM, 88220 Fax To:

| Received: | 01/16/2025 | Sampling Date: | 01/14/2025 |
|-------------------|-------------------------------------|---------------------|---------------|
| Reported: | 01/20/2025 | Sampling Type: | Soil |
| Project Name: | PLU BIG SINKS 02-25-30 STATE BATTER | Sampling Condition: | Cool & Intact |
| Project Number: | 03C1558459 | Sample Received By: | Alyssa Parras |
| Project Location: | XTO 32.151949,-103.849368 | | |

Sample ID: SW 05 4-8' (H250252-11)

| BTEX 8021B | mg/ | ′kg | Analyze | d By: JH | | | | | |
|--------------------------------------|--------|-----------------|------------|--------------|------|------------|---------------|-------|-----------|
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Benzene* | <0.050 | 0.050 | 01/17/2025 | ND | 2.16 | 108 | 2.00 | 1.32 | |
| Toluene* | <0.050 | 0.050 | 01/17/2025 | ND | 2.19 | 110 | 2.00 | 0.195 | |
| Ethylbenzene* | <0.050 | 0.050 | 01/17/2025 | ND | 2.36 | 118 | 2.00 | 0.501 | |
| Total Xylenes* | <0.150 | 0.150 | 01/17/2025 | ND | 7.22 | 120 | 6.00 | 1.36 | |
| Total BTEX | <0.300 | 0.300 | 01/17/2025 | ND | | | | | |
| Surrogate: 4-Bromofluorobenzene (PID | 122 9 | % 71.5-13 | 4 | | | | | | |
| Chloride, SM4500Cl-B | mg/ | ′kg | Analyze | d By: KV | | | | | |
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Chloride | 224 | 16.0 | 01/17/2025 | ND | 432 | 108 | 400 | 0.00 | |
| TPH 8015M | mg/ | ′kg | Analyze | d By: MS | | | | | |
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| GRO C6-C10* | <10.0 | 10.0 | 01/17/2025 | ND | 182 | 91.0 | 200 | 1.33 | |
| DRO >C10-C28* | 11.1 | 10.0 | 01/17/2025 | ND | 180 | 90.2 | 200 | 1.83 | |
| EXT DRO >C28-C36 | <10.0 | 10.0 | 01/17/2025 | ND | | | | | |
| Surrogate: 1-Chlorooctane | 84.5 | % 48.2-13 | 4 | | | | | | |
| Surrogate: 1-Chlorooctadecane | 82.4 | % 49.1-14 | 8 | | | | | | |

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Celey D. Keene, Lab Director/Quality Manager



ENSOLUM TRACY HILLARD 3122 NATIONAL PARKS HWY CARLSBAD NM, 88220 Fax To:

| Received: | 01/16/2025 | Sampling Date: | 01/15/2025 |
|-------------------|-------------------------------------|---------------------|---------------|
| Reported: | 01/20/2025 | Sampling Type: | Soil |
| Project Name: | PLU BIG SINKS 02-25-30 STATE BATTER | Sampling Condition: | Cool & Intact |
| Project Number: | 03C1558459 | Sample Received By: | Alyssa Parras |
| Project Location: | XTO 32.151949,-103.849368 | | |

Sample ID: SW 06 4-8' (H250252-12)

| BTEX 8021B | mg | /kg | Analyze | d By: JH | | | | | |
|--------------------------------------|-----------------|-----------------|------------|--------------|------|------------|---------------|-------|-----------|
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Benzene* | <0.050 | 0.050 | 01/17/2025 | ND | 2.16 | 108 | 2.00 | 1.32 | |
| Toluene* | <0.050 | 0.050 | 01/17/2025 | ND | 2.19 | 110 | 2.00 | 0.195 | |
| Ethylbenzene* | <0.050 | 0.050 | 01/17/2025 | ND | 2.36 | 118 | 2.00 | 0.501 | |
| Total Xylenes* | <0.150 | 0.150 | 01/17/2025 | ND | 7.22 | 120 | 6.00 | 1.36 | |
| Total BTEX | <0.300 | 0.300 | 01/17/2025 | ND | | | | | |
| Surrogate: 4-Bromofluorobenzene (PID | 125 | % 71.5-13 | 4 | | | | | | |
| Chloride, SM4500Cl-B | mg, | /kg | Analyze | d By: KV | | | | | |
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Chloride | 384 16.0 | | 01/17/2025 | ND | 432 | 108 | 400 | 0.00 | |
| TPH 8015M | mg, | /kg | Analyze | d By: MS | | | | | |
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| GRO C6-C10* | <10.0 | 10.0 | 01/17/2025 | ND | 182 | 91.0 | 200 | 1.33 | |
| DRO >C10-C28* | <10.0 | 10.0 | 01/17/2025 | ND | 180 | 90.2 | 200 | 1.83 | |
| EXT DRO >C28-C36 | <10.0 | 10.0 | 01/17/2025 | ND | | | | | |
| Surrogate: 1-Chlorooctane | 85.9 % 48.2-13 | | 4 | | | | | | |
| Surrogate: 1-Chlorooctadecane | 83.4 | % 49.1-14 | 8 | | | | | | |

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Celeg D. Keine

Celey D. Keene, Lab Director/Quality Manager



Notes and Definitions

| ND | Analyte NOT DETECTED at or above the reporting limit |
|-----|---|
| RPD | Relative Percent Difference |
| ** | Samples not received at proper temperature of 6°C or below. |
| *** | Insufficient time to reach temperature. |
| - | Chloride by SM4500Cl-B does not require samples be received at or below 6°C |

Samples reported on an as received basis (wet) unless otherwise noted on report

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Celeg D. Keine

Celey D. Keene, Lab Director/Quality Manager

aboratories

CHAIN-OF-CUSTODY AND ANALYSIS REQUEST

Company Name: Ensolum, LLC City: Carlsbad Project Manager: Project #: 63(1558 454 Phone #: 575 Address: 3122 National Parks Hwy **Relinquished By:** Relinquished By: service. In no event shall Cardinal Sampler Name: Project Location: Project Name: PLU inalyses. All claims including those LEASE NOTE: Liability and Dan Sampler - UPS - Bus - Other: 425025 Delivered By: (Circle One) FOR LAB USE ONLY Lab I.D. 937 101 East Marland, Hobbs, NM 88240 F506 505 F502 2001 1VOCV 1202 8 Sample I.D. (575) 393-2326 FAX (575) 393-2476 Na 3906 SAUK 7 and any 4 10m 0 other cause C Observed Temp. Time: 1939 Fax #: Project Owner: XTO 25-30 State Battery e ot e d Time: Date: - 1997 32.151949 State: NM Date: Depth · No as (feet) 2 R C R 7 Tomp shall be dee ô ô Zip: 88220 in in (G)RAB OR (C)OMP. $O \leq$ Received By: Q'L Received By: **# CONTAINERS** waived GROUNDWATER -107. Cool Intact Sample Condition WASTEWATER made in writing and rece MATRIX 849368 SOIL 6 OIL SLUDGE act or tort, shall be loss of use, or P.O. #: Fax #: Phone #: OTHER State: NM City: Carlsbad Attn: Amy Ruth (6/100 Stavi) Company: XTO Energy Inc. Address: 3104 E Green St ACID/BASE PRESERV CHECKED BY: (Initials) ICE / COOL loss of profits BILL TO OTHER Zip:88220 DATE 13,25 15.25 30 days 525 SAMPLING after by client, its subbaid by the client for the 0920 All Results are emailed. Please provide Email address: SIHI **Turnaround Time:** Incident: W REMARKS: APP 24 19252577 Verbal Result: 020 020 090 Cost Center: r 020 TIME tillard R ation Factor on of the aj meter ID #110 onde 11405 @ensolum.com, TMorrissey@ensolum.com, kthomason@ensolum.com Yes P 100 Standard Rush 151 EX ON D ANALYSIS Add'l Phone #: Cool Intact Bacteria (only) Sample Condition REQUEST Observed Temp. °C Corrected Temp. 240 ĉ 3

+ Cardinal cannot accept verbal changes. Please email changes to celey.keene@cardinallabsnm.com

Laboratories

CHAIN-OF-CUSTODY AND ANALYSIS REQUEST

| Page | 16 | of | 16 |
|------|----|----|----|
| | | | |

| eceived | by | UCD: | 3/ | 12/20 | 023 | 8:38:1 | 7 AM |
|---------|----|------|----|-------|-----|--------|-------------|
| | | | | | | | |

K

| Butt To Butt To Address: Ny State: NM Zip: 88220 AttrNmr Ruth- (Mm) Env. Fis.#: Address: 304 E Green St. Project Owner: XTO State: NM Zip: 88220 Gr. 75-55 Address: 304 E Green St. Project Owner: XTO State: NM Zip: 88220 Hum Amr Kit Prove: Fax #: Project Owner: XTO State: NM Zip: 88220 Hum Amr Kit Prove: Fax #: Project Owner: XTO State: NM Zip: 88220 Hum Amr Kit Prove: Fax #: Project Owner: XTO State: NM Zip: 88220 Hum Amr Kit Presserv State: NM Court State: Name Exat: Prove: MATRIX Presserv State: NM O - 44 Great State: Presserv State: NM O - 44 Great State: Presserv State: O - 44 H Great State: Presserv O - 44 H Great State: Based State: O - 44 H Great State: Based State: O - 44 H Great State: Based State: D - 45 H Great State: Based State | Delivered By: (Circle One) Sampler - UPS - Bus - Oth | Relinquished By: | PLEASE NOTE: Liability and Dama analyses. All claims including those service. In no event shall Cardinal t affiliates or successors arising out o | 7 | 12 | 11 | 0/ | 9 | ~ | 4 | Lab I.D. H250 255 | FOR LAB USE ONLY | Sampler Name: | Project Location: | Project Name: PLU | Project #: 030155 | Phone #: 575 | City: Carlsbad | Address: 3122 N | Project Manager: | Company Name: Ensolum, LLC |
|--|--|--|---|---|---------|---------|------|-------|------|---------|--|------------------|---------------|-------------------|-------------------|-------------------|----------------------|----------------|--------------------|------------------|----------------------------|
| I Chlonde | Sircle One) Bus - Other: | all | d Damages. Cardinal's liability an g those for negligence and any of rdinal be liable for incidental or or g out of or related to the perform. | | Swor | 5005 | SWOH | SUN03 | SWOZ | SWOI | Sample I.D. | | Joshua IS | 32,1519 | あみろう | R | 937 390 | | ational Parks Hwy | -1 | Ensolum, LLC |
| I Chlonde | Observed Temp. °C/.C | Time: Date: Date: Time: | d client's exclusive remedy for a ther cause whatsoever shall be prisequental damages, includin ance of services hereunder by a the services hereunder by a services hereunder by a services hereunder by a service of services hereunder by a services hereun | | 4-8' | 18-11 | 1 | 0-4' | out. | 0-4' | Depth (feet) | | Xey | -103.849 | 2-25-30 | Project Owne | Fax #: | State: NM | | à | |
| I Chlonde | 1 | Received By: | any claim arising whether based in contrac deemed waived unless made in writing ar g without limitation, business interruptions, Cardinal, regardless of whether such claim | | 0-1 | | | | 7 | CI | # CONTAINERS GROUNDWATER WASTEWATER SOIL OIL | | | 1 20 | | r: XTO | | Zip: 88220 | | | |
| I Chlonde | | U | t or tort, shall be limited to the amount p nd received by Cardinal within 30 days at loss of use, or loss of profits incurred b is based upon any of the above stated | | 1.15.25 | 1,34:25 | | | | 1.14.75 | OTHER : ACID/BASE: ICE / COOL OTHER : | | | Phone #: | | City: Carlsbad | Address: 3104 E Gree | | Company: XTO Energ | P.O. #: | BILL TO |
| | Standard Bacteria (only) S Rush Cool Intact Dyes Yes | All Results are emailed. Please provide Email address: TH+: (&r & @ensolum.com, TMorrissey@ensolum.com, kthon REMARKS: (P 24)9252577 Incident: W4(P 24)9252577 Cost Center: 4057 100 | applicable | | Ľ | - | 1200 | 1112 | 1055 | | TIME | MPLING | | | 20 | | en St | | gy Inc. | | ANALYSIS |



January 28, 2025

TRACY HILLARD ENSOLUM 3122 NATIONAL PARKS HWY CARLSBAD, NM 88220

RE: PLU BIG SINKS 02-25-30 STATE BATTERY

Enclosed are the results of analyses for samples received by the laboratory on 01/27/25 11:44.

Cardinal Laboratories is accredited through Texas NELAP under certificate number TX-C24-00112. Accreditation applies to drinking water, non-potable water and solid and chemical materials. All accredited analytes are denoted by an asterisk (*). For a complete list of accredited analytes and matrices visit the TCEQ website at www.tceq.texas.gov/field/ga/lab_accred_certif.html.

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

| Method EPA 552.2 | Haloacetic Acids (HAA-5) |
|------------------|------------------------------|
| Method EPA 524.2 | Total Trihalomethanes (TTHM) |
| Method EPA 524.4 | Regulated VOCs (V1, V2, V3) |

Accreditation applies to public drinking water matrices.

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

Sincerely,

Celey D. Keine

Celey D. Keene Lab Director/Quality Manager



ENSOLUM TRACY HILLARD 3122 NATIONAL PARKS HWY CARLSBAD NM, 88220 Fax To:

| Received: | 01/27/2025 | Sampling Date: | 01/24/2025 |
|-------------------|-------------------------------------|---------------------|------------------|
| Reported: | 01/28/2025 | Sampling Type: | Soil |
| Project Name: | PLU BIG SINKS 02-25-30 STATE BATTER | Sampling Condition: | Cool & Intact |
| Project Number: | 03C1558459 | Sample Received By: | Shalyn Rodriguez |
| Project Location: | XTO 32.151949,-103.849368 | | |

Sample ID: SW 04 4-8 (H250465-01)

| BTEX 8021B | mg, | /kg | Analyze | d By: JH | | | | | |
|--------------------------------------|-----------------|-----------------|-----------------|--------------|------|------------|---------------|------|-----------|
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Benzene* | <0.050 | 0.050 | 01/28/2025 | ND | 1.87 | 93.7 | 2.00 | 6.17 | |
| Toluene* | <0.050 | 0.050 | 01/28/2025 | ND | 1.97 | 98.5 | 2.00 | 6.08 | |
| Ethylbenzene* | <0.050 | 0.050 | 01/28/2025 | ND | 1.90 | 94.8 | 2.00 | 6.19 | |
| Total Xylenes* | <0.150 | 0.150 | 01/28/2025 | ND | 5.56 | 92.7 | 6.00 | 6.21 | |
| Total BTEX | <0.300 | 0.300 | 01/28/2025 | ND | | | | | |
| Surrogate: 4-Bromofluorobenzene (PID | 93.2 | % 71.5-13 | 4 | | | | | | |
| Chloride, SM4500Cl-B | mg, | /kg | Analyzed By: KV | | | | | | |
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Chloride | 464 16.0 | | 01/28/2025 ND | | 416 | 104 | 400 | 0.00 | |
| TPH 8015M | mg/ | /kg | Analyze | d By: MS | | | | | |
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| GRO C6-C10* | <10.0 | 10.0 | 01/27/2025 | ND | 217 | 109 | 200 | 2.16 | |
| DRO >C10-C28* | <10.0 | 10.0 | 01/27/2025 | ND | 211 | 106 | 200 | 2.69 | |
| EXT DRO >C28-C36 | <10.0 | 10.0 | 01/27/2025 | ND | | | | | |
| Surrogate: 1-Chlorooctane | 105 | % 48.2-13 | 4 | | | | | | |
| Surrogate: 1-Chlorooctadecane | 104 | % 49.1-14 | 8 | | | | | | |

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*=Accredited Analyte

Celeg D. Keine

Celey D. Keene, Lab Director/Quality Manager



Notes and Definitions

| ND | Analyte NOT DETECTED at or above the reporting limit |
|-----|---|
| RPD | Relative Percent Difference |
| ** | Samples not received at proper temperature of 6°C or below. |
| *** | Insufficient time to reach temperature. |
| - | Chloride by SM4500Cl-B does not require samples be received at or below 6°C |

Samples reported on an as received basis (wet) unless otherwise noted on report

Cardinal Laboratories

*=Accredited Analyte

Celeg D. Keine

Celey D. Keene, Lab Director/Quality Manager

101 East Marland, Hobbs, NM 88240 (575) 393-2326 FAX (575) 393-2476 boratories

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CHAIN-OF-CUSTODY AND ANALYSIS REQUEST

| (01 0 0202-000 (010) | 101 (010) | 511 10 | ANALYSIS REQUEST |
|--|--|--|--|
| Company Name: Ensolum, LLC | | DILLIV | |
| Project Manager: Wacy Hillard | 4 | 7.0. # | |
| Address: 3122 National Parks Hwy | | Company: XIU Energy IIIC | |
| City: Carlsbad | State: NM Zip: 88220 | Attn: Colton Brown | |
| Phone #: 515 97 3900 | Fax #: | Address: 3104 E Green St | |
| 5594 | Project Owner: XTO | City: Carlsbad | |
| nks | 02-25-30 State Pattery | State: NM Zip: 88220 | |
| | -10 3.849368 | Phone #: | |
| + | | Fax #: | |
| Sampler Name: Joshua Boxley | MATRIX | | ING |
| Lab I.D. Sample I.D. | (G)RAB OR (C)OMP. # CONTAINERS GROUNDWATER WASTEWATER | SLUDGE OTHER : ACID/BASE: ICE / COOL OTHER : DATE | Chlorides |
| tomb 1 | | × 1.24.35 | AL N V X 8551 |
| | | | |
| | | | |
| | | | |
| PLEASE NOTE: Liability and Damages. Cardinal's liability a analyses. All claims including those for negligeneoe and any | PLEASE NOTE: Lability and Damages. Cardinal's liability and client's exclusive remedy for any claim arising whether based in contract or bot, shall be limited to the amount paid by the client for the analyses. All claims including those for negligence and any other cause whatsoever shall be deemed waited unless interruptions, loss of use, or loss of profits incurred by client, its subsidiaries, | r contract or tort, shall be limited to the amount pak writing and received by Cardinal within 30 days after ruptions, loss of use, or loss of profils incurred by c | amount paid by the client for the 30 days after completion of the applicable neurred by client, its subsidiaries, |
| affiliate or successors arising out of or related to the perform Relinquished By: | Time; UU | Received By: Shad (Light And Hills and upon any or tota address summer summer summer and the summer s | re e |
| Relinquished By: | Receive | 0 | 051001 |
| Delivered By: (Circle One) Sampler - UPS - Bus - Other: | Corrected Temp. C.J.O.: Sample Condi Corrected Temp. C.J.O.: Cool Intact No No No | Sample Condition CHECKED BY: Cool Intact (Initials) | Turnaround Time: Standard Bacteria (only) Competence (only) Compet |
| FORM-006 R 3.2 10/07/21 | † Cardinal cannot accept verb | al changes. Please email cha | Cardinal cannot accept verbal changes. Please email changes to celey.keene@cardinallabsnm.com |

Page 4 of 4



September 09, 2024

TRACY HILLARD ENSOLUM 3122 NATIONAL PARKS HWY CARLSBAD, NM 88220

RE: PLU BIG SINKS 02-25-30 STATE BATTERY

Enclosed are the results of analyses for samples received by the laboratory on 09/05/24 14:40.

Cardinal Laboratories is accredited through Texas NELAP under certificate number TX-C24-00112. Accreditation applies to drinking water, non-potable water and solid and chemical materials. All accredited analytes are denoted by an asterisk (*). For a complete list of accredited analytes and matrices visit the TCEQ website at www.tceq.texas.gov/field/qa/lab_accred_certif.html.

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

| Method EPA 552.2 | Haloacetic Acids (HAA-5) |
|------------------|------------------------------|
| Method EPA 524.2 | Total Trihalomethanes (TTHM) |
| Method EPA 524.4 | Regulated VOCs (V1, V2, V3) |

Accreditation applies to public drinking water matrices.

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

Sincerely,

Celey D. Keine

Celey D. Keene Lab Director/Quality Manager



ENSOLUM TRACY HILLARD 3122 NATIONAL PARKS HWY CARLSBAD NM, 88220 Fax To:

| Received: | 09/05/2024 | Sampling Date: | 08/30/2024 |
|-------------------|-------------------------------------|---------------------|---------------|
| Reported: | 09/09/2024 | Sampling Type: | Soil |
| Project Name: | PLU BIG SINKS 02-25-30 STATE BATTER | Sampling Condition: | Cool & Intact |
| Project Number: | 03C1558459 | Sample Received By: | Alyssa Parras |
| Project Location: | ХТО | | |

Sample ID: SS 01 0.5' (H245369-01)

| BTEX 8021B | mg/ | /kg | Analyze | d By: JH | | | | | S-04 |
|--------------------------------------|--------|-----------------|------------|--------------|------|------------|---------------|------|-----------|
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Benzene* | <0.050 | 0.050 | 09/09/2024 | ND | 1.73 | 86.5 | 2.00 | 12.9 | |
| Toluene* | 0.278 | 0.050 | 09/09/2024 | ND | 1.78 | 89.2 | 2.00 | 14.0 | GC-NC1 |
| Ethylbenzene* | 0.427 | 0.050 | 09/09/2024 | ND | 1.85 | 92.6 | 2.00 | 14.7 | GC-NC1 |
| Total Xylenes* | 8.87 | 0.150 | 09/09/2024 | ND | 5.68 | 94.7 | 6.00 | 15.8 | |
| Total BTEX | 9.58 | 0.300 | 09/09/2024 | ND | | | | | GC-NC1 |
| Surrogate: 4-Bromofluorobenzene (PID | 168 9 | % 71.5-13 | 4 | | | | | | |
| Chloride, SM4500Cl-B | mg/ | /kg | Analyze | d By: CT | | | | | |
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Chloride | 3280 | 16.0 | 09/09/2024 | ND | 416 | 104 | 400 | 0.00 | |
| TPH 8015M | mg/ | /kg | Analyze | d By: MS | | | | | S-06 |
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| GRO C6-C10* | 230 | 50.0 | 09/09/2024 | ND | 194 | 97.1 | 200 | 2.33 | |
| DRO >C10-C28* | 10100 | 50.0 | 09/09/2024 | ND | 192 | 96.1 | 200 | 1.46 | |
| EXT DRO >C28-C36 | 1600 | 50.0 | 09/09/2024 | ND | | | | | |
| Surrogate: 1-Chlorooctane | 142 9 | % 48.2-13 | 4 | | | | | | |
| Surrogate: 1-Chlorooctadecane | 224 9 | % 49.1-14 | 8 | | | | | | |

Cardinal Laboratories

*=Accredited Analyte

Celeg D. Keine

Celey D. Keene, Lab Director/Quality Manager



ENSOLUM TRACY HILLARD 3122 NATIONAL PARKS HWY CARLSBAD NM, 88220 Fax To:

| Received: | 09/05/2024 | Sampling Date: | 08/30/2024 |
|-------------------|-------------------------------------|---------------------|---------------|
| Reported: | 09/09/2024 | Sampling Type: | Soil |
| Project Name: | PLU BIG SINKS 02-25-30 STATE BATTER | Sampling Condition: | Cool & Intact |
| Project Number: | 03C1558459 | Sample Received By: | Alyssa Parras |
| Project Location: | XTO | | |

Sample ID: SS 02 0.5' (H245369-02)

| BTEX 8021B | mg/ | kg | Analyze | d By: JH | | | | | |
|--------------------------------------|--------|-----------------|------------|--------------|------|------------|---------------|------|-----------|
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Benzene* | <0.050 | 0.050 | 09/06/2024 | ND | 1.73 | 86.5 | 2.00 | 12.9 | |
| Toluene* | <0.050 | 0.050 | 09/06/2024 | ND | 1.78 | 89.2 | 2.00 | 14.0 | |
| Ethylbenzene* | <0.050 | 0.050 | 09/06/2024 | ND | 1.85 | 92.6 | 2.00 | 14.7 | |
| Total Xylenes* | <0.150 | 0.150 | 09/06/2024 | ND | 5.68 | 94.7 | 6.00 | 15.8 | |
| Total BTEX | <0.300 | 0.300 | 09/06/2024 | ND | | | | | |
| Surrogate: 4-Bromofluorobenzene (PID | 131 9 | % 71.5-13 | 4 | | | | | | |
| Chloride, SM4500Cl-B | mg/ | 'kg | Analyze | d By: CT | | | | | |
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Chloride | 16.0 | 16.0 | 09/09/2024 | ND | 416 | 104 | 400 | 0.00 | |
| TPH 8015M | mg/ | 'kg | Analyze | d By: MS | | | | | |
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| GRO C6-C10* | <10.0 | 10.0 | 09/06/2024 | ND | 194 | 97.1 | 200 | 2.33 | |
| DRO >C10-C28* | <10.0 | 10.0 | 09/06/2024 | ND | 192 | 96.1 | 200 | 1.46 | |
| EXT DRO >C28-C36 | <10.0 | 10.0 | 09/06/2024 | ND | | | | | |
| Surrogate: 1-Chlorooctane | 122 9 | 48.2-13 | 4 | | | | | | |
| Surrogate: 1-Chlorooctadecane | 124 9 | % 49.1-14 | 8 | | | | | | |

Cardinal Laboratories

*=Accredited Analyte

Celeg D. Keine

Celey D. Keene, Lab Director/Quality Manager



ENSOLUM TRACY HILLARD 3122 NATIONAL PARKS HWY CARLSBAD NM, 88220 Fax To:

| Received: | 09/05/2024 | Sampling Date: | 08/30/2024 |
|-------------------|-------------------------------------|---------------------|---------------|
| Reported: | 09/09/2024 | Sampling Type: | Soil |
| Project Name: | PLU BIG SINKS 02-25-30 STATE BATTER | Sampling Condition: | Cool & Intact |
| Project Number: | 03C1558459 | Sample Received By: | Alyssa Parras |
| Project Location: | XTO | | |

Sample ID: SS 03 0.5' (H245369-03)

| BTEX 8021B | mg/ | kg | Analyze | d By: JH | | | | | |
|--------------------------------------|--------|-----------------|------------|--------------|------|------------|---------------|------|-----------|
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Benzene* | <0.050 | 0.050 | 09/06/2024 | ND | 1.73 | 86.5 | 2.00 | 12.9 | |
| Toluene* | <0.050 | 0.050 | 09/06/2024 | ND | 1.78 | 89.2 | 2.00 | 14.0 | |
| Ethylbenzene* | <0.050 | 0.050 | 09/06/2024 | ND | 1.85 | 92.6 | 2.00 | 14.7 | |
| Total Xylenes* | <0.150 | 0.150 | 09/06/2024 | ND | 5.68 | 94.7 | 6.00 | 15.8 | |
| Total BTEX | <0.300 | 0.300 | 09/06/2024 | ND | | | | | |
| Surrogate: 4-Bromofluorobenzene (PID | 127 9 | % 71.5-13 | 4 | | | | | | |
| Chloride, SM4500Cl-B | mg/ | kg | Analyze | d By: CT | | | | | |
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Chloride | 16.0 | 16.0 | 09/09/2024 | ND | 416 | 104 | 400 | 0.00 | |
| TPH 8015M | mg/ | kg | Analyze | d By: MS | | | | | |
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| GRO C6-C10* | <10.0 | 10.0 | 09/06/2024 | ND | 194 | 97.1 | 200 | 2.33 | |
| DRO >C10-C28* | <10.0 | 10.0 | 09/06/2024 | ND | 192 | 96.1 | 200 | 1.46 | |
| EXT DRO >C28-C36 | <10.0 | 10.0 | 09/06/2024 | ND | | | | | |
| Surrogate: 1-Chlorooctane | 119 9 | 48.2-13 | 4 | | | | | | |
| Surrogate: 1-Chlorooctadecane | 123 9 | % 49.1-14 | 8 | | | | | | |

Cardinal Laboratories

*=Accredited Analyte

Celeg D. Keine

Celey D. Keene, Lab Director/Quality Manager



ENSOLUM TRACY HILLARD 3122 NATIONAL PARKS HWY CARLSBAD NM, 88220 Fax To:

| Received: | 09/05/2024 | Sampling Date: | 08/30/2024 |
|-------------------|-------------------------------------|---------------------|---------------|
| Reported: | 09/09/2024 | Sampling Type: | Soil |
| Project Name: | PLU BIG SINKS 02-25-30 STATE BATTER | Sampling Condition: | Cool & Intact |
| Project Number: | 03C1558459 | Sample Received By: | Alyssa Parras |
| Project Location: | XTO | | |

Sample ID: SS 04 0.5' (H245369-04)

| BTEX 8021B | mg/ | ′kg | Analyze | d By: JH | | | | | S-04 |
|--------------------------------------|--------|-----------------|------------|--------------|------|------------|---------------|------|-----------|
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Benzene* | <0.050 | 0.050 | 09/06/2024 | ND | 1.73 | 86.5 | 2.00 | 12.9 | |
| Toluene* | <0.050 | 0.050 | 09/06/2024 | ND | 1.78 | 89.2 | 2.00 | 14.0 | |
| Ethylbenzene* | <0.050 | 0.050 | 09/06/2024 | ND | 1.85 | 92.6 | 2.00 | 14.7 | |
| Total Xylenes* | <0.150 | 0.150 | 09/06/2024 | ND | 5.68 | 94.7 | 6.00 | 15.8 | |
| Total BTEX | <0.300 | 0.300 | 09/06/2024 | ND | | | | | |
| Surrogate: 4-Bromofluorobenzene (PID | 138 9 | % 71.5-13 | 4 | | | | | | |
| Chloride, SM4500Cl-B | mg/ | ′kg | Analyze | d By: CT | | | | | |
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Chloride | 16.0 | 16.0 | 09/09/2024 | ND | 416 | 104 | 400 | 0.00 | |
| TPH 8015M | mg/ | ′kg | Analyze | d By: MS | | | | | |
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| GRO C6-C10* | <10.0 | 10.0 | 09/06/2024 | ND | 194 | 97.1 | 200 | 2.33 | |
| DRO >C10-C28* | <10.0 | 10.0 | 09/06/2024 | ND | 192 | 96.1 | 200 | 1.46 | |
| EXT DRO >C28-C36 | <10.0 | 10.0 | 09/06/2024 | ND | | | | | |
| Surrogate: 1-Chlorooctane | 125 9 | % 48.2-13 | 4 | | | | | | |
| Surrogate: 1-Chlorooctadecane | 128 9 | % 49.1-14 | 8 | | | | | | |

Cardinal Laboratories

*=Accredited Analyte

Celeg D. Keine

Celey D. Keene, Lab Director/Quality Manager



ENSOLUM TRACY HILLARD 3122 NATIONAL PARKS HWY CARLSBAD NM, 88220 Fax To:

| Received: | 09/05/2024 | Sampling Date: | 08/30/2024 |
|-------------------|-------------------------------------|---------------------|---------------|
| Reported: | 09/09/2024 | Sampling Type: | Soil |
| Project Name: | PLU BIG SINKS 02-25-30 STATE BATTER | Sampling Condition: | Cool & Intact |
| Project Number: | 03C1558459 | Sample Received By: | Alyssa Parras |
| Project Location: | XTO | | |

Sample ID: SS 05 0.5' (H245369-05)

| BTEX 8021B | mg/ | ′kg | Analyze | d By: JH | | | | | S-04 |
|--------------------------------------|--------|-----------------|------------|--------------|------|------------|---------------|------|-----------|
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Benzene* | <0.050 | 0.050 | 09/06/2024 | ND | 1.73 | 86.5 | 2.00 | 12.9 | |
| Toluene* | <0.050 | 0.050 | 09/06/2024 | ND | 1.78 | 89.2 | 2.00 | 14.0 | |
| Ethylbenzene* | <0.050 | 0.050 | 09/06/2024 | ND | 1.85 | 92.6 | 2.00 | 14.7 | |
| Total Xylenes* | <0.150 | 0.150 | 09/06/2024 | ND | 5.68 | 94.7 | 6.00 | 15.8 | |
| Total BTEX | <0.300 | 0.300 | 09/06/2024 | ND | | | | | |
| Surrogate: 4-Bromofluorobenzene (PID | 135 9 | % 71.5-13 | 4 | | | | | | |
| Chloride, SM4500Cl-B | mg/ | ′kg | Analyze | d By: CT | | | | | |
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Chloride | 32.0 | 16.0 | 09/09/2024 | ND | 416 | 104 | 400 | 0.00 | |
| TPH 8015M | mg/ | ′kg | Analyze | d By: MS | | | | | |
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| GRO C6-C10* | <10.0 | 10.0 | 09/06/2024 | ND | 194 | 97.1 | 200 | 2.33 | |
| DRO >C10-C28* | <10.0 | 10.0 | 09/06/2024 | ND | 192 | 96.1 | 200 | 1.46 | |
| EXT DRO >C28-C36 | <10.0 | 10.0 | 09/06/2024 | ND | | | | | |
| Surrogate: 1-Chlorooctane | 118 9 | 48.2-13 | 4 | | | | | | |
| Surrogate: 1-Chlorooctadecane | 120 \$ | % 49.1-14 | 8 | | | | | | |

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*=Accredited Analyte

Celeg D. Keine

Celey D. Keene, Lab Director/Quality Manager



Notes and Definitions

| S-06 | The recovery of this surrogate is outside control limits due to sample dilution required from high analyte concentration and/or matrix interference's. |
|--------|--|
| S-04 | The surrogate recovery for this sample is outside of established control limits due to a sample matrix effect. |
| GC-NC1 | 8260 confirmation analysis was performed; initial GC results were not supported by GC/MS analysis and are biased high with interfering compounds. |
| ND | Analyte NOT DETECTED at or above the reporting limit |
| RPD | Relative Percent Difference |
| ** | Samples not received at proper temperature of 6°C or below. |
| *** | Insufficient time to reach temperature. |
| - | Chloride by SM4500CI-B does not require samples be received at or below 6°C |
| | Samples reported on an as received basis (wet) unless otherwise noted on report |

Cardinal Laboratories

*=Accredited Analyte

Celez D. Keine

Celey D. Keene, Lab Director/Quality Manager

| Ensolum.LLC BILL TO POLE Valional Parks HWy Pol.#: Company: XTO Energy Inc. description Fax.#: Charles: 3104 E. Green St. 207-8307 Fax.#: Reference PLU Big Sinks 02-25-30 State Battery Phone #: 200mor Whitman Fax.#: Phone #: 201000 Sample Depth (C)CMP Fax.#: 2010000 Sample Depth (C)CMP Fax.#: 20100000000000000000000000000000000000 | Sampler - UPS - Bus - Otl | | Relinquished By: | Kellinguisned By: | anayses. All claims including those for negligence an service. In no event shall Cardinal be liable for incider affiliates or successors arising out of or related to the p | PLEASE NOTE: Liability and Dama | | | | | S | 4 | 20 | 1 | - | 1 MCC HOL | Lab I.D. | FOR LAB USE ONLY | 9 | Project Location: | Project Name: | Project #: 03(| Phone #: 337 | city: Carlsbad | Address: 3122 | Project Manager: Tracy Hillard | Company Name: | |
|---|--|--|--|---|---|--------------------------------------|---|---|---|---|-------|------|------|------|------|--------------------------|--|------------------|----------------|-------------------|----------------|----------------|---------------|----------------|-------------------|--------------------------------|------------------|--|
| BILL TO P.O. #: Company: XTO Energy Inc. TO Address: 3104 E. Green St. TO State: NM Zip: 88220 Address: 3104 E. Green St. Phone #: Prone #: Prone #: Fax #: Prone #: Prone #: <td>her:</td> <td></td> <td></td> <td></td> <td>those for negligence and any other dinal be liable for incidental or consi out of or related to the performance</td> <td>Damages. Cardinal's liability and cl</td> <td></td> <td></td> <td></td> <td>/</td> <td>505</td> <td>1504</td> <td>5503</td> <td>5502</td> <td>5501</td> <td></td> <td>Sample I.D.</td> <td></td> <td>Connor Whitman</td> <td></td> <td>Sinks</td> <td>C1558459</td> <td>257-8307</td> <td>d</td> <td>National Parks Hv</td> <td>r: Tracy Hillard</td> <td></td> <td>101 East Marland, Hobbs, NM 88240 (575) 393-2326 FAX (575) 393-2476</td> | her: | | | | those for negligence and any other dinal be liable for incidental or consi out of or related to the performance | Damages. Cardinal's liability and cl | | | | / | 505 | 1504 | 5503 | 5502 | 5501 | | Sample I.D. | | Connor Whitman | | Sinks | C1558459 | 257-8307 | d | National Parks Hv | r: Tracy Hillard | | 101 East Marland, Hobbs, NM 88240 (575) 393-2326 FAX (575) 393-2476 |
| BILL TO P.O. #: Company: XTO Energy Inc. TO Address: 3104 E. Green St. TO State: NM Zip: 88220 Address: 3104 E. Green St. Phone #: Fax #: Fax #: Fax #: Itery SoliL OilLUDGE OilLUDGE Itery SoliL Itery Processory SoliL Itery SoliL Itery SoliL Itery SoliL Itery SoliL Itery PH Chilor PH Chilor <tr< td=""><td>prested Temp. °C</td><td>Time:</td><td>1440</td><td>100°5 24</td><td>cause whatsoever shall be d equental damages, including e of services hereunder by C.</td><td>ent's exclusive remedy for an</td><td></td><td></td><td></td><td></td><td>Ł</td><td></td><td></td><td></td><td></td><td></td><td>Sample Depth (feet)</td><td></td><td></td><td></td><td>02-25-30 State</td><td>Project Owne</td><td>Fax #:</td><td>State:NM</td><td>NY</td><td></td><td></td><td>Hobbs, NM 88 AX (575) 393-2</td></tr<> | prested Temp. °C | Time: | 1440 | 100°5 24 | cause whatsoever shall be d equental damages, including e of services hereunder by C. | ent's exclusive remedy for an | | | | | Ł | | | | | | Sample Depth (feet) | | | | 02-25-30 State | Project Owne | Fax #: | State:NM | NY | | | Hobbs, NM 88 AX (575) 393-2 |
| ANA | 1 | incontrol by. | OUPOLLOS Received By | Received By: | teemed waived unless made in writing ar without limitation, business interruptions, ardinal, regardless of whether such claim | arising | | | | | t t t | | | | - | # GI W SC OI | G)RAB OR (C)OMP. CONTAINERS ROUNDWATER ASTEWATER OIL IL | MATRIX | | | Battery | r: XTO | | Zip: 88220 | | | | 240 476 |
| ANA | | | | | nd received by Cardinal within , loss of use, or loss of profits i n is based upon any of the abc | ct or tort, shall be limited to the | | | | | V | | | | | | THER : CID/BASE: E / COOL | PRESERV. | Fax #: | Phone #: | | city: Carlsbac | Address: 3104 | Attn: Amy Rui | Company: XT(| | BIL | - Contraction |
| ANA | | Pleas | bbelill@ | Verbal Re All Results | 30 days after completion of the nourred by client, its subsidiar we stated reasons or otherwist | | | | | | 026 N | 546 | 246 | 586 | - | + | | SAMPLING | | | ip: 88220 | ч | Green | th | O Energy Inc. | | LTO | |
| ANALYSIS RI ANALYSIS RI TPH CHLORIDE CH | # ne: | Cos | Isolum | sult: [| le applicable les, | the | | | | | 1 | | | - | - | 1 | BTEX | | | | | | | | | | | |
| ANALYSIS RI | 3 + L Sta | Center: . opy of sig | com, TM |] Yes iled. Ple | | - | 6 | 5 | - | | | | | | | - | | | | _ | | _ | - | _ | _ | _ | | |
| EQUEST EQUEST Im.com I@ensolum.com I@ensolum.com I@ensolum.com I@ensolum.com I@ensolum.com | tandard Bacteria (only) Sample Condition | 1140511001 Incident ID: NAPP2419252577 igned COC to: cwhitman@ensolum.com | .com, TMorrissey@ensolum.com, THillard@ensolum.com | I No Add'I Phone #: lease provide Email address: | | | | ~ | | | | | | | | | | | | | | | | | | | ANALYSIS REQUEST | f° |

Received by OCD: 3/12/2025 8:58:17 AM

Page 8 of 8



APPENDIX E

Disposal Manifests

| of 79 | | |
|------------------------------------|---------------------|---|
| Page 55 of | an North | OWL Landfill Services, LLC DBA: Northern Delaware Basin Landfill S889 Maple Ave. Suite 300 Dallas, TX 75219 S05.231.1212 ar@ndblandfill.com |
| | | COMPANY NAME: XTO pro Ret 030,558459 DATE: 1/10125 |
| | | LEASE: PHONE: |
| | | AFE #: (CL 1140511001 API: 6. (APP212304701) QUANTITY: BBLS |
| | | RIG NAME: PLUBS 02 15-305-RAMMYWELL #: 20 U YARDS |
| | | STATE & COUNTY ORIGIN:Cddy |
| | - | Waste Description (check only one box) RCRA Exempt RCRA Non-Exempt |
| | enerator | Water Based Cuttings (DRY) Water Based Cuttings (WET) Contaminated Soil Produced Sands |
| | era | Oil Based Cuttings (DRY) Oil Based Cuttings (WET) Injectable Fluids Non-Injectable Fluids Oil Base Mud Water Base Mud Muds w/Cement Tank Bottoms |
| | ien | □ Rig Trash □ Pit Liners |
| - | 9 - | Other: Authorize Washout? Yes -No |
| | art 1 | I hereby certify that according to the Resource Conservation and Recovery Act (RCRA) and the US Environmental Protection Agency's July 1988 regulatory determination, the above described waste load is (Check the appropriate classification) |
| | Pa | RCRA EXEMPT: Oilfield wastes generated from oil and gas exploration and production operations and are not mixed with non-exempt waste (NDBL Accepts certifications on a per load basis only) |
| | | RCRA NON-EXEMPT: Oilfield waste which is non-hazardous that does not exceed the minimum standards for waste hazardous by characteristics established in RCRA regulations, 40 CFR 261.21-261.24, or listed hazardous waste as defined by 40 CFR, part 261, subpart D, as amended. The following documentation demonstrating the waste as non-hazardous is attached. (Check the appropriate items as provided) |
| | | 🗅 SDS Information 🛛 🔤 RCRA Hazardous Waste Analysis 📄 Process Knowledge 📄 Other (Provide Description Below) |
| | | Emergency non-hazardous, non-oilfield waste that has been ordered by the Department of Public Safety (the order, documentation of non-hazardous |
| | | waste determination and a description of that waste must accompany this form) |
| 1 | | (Print) Authorized Agent's Name Date Date Signature |
| | er | TO BE COMPLETED BY THE TRANSPORTER WHILE THE GENERATOR IS PRESENT |
| | ort | COMPANY NAME: Den Tel Mox YARD #: WHP #: No.14 TRUCK #: 5.3 ADDRESS: |
| | b | ADDRESS: TICKET #: ROLL OFF BIN#: TRAILER #: 0 2 3 9 DATE TIME AM DISPATCHER DISPATCHER |
| | - Transporte | RECEIVED: RECEIVED: PM NAME: PHONE #: |
| | | The following statement must be signed by the truck driver <u>prior</u> to unloading at disposal facility: "I CERTIFY THAT NO OTHER MATERIAL HAS BEEN PLACED IN THIS VESSEL SINCE LOADING OF MATERIAL DESCRIBED IN PART 1 ABOVE." |
| | rt 2 | DRIVER: Adr Ares DRIVER'S SIGNATURE: Udrin Free |
| | Part | (Driver's Name Printed) I, (TRANSPORTER), CERTIFY THAT THE INFORMATION GIVEN ON THIS MANIFEST IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE |
| 3 | | TO BE COMPLETED BY OWL LANDFILL EMPLOYEES |
| AM | | FACILITY RECEIVED AT (Check One): DATE:O TIME IN: AM(PM) |
| :17. | | TIME OUT: AM / PM |
| 8:58 | ac | Northern Delaware Basin Landfill 2029 W. NM Highway 128 Jal, New Mexico 88252 WASHOUT BY: |
| 025 | a | WASHOUT: TIME IN: TIME OUT: |
| 12/2 | - Disposal Facility | ACCEPTANCE TESTING: PAINT FILTER: PASS FAIL N/A NORM Shake Out: |
| D: 3/ | Disp | TCLP: PASS FAIL N/A TESTING: 1 2 3 295992 TOX: PASS FAIL N/A H.O 4 |
| Received by OCD: 3/12/2025 8:58:17 | 3-[| (Less than 50 C |
| d by | Part 3 | This is to certify that: has received the above indicated waste, waste has passed all acceptances testing of this |
| eive | Pa | EMPLOYEE SIGNATURE: |
| Rec | | White Copy: Disposal Facility Yellow: Transporter Pink: Generator |
| | | A DECEMBER OF |

| 62.4 | |
|--|--|
| OWL Landfill Services, LLC DBA: Northern Delaware Basin Landfill 3889 Maple Ave. Suite 300 Dallas, TX 75219 505.231.1212 ar@ndblandfill.com | |
| COMPANY NAME: 210 DSC1538159 | DATE: / - 10 25 |
| LEASE: ThUBS 02:25-30 St battery | PHONE: |
| VAFE/#: 24/9253.577 (API: 1140511001 | QUANTITY: BBLS |
| RIG NAME: 11/2123047011 WELL #: 2-25-50 | 20 TYARDS |
| STATE & COUNTY ORIGIN: Eddy ST DATTOY | YARDS |
| Waste Description (check only one box) RCRA Exempt | RCRA Non-Exempt |
| | Contaminated Soil Produced Sands |
| Image: Constraint of the sector of the se | njectable Fluids I Non-Injectable Fluids Auds w/Cement I Tank Bottoms |
| | |
| I Other: | norize Washout? Yes No |
| I hereby certify that according to the Resource Conservation and Recovery Act (RCRA) and the US Environmental Prois (Check the appropriate classification) RCRA EXEMPT: Oilfield wastes generated from oil and gas exploration and production of the construction of | |
| C RCRA EXEMPT: Oilfield wastes generated from oil and gas exploration and production of certifications on a per load basis only) | perations and are not mixed with non-exempt waste (NDBL Accepts |
| RCRA NON-EXEMPT: Oilfield waste which is non-hazardous that does not exceed the minimu regulations, 40 CFR 261.21-261.24, or listed hazardous waste as defined | m standards for waste hazardous by characterístics established in RCRA by 40 CFR, part 261, subpart D, as amended. The following documentation |
| demonstrating the waste as non-hazardous is attached. (Check the app | opriate items as provided) |
| | ocess Knowledge 🛛 Other (Provide Description Below) |
| EMERGENCY NON-OILFIELD: Emergency non-hazardous, non-oilfield waste that has been ordered by waste determination and a description of that waste must accompany t | the Department of Public Safety (the order, documentation of non-hazardous nis form) |
| (Print) Authorized Agent's Name Date | Signature |
| TO BE COMPLETED BY THE TRANSPORTER WHILE THE | GENERATOR IS PRESENT |
| COMPANY NAME: SCMI ICX MEX YARD #: | WHP #: TRUCK #: |
| ADDRESS: TICKET #: | |
| COMPANY NAME: Schill YARD #: ADDRESS: TICKET #: DATE TIME RECEIVED: PM Dispartcher NAME: | DISPATCHER PHONE #: |
| | rior to unloading at disposal facility: |
| "I CERTIFY THAT NO OTHER MATERIAL HAS BEEN PLACED IN THIS VESSEL SINCE | LOADING OF MATERIAL DESCRIBED IN PART 1 ABOVE." |
| DRIVER: ///beict HAMACH DRIVER | SSIGNATURE: Nulley Manael |
| I, (TRANSPORTER), CERTIFY THAT THE INFORMATION GIVEN ON THIS MANIFEST IS | TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE |
| TO BE COMPLETED BY OWL LANDFIL | EMPLOYEES |
| FACILITY RECEIVED AT (Check One): DATE: | AM/ PM |
| 💈 😈 🗖 Northern Delaware Basin Landfill | HOUT BY: AM / PM |
| | |
| 2029 W. NM Highway 128 Jal, New Mexico 88252 WAS | HOUT: TIME IN: TIME OUT: |
| 2029 W. NM Highway 128 Jal, New Mexico 88252 | HOUT: TIME IN: TIME OUT: |
| 2029 W. NM Highway 128 Jal, New Mexico 88252 WAS ACCEPTANCE TESTING: PAINT FILTER: PASS FAIL N/A NORM TCLP: PASS FAIL N/A TESTING: | HOUT: TIME IN: TIME OUT: |
| FACILITY RECEIVED AT (Check One): DATE: DATE: DATE: Northern Delaware Basin Landfill 2029 W. NM Highway 128 Jal, New Mexico 88252 WAS ACCEPTANCE TESTING: PAINT FILTER: PASS FAIL N/A TCLP: PASS FAIL N/A NORM TOX: PASS FAIL N/A H2C | Shake Out: 213939 1 2 |
| 2029 W. NM Highway 128 Jal, New Mexico 88252 ACCEPTANCE TESTING: PAINT FILTER: PASS FAIL N/A TCLP: PASS FAIL N/A TOX: PASS FAIL N/A SERVICE NOTES: This is to contifue that: | Shake Out: 715939 1 2 3 Gallon Test: |
| SERVICE NOTES: (Less than 50 MCR) has received have (Printed Name) has received have (Printed Name) | HOUT: TIME IN: TIME OUT: T |

| 62. | | | |
|------------------------------------|--------------------------|--|---|
| 7 of | | | |
| Page 57 | North, | OWL Landfill Services, LLC DBA: Northern Delaware Basin Landfill 3889 Maple Ave. Suite 300 Dallas, TX 75219 505.231.1212 ar@ndblandfill.com | COMPANY MAN: Kent Rate (Authorized Agent's Printed Name and Title) SIGNATURE: COMPANY MAN EMAIL: COMPANY MAN PHONE: |
| | | remon Las | |
| | | COMPANY NAME: XTO | |
| | | LEASE: PLV BS 02-25-30 St Battery | PHONE: |
| | | AFE #: Proj. #1030/558459 API: | |
| | | RIG NAME: 2419252577 WELL #: 14 | 20- YARDS |
| | | STATE & COUNTY ORIGIN: CC: 1140511001 | |
| | - | Waste Description (check only one box) | |
| | Generator | Water Based Cuttings (DRY) Water Based Cuttings | |
| | era | Oil Based Cuttings (DRY) Oil Based Cuttings (Will Oil Base Mud Water Base Mud | 'ET) Injectable Fluids Non-Injectable Fluids Muds w/Cement Tank Bottoms |
| | en | ☐ Rig Trash | |
| | 5 | Other: | Authorize Washout? 🔲 Yes 🖃 No |
| | 11 | I hereby certify that according to the Resource Conservation and Recovery Act (RCRA) are is (Check the appropriate classification) | nd the US Environmental Protection Agency's July 1988 regulatory determination, the above described waste load |
| | Part | | xploration and production operations and are not mixed with non-exempt waste (NDBL Accepts |
| | | RCRA NON-EXEMPT: Oilfield waste which is non-hazardous that during regulations, 40 CFR 261.21-261.24, or listed h | oes not exceed the minimum standards for waste hazardous by characteristics established in RCRA nazardous waste as defined by 40 CFR, part 261, subpart D, as amended. The following documentation |
| | | demonstrating the waste as non-hazardous i | is attached. (Check the appropriate items as provided) |
| | | SDS Information RCRA Hazardou | Is Waste Analysis Process Knowledge Other (Provide Description Below) |
| | | EMERGENCY NON-OILFIELD: Emergency non-hazardous, non-oilfield wast waste determination and a description of that | te that has been ordered by the Department of Public Safety (the order, documentation of non-hazardous at waste must accompany this form) |
| | | (Print) Authorized Agent's Name | Date Signature |
| | - | TO BE COMPLETED BY THE TRANS | SPORTER WHILE THE GENERATOR IS PRESENT |
| | ter | COMPANY NAME: Semiler Mex | YARD #: WHP #: TRUCK #: |
| | oc | ADDRESS: | TICKET #: ROLL OFF BIN#: TRAILER #: |
| | Transporter | | DISPATCHER DISPATCHER NAME: PHONE #: |
| | Ira | | NAME:PHONE #: I by the truck driver prior to unloading at disposal facility: |
| | 2 - | | N THIS VESSEL SINCE LOADING OF MATERIAL DESCRIBED IN PART 1 ABOVE." |
| | Part: | DRIVER: Cornelio Rempel | DRIVER'S SIGNATURE: |
| | Pa | (Driver's Name Printed) I, (TRANSPORTER), CERTIFY THAT THE INFORMATION GIVEN | N ON THIS MANIFEST IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE |
| ł | 1000 | TO BE COMPLET | ED BY OWL LANDFILL EMPLOYEES |
| .17 AM | ity | FACILITY RECEIVED AT (Check One): | |
| 8:58 | cili | Northern Delaware Basin Landfill | WASHOUT BY: |
| 925 | Fa | 2029 W. NM Highway 128 Jal, New Mexico 88252 | WASHOUT: TIME IN: TIME OUT: |
| 12/2 | Disposal Facility | | |
| : 3/1 | spo | ACCEPTANCE TESTING: PAINT FILTER: PASS FAIL N/A TCLP: PASS FAIL N/A | NORM Shake Out: TESTING: 1 2 3 005 RUS |
| CD | | TOX: PASS FAIL N/A | H ₂ 0 1 2 3 195 38 5 |
| by C | - m | SERVICE NOTES: | (Less than 50 S Gallon Test: |
| Received by OCD: 3/12/2025 8:58:17 | Part | This is to certify that: | has received the above indicated waste, waste has passed all acceptances testing of this facility and the waste has been disposed of in an authorized manner at a permitted site. |
| lece | P | EMPLOYEE SIGNATURE: | identy and the mark has been disposed of in an duction zed mariner at a permitted site. |
| | | | Yellow: Transporter Pink: Generator |

| | EW MEXICO NON-HAZARD | | NUFFOT | Company Man Contact Information |
|---|---|--|--|--|
| Deco " | EVV WEALOUNUN-HAZANL | JOUS UILFIELD WASTE WA | ANTEST | Name Kent Retz |
| | (PLEA | SE PRINT) *REQUIRED | INFORMATION* | Name <u>ACCALLE</u> |
| SOLUTIONS | | | | Phone No |
| | GEN | ERATOR | NO. | HMAG6600 |
| | GLIV | 17/ | 11 12 . | |
| Generator Manifest # | | Location of Origin | 0 Big Di | INKS OF 23-30 JU |
| Generator Name | | Lease/Well Name & No. Pro | A CONTORI | -1558459 |
| | 40511001 | County Incident | MADD 14/10 | 1152522 |
| | 1001001 | API No. | PP21220 | 42011 |
| City, State, Zip | | Rig Name & No. 1 - + | 110na 32.15 | 1975-103-849340 |
| Phone No | | AFE/PO No. Rele | ase Dete 7 | -8-24 |
| EXEMPT E&P Waste | /Service Identification and Amou | nt (place volume next to waste t | voe in barrels or cubic | vards) |
| Oil Based Muds | NON-INJECTABLE WATERS | | OTHER EXEMPT E&P W | |
| Oil Based Cuttings Waste Based Muds | Washout Water (Non-Injectable) | | | |
| Water Based Cuttings | Completion Fluid/Flow Back (Non-In Produced Water (Non-Injectable) | ijectable) | | |
| Produced Formation Solids | Gathering Line Water/Waste (Non-I | Injectable) | HUDDE | Vac |
| Tank Bottoms | INTERNAL USE ONLY | X | TOP SOIL & CALICHE SA | LES |
| Gas Plant Waste | Truck Washout (exempt waste) | (YES) NO | QUANTITY | TOP SOIL CALICHE |
| WASTE GENERATION PROCESS: DRILLIN | | PRODUCTION | GATHE | RING LINES |
| | | | _ or and | |
| All non-exempt E&P was | te must be analysed and be below thr | Service Identification and Amount reshold limits for toxicity (TCLP). Ioni | tability Corrosivity ado Br | eactivity |
| Non-Exempt Other | | | m Non-Exempt Waste | |
| | | | | |
| DISPOSAL QUANTITY | B - BARRELS | L - LIQUID | Y-YARDS/ | E - EACH |
| I hereby certify that the above listed material(s), is (are) not | hazardous waste as defined by 40 CF | R Part 261 or any applicable state la | w. That each waste has b | een properly described, classified and |
| packaged, and is in proper condition for transportation acco | | and share and share and share | | |
| per load basis on | leherated from oil and gas exploration | and production operation and are n | ot mixed with non-exemp | t waste (R360 Accepts certifications on a |
| RCRA NON-EXEMPT: Oil field waste wi | high is non-basedous that does not a | | | |
| TIGHA NON-EXCIVITI. ON NON WASte W | nich is non-nazardous that does not e | xceed the minimum standards for wa | aste hazardous by charact | eristics established in RCRA regulations. |
| 40 CFR 261.21-26 | i1.24, or listed hazardous waste as de | fined by 40 CFR, part 261, subpart D | aste hazardous by charact , as amended. The followi | eristics established in RCRA regulations, ing documentation demonstrating the |
| 40 CFR 261.21-26 waste as non-haz | 1.24, or listed hazardous waste as de ardous is attached. (Check the approp | fined by 40 CFR, part 261, subpart D priate items as provided) | , as amended. The followi | ing documentation demonstrating the |
| 40 CFR 261.21-26 waste as non-haz MSDS Informatio | 11.24, or listed hazardous waste as de ardous is attached. (Check the approp n RCR/ | fined by 40 CFR, part 261, subpart D priate items as provided) A Hazardous Waste Analysis | , as amended. The followi | ing documentation demonstrating the er (Provide Description Below) |
| 40 CFR 261.21-26 waste as non-haz MSDS Informatio | 11.24, or listed hazardous waste as de cardous is attached. (Check the approp n RCRA azardous, non-oilfield waste that has | fined by 40 CFR, part 261, subpart D priate items as provided) A Hazardous Waste Analysis been ordered by the Department of | , as amended. The followi | ing documentation demonstrating the |
| 40 CFR 261.21-26 waste as non-haz MSDS Informatio | 11.24, or listed hazardous waste as de ardous is attached. (Check the approp n RCR/ | fined by 40 CFR, part 261, subpart D priate items as provided) A Hazardous Waste Analysis been ordered by the Department of | , as amended. The followi | ing documentation demonstrating the er (Provide Description Below) |
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| 40 CFR 261.21-26 waste as non-haz MSDS Informatio EMERGENCY NON-OILFIELD Emergency non-hadetermination and | 11.24, or listed hazardous waste as de cardous is attached. (Check the approp n RCR/ azardous, non-oilfield waste that has d a description of the waste must acco | fined by 40 CFR, part 261, subpart D priate items as provided) A Hazardous Waste Analysis been ordered by the Department of ompany this form) | , as amended. The followi Dthr Public Safety (the order, d | ing documentation demonstrating the er (Provide Description Below) ocumentation of non-hazardous waste |
| 40 CFR 261.21-26 waste as non-haz MSDS Informatio MSDS Informatio Emergency non-h. determination and (PRINT) AUTHORIZED AGENTS SIGNATURE Transporter's | 11.24, or listed hazardous waste as de cardous is attached. (Check the approp n RCR/ azardous, non-oilfield waste that has d a description of the waste must acco | fined by 40 CFR, part 261, subpart D priate items as provided) A Hazardous Waste Analysis been ordered by the Department of ompany this form) DATE SPORTER | , as amended. The followi Othe Public Safety (the order, d SIGNATUR | ing documentation demonstrating the er (Provide Description Below) ocumentation of non-hazardous waste |
| 40 CFR 261.21-26 waste as non-haz MSDS Informatio MSDS Informatio Emergency non-h. determination and (PRINT) AUTHORIZED AGENTS SIGNATURE Transporter's Name | 11.24, or listed hazardous waste as de cardous is attached. (Check the approp n RCR/ azardous, non-oilfield waste that has d a description of the waste must acco | fined by 40 CFR, part 261, subpart D priate items as provided) A Hazardous Waste Analysis been ordered by the Department of ompany this form) DATE SPORTER Driver's Name | , as amended. The followi Dthr Public Safety (the order, d | ing documentation demonstrating the er (Provide Description Below) ocumentation of non-hazardous waste |
| 40 CFR 261.21-26 waste as non-haz MSDS Informatio MSDS Informatio Emergency non-ha determination and (PRINT) AUTHORIZED AGENTS SIGNATURE Transporter's Name Address | 11.24, or listed hazardous waste as de cardous is attached. (Check the approp n RCR/ azardous, non-oilfield waste that has d a description of the waste must acco | fined by 40 CFR, part 261, subpart D priate items as provided) A Hazardous Waste Analysis been ordered by the Department of ompany this form) DATE SPORTER Driver's Name | , as amended. The followi Othe Public Safety (the order, d SIGNATUR | ing documentation demonstrating the er (Provide Description Below) ocumentation of non-hazardous waste |
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| 40 CFR 261.21-26 waste as non-haz MSDS Informatio MSDS Informatio MSDS Informatio MSDS Informatio (PRINT) AUTHORIZED AGENTS SIGNATURE Transporter's Name Address Phone No. Transporter Ticket # I hereby certify that the above named material(s) was/were SHIPMENT DATE | 11.24, or listed hazardous waste as de cardous is attached. (Check the approp n CRA azardous, non-oilfield waste that has d a description of the waste must acco TRANS | fined by 40 CFR, part 261, subpart D riate items as provided) A Hazardous Waste Analysis been ordered by the Department of ompany this form) DATE SPORTER Driver's Name Print Name Phone No. Truck No. Truck No. DELIVERY DATE | , as amended. The followi Othe Public Safety (the order, d SIGNATUR 3 m Z H 3 2 0 ent to the disposal facility | ing documentation demonstrating the er (Provide Description Below) ocumentation of non-hazardous waste |
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| 40 CFR 261.21-26 waste as non-haz MSDS Informatio MSDS Informatio MSDS Informatio MSDS Informatio (PRINT) AUTHORIZED AGENTS SIGNATURE Transporter's Name Address Phone No. Transporter Ticket # I hereby certify that the above named material(s) was/were SHIPMENT DATE | 11.24, or listed hazardous waste as de cardous is attached. (Check the approp n CRA azardous, non-oilfield waste that has d a description of the waste must acco TRANS | fined by 40 CFR, part 261, subpart D riate items as provided) A Hazardous Waste Analysis been ordered by the Department of ompany this form) DATE SPORTER Driver's Name Print Name Phone No. Truck No. d above and delivered without incid DELIVERY DATE NL FACILITY | , as amended. The followi Othe Public Safety (the order, d SIGNATUR 3 m Z H 3 2 0 ent to the disposal facility | ing documentation demonstrating the er (Provide Description Below) ocumentation of non-hazardous waste |
| 40 CFR 261.21-26 waste as non-haz MSDS Informatio MSDS Informatio Emergency non-ha determination and (PRINT) AUTHORIZED AGENTS SIGNATURE Transporter's Name Address Phone No. Transporter Ticket # I hereby certify that the above named material(s) was/were SHIPMENT DATE DR TRUCK TIME STAMP IN:OUT: Site Name/ | 11.24, or listed hazardous waste as de cardous is attached. (Check the approp n RCRA azardous, non-oilfield waste that has d a description of the waste must acco TRANS MC4 picked up at the Generator's site liste NVER'S SIGNATURE DISPOSA | fined by 40 CFR, part 261, subpart D priate items as provided) A Hazardous Waste Analysis been ordered by the Department of ompany this form) DATE SPORTER Driver's Name Print Name Phone No. Truck No. d above and defivered without incid DELIVERY DATE NL FACILITY | , as amended. The followi | ing documentation demonstrating the er (Provide Description Below) ocumentation of non-hazardous waste |
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|-----------------------------------|------------------------------------|--|--|---|---|
| 9 of | | | | / | |
| Page 59 oj | | Naware R | | Kent Ketz | |
| Pag | 1 | OWL Landfill Services, L DBA: Northern Delaware Basin Landfill | LC COMPANY MA | N: (Authorized Agent's Printed Name and Title | , MANIFEST # |
| | North | 3889 Maple Ave. Suite 30 | O SIGNATURE: _ | | |
| | Z | Dallas, 1X / J219 | COMPANY MA | N EMAIL: | 0367254 |
| | | 505.231.1212 | COMPANY MA | N PHONE: | |
| | | ar@ndblandfill.com | | | |
| | - | COMPANY NAME: | s-croppatte | DATE: | |
| | | 11101den+ 1000029142525+7 | 2 | | |
| | | | 10511001 | PHONE: | |
| | | AFE #: Facility: fapp212507 | 1 | QUANTITY: | 20 BBLS |
| | | RIG NAME: | LL #: | | YARDS |
| | | STATE & COUNTY ORIGIN: | | | |
| | | Waste Description (check only one box) | RCRA Exe | empt 🔲 RC | RA Non-Exempt |
| | Generator | Water Based Cuttings (DRY) Water Based | Cuttings (WET) | Contaminated Soil | Produced Sands |
| | rat | Oil Based Cuttings (DRY) | ittings (WET) | Injectable Fluids | Non-Injectable Fluids |
| | ne | Oil Base Mud Water Base M | Mud | Muds w/Cement | Tank Bottoms |
| | g | Rig Trash Pit Liners | | Authorize Washout? | Yes No |
| | | Other: I hereby certify that according to the Resource Conservation and Recovery A | And (DCDA) and the US Faulteen | | and the part of the second |
| | art 1 | is (Check the appropriate classification) | Act (RCRA) and the US Environm | iental Protection Agency's July 1988 regula | ory determination, the above described waste load |
| | Pai | RCRA EXEMPT: Oilfield wastes generated from oil certifications on a per load basis o | | duction operations and are not mixed w | ith non-exempt waste (NDBL Accepts |
| | | | | e minimum standards for waste hazardo | us by characteristics established in RCRA |
| | | | | defined by 40 CFR, part 261, subpart D, the appropriate items as provided) | as amended. The following documentation |
| | | | A Hazardous Waste Analysis | | er (Provide Description Below) |
| | | EMERGENCY NON-OILFIELD: Emergency non-hazardous, non-o | 116 - 1 J | | |
| | | waste determination and a descrip | otion of that waste must acco | ompany this form) | y (the order, documentation of non-hazardous |
| | | (Print) Authorized Agent's Name | Date | Signature | |
| | | TO BE COMPLETED BY TH | E TRANSPORTER WHI | LE THE GENERATOR IS PRESEN | т |
| | ter | COMPANY NAME: | | | 270 |
| | ort | COMPANY NAME. | TARD #: | WHP #: | IRUCK #: / / / / |
| | 0 | ADDRESS- | TICKET # | BOLL OFF PINH | TRAILER # |
| | Sp | ADDRESS: | | ROLL OFF BIN#:_ | TRAILER #: |
| | ansp | | TICKET #: DISPATCHER NAME: | ROLL OFF BIN#:_ | TRAILER #: |
| | - Transporter | DATE TIME AM RECEIVED: RECEIVED: PM The following statement must b | e signed by the truck o | friver prior to unloading at disp | |
| | 2 - | DATE TIME AN RECEIVED: TIME PN RECEIVED: PN The following statement must b "I CERTIFY THAT NO OTHER MATERIAL HAS BEEN PL | e signed by the truck o | friver prior to unloading at disp | osal facility: |
| | rt 2 - ' | DATE TIME AM RECEIVED: RECEIVED: PM The following statement must b "I CERTIFY THAT NO OTHER MATERIAL HAS BEEN PL DRIVER: USTAVA KUZ | e signed by the truck c ACED IN THIS VESSEL | friver prior to unloading at disp | osal facility: |
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|-----------------------|----------|---|--|
| Page 60 p) | A Norths | 505.231.1212 COMPAN | (Authorized Agent's Printed Name and Title) RE: Y MAN EMAIL: Y MAN PHONE: |
| | | COMPANY NAME: XTO 036155 8459 | DATE: _/-/0-Z_S |
| | | LEASE: 121 BS 02-25-30 | PHONE: |
| | 1 | AFE #: UN PP 2419252577 API:APO 212304 70 | 2// QUANTITY: BBLS |
| | | RIG NAME: 1140511001 WELL #: | 20 |
| | | STATE & COUNTY ORIGIN: Eddy | YARDS |
| | | | Exempt RCRA Non-Exempt |
| | 5 | Water Based Cuttings (DRY) Water Based Cuttings (WET) | Contaminated Soil Produced Sands |
| | enerator | Oil Based Cuttings (DRY) | Injectable Fluids Non-Injectable Fluids |
| | | Oil Base Mud Water Base Mud | Muds w/Cement Tank Bottoms |
| C | 5 | Other: | Authorize Washout? 🔲 Yes 🕒 No |
| | | I hereby certify that according to the Resource Conservation and Recovery Act (RCRA) and the US En is (Check the appropriate classification) | vironmental Protection Agency's July 1988 regulatory determination, the above described waste load |
| Dout | Lan | RCRA EXEMPT: Oilfield wastes generated from oil and gas exploration al certifications on a per load basis only) | nd production operations and are not mixed with non-exempt waste (NDBL Accepts |
| | | RCRA NON-EXEMPT: Oilfield waste which is non-hazardous that does not exce | ed the minimum standards for waste hazardous by characteristics established in RCRA |
| | | demonstrating the waste as non-hazardous w SDS Information RCRA Hazardous Waste Ana | |
| | | EMERGENCY NON-OILFIELD: Emergency non-hazardous, non-oilfield waste that has b waste determination and a description of that waste mu | een ordered by the Department of Public Safety (the order, documentation of non-hazardous st accompany this form) |
| | | (Print) Authorized Agent's Name Date | Signature |
| | | TO BE COMPLETED BY THE TRANSPORTER | WHILE THE GENERATOR IS PRESENT |
| | y | COMPANY NAME: Sentexmex YARD #: | WHP #: TRUCK #: 6 Z |
| 3 | 5 | ADDRESS:TICKET # | : ROLL OFF BIN#: TRAILER #: |
| Topocococa | dello | DATE TIME AM DISPATC RECEIVED: RECEIVED: PM NAME: | HER Miller DISPATCHER PHONE #: 4322090851 |
| Ĥ | - | The following statement must be signed by the tr "I CERTIFY THAT NO OTHER MATERIAL HAS BEEN PLACED IN THIS VE | uck driver prior to unloading at disposal facility: |
| ¢ | | | DRIVER'S SIGNATURE: |
| Part d | | (Driver's Name Printed) | |
| | | , (TRANSPORTER), CERTIFY TRAIT THE INFORMATION GIVEN ON THIS | MANIFEST IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE |
| AM | | TO BE COMPLETED BY OW | LANDFILL EMPLOYEES |
| | 11 | FACILITY RECEIVED AT (Check One): DATE: | TIME IN: AM / PM |
| 5 8:58:17 Eacility | | 🗖 Northern Delaware Basin Landfill | WASHOUT BY: |
| 24 | | 2029 W. NM Highway 128 Jal, New Mexico 88252 | WASHOUT: TIME IN: TIME OUT: |
| : 3/12/2025 | bend | ACCEPTANCE TESTING: PAINT FILTER: PASS_FAIL N/A NORM | |
| Received by OCD: | 212 | TCLP: PASS FAIL N/A TESTING TOX: PASS FAIL N/A | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| N 0 | 2 | SERVICE NOTES: (Less than MCR) | 50 S Gallon Test: |
| eived l | | This is to certify that: | has received the above indicated waste, waste has passed all acceptances testing of this facility and the waste has been disposed of in an authorized memory at a permitted site |
| ecei | - | EMPLOYEE SIGNATURE: | facility and the waste has been disposed of in an authorized manner at a permitted site. |
| × | | | : Transporter Pink: Generator |

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| Page 61 of | So5.231.1212 ar@ndblandfill.com |
| | COMPANY NAME: XTO DATE: 1 94 25 |
| | LEASE: P2 \$ 85 09-95-30 5t Battery PHONE: |
| | AFE #: 0301558459 API: 2419252577 QUANTITY: BBLS |
| | DIC NAME 1140511401 WELLAND 3047011 000 - |
| | YARDS |
| | STATE & COUNTY ORIGIN: |
| - | |
| ato | Water Based Cuttings (DRY) Water Based Cuttings (WET) Contaminated Soil Produced Sands Oil Based Cuttings (DRY) Oil Based Cuttings (WET) Injectable Fluids Non-Injectable Fluids |
| enerator | □ Oil Base Mud □ Water Base Mud □ Muds w/Cement □ Tank Bottoms |
| | Rig Trash Pit Liners |
| 9 | Other: Authorize Washout? |
| - | I hereby certify that according to the Resource Conservation and Recovery Act (RCRA) and the US Environmental Protection Agency's July 1988 regulatory determination, the above described waste load is (Check the appropriate classification) |
| art | RCRA EXEMPT: Oilfield wastes generated from oil and gas exploration and production operations and are not mixed with non-exempt waste (NDBL Accepts certifications on a per load basis only) |
| - | CRA NON-EXEMPT |
| | regulations, 40 CFR 261.21-261.24, or listed hazardous waste as defined by 40 CFR, part 261, subpart D, as amended. The following documentation demonstrating the waste as non-hazardous is attached. (Check the appropriate items as provided) |
| | 🗖 SDS Information 🛛 🔤 RCRA Hazardous Waste Analysis 🔤 Process Knowledge 📄 Other (Provide Description Below) |
| | EMERGENCY NON-OILFIELD: Emergency non-hazardous, non-oilfield waste that has been ordered by the Department of Public Safety (the order, documentation of non-hazardous) |
| | (Print) Authorized Agent's Name |
| | (Print) Authorized Agent's Name |
| 2 | TO BE COMPLETED BY THE TRANSPORTER WHILE THE GENERATOR IS PRESENT |
| rte | COMPANY NAME: Sem Tex Mey YARD #: 90 WHP #: TRUCK #: 102 ADDRESS: TICKET #: ROLL OFF BIN#: TRAILER #: TRAILER #: |
| od | ADDRESS: TICKET #: ROLL OFF BIN#: TRAILER #: |
| lsu | DATE TIME AM DISPATCHER DISPATCHER RECEIVED: RECEIVED: PM NAME: PHONE #: |
| Transporter | The following statement must be signed by the truck driver prior to unloading at disposal facility: |
| 2 | "I CERTIFY THAT NO OTHER MATERIAL HAS BEEN PLACED IN THIS VESSEL SINCE LOADING OF MATERIAL DESCRIBED IN PART 1 ABOVE." |
| Part | DRIVER: Peter Thiessen DRIVER'S SIGNATURE: Ottes Officesser. |
| Pa | (Driver's Name Printed) I, (TRANSPORTER), CERTIFY THAT THE INFORMATION GIVEN ON THIS MANIFEST IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE |
| E COL | TO BE COMPLETED BY OWL LANDFILL EMPLOYEES |
| y AM | FACILITY RECEIVED AT (Check One): DATE: DATE: DATE: TIME IN: DATE: |
| S:17 | TIME OUT: AM / PM |
| 8:5 ac | Northern Delaware Basin Landfill 2029 W. NM Highway 128 Jal, New Mexico 88252 |
| 025 al F | WASHOUT: TIME IN: TIME OUT: |
| 12/21 | ACCEPTANCE TESTING: PAINT FILTER: PASS FAIL N/A NORM Shake Out: |
| isp | TCLP: PASS FAIL N/A TESTING: 1 2 3 |
| 0CD: 3/12/2025 8:58:17 / - Disposal Facility | TOX: PASS FAIL N/A (Less than 50 C Less than 50 C L |
| by C | SERVICE NOTES: MCR) Gallon Test: |
| eived b | This is to certify that: |
| Received by OCD: 3/12/2025 8:58:17 AM Part 3 - Disposal Facility | |
| 2 | White Copy: Disposal Facility Yellow: Transporter Pink: Generator |

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|---|---|
| Page 62 of | OWL Landfill Services, LLC DBA: Northern Delaware Basin Landfill S889 Maple Ave. Suite 300 Dallas, TX 75219 S05.231.1212 ar@ndblandfill.com |
| | COMPANY NAME: XTO 03(1558459 DATE: 1-10-25 |
| | LEASE: PLV BS 02-25-30 PHONE: |
| 25 | AFE #: WAPP 2419252577 Factor 2123047011 QUANTITY: BBLS |
| < | -RIG NAME: 1/4051/00/ WELL #: |
| | STATE & COUNTY ORIGIN: 1500y |
| | Waste Description (check only one box) |
| or | Water Based Cuttings (DRY) Water Based Cuttings (WET) Contaminated Soil Produced Sands |
| ati | □ Oil Based Cuttings (DRY) □ Oil Based Cuttings (WET) □ Injectable Fluids □ Non-Injectable Fluids |
| enerator | Oil Base Mud Water Base Mud Muds w/Cement Tank Bottoms |
| Ger | Rig Trash Pit Liners |
| 1 | Other: Authorize Washout? Yes No |
| | I hereby certify that according to the Resource Conservation and Recovery Act (RCRA) and the US Environmental Protection Agency's July 1988 regulatory determination, the above described waste load is (Check the appropriate classification) |
| Part | RCRA EXEMPT: Oilfield wastes generated from oil and gas exploration and production operations and are not mixed with non-exempt waste (NDBL Accepts certifications on a per load basis only) |
| | RCRA NON-EXEMPT: Oilfield waste which is non-hazardous that does not exceed the minimum standards for waste hazardous by characteristics established in RCRA regulations, 40 CFR 261.21-261.24, or listed hazardous waste as defined by 40 CFR, part 261, subpart D, as amended. The following documentation demonstrating the waste as non-hazardous is attached. (Check the appropriate items as provided) SDS Information RCRA Hazardous Waste Analysis Process Knowledge Other (Provide Description Below) |
| | EMERGENCY NON-OILFIELD: Emergency non-hazardous, non-oilfield waste that has been ordered by the Department of Public Safety (the order, documentation of non-hazardous waste determination and a description of that waste must accompany this form) |
| | (Print) Authorized Agent's Name Date Signature |
| | TO BE COMPLETED BY THE TRANSPORTER WHILE THE GENERATOR IS PRESENT |
| tel | COMPANY NAME: SenTerMex YARD #: WHP #: TRUCK #: 62 |
| ò | COMPANY NAME: SenTex Mex YARD #: WHP #: TRUCK #: 6.2 ADDRESS: |
| Transporte | |
| rai | DATE TIME DATE Dispatcher Dispatcher RECEIVED: RECEIVED: PM NAME: Villy Viller Dispatcher |
| 1. | The following statement must be signed by the truck driver <u>prior</u> to unloading at disposal facility: "I CERTIFY THAT NO OTHER MATERIAL HAS BEEN PLACED IN THIS VESSEL SINCE LOADING OF MATERIAL DESCRIBED IN PART 1 ABOVE." |
| ť2 | DRIVER: Tad CULLY DRIVER'S SIGNATURE: |
| Part | (Driver's Name Printed) |
| | I, (TRANSPORTER), CERTIFY THAT THE INFORMATION GIVEN ON THIS MANIFEST IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE |
| N | TO BE COMPLETED BY OWL LANDFILL EMPLOYEES |
| T AM | FACILITY RECEIVED AT (Check One): DATE: TIME IN: AN/ PM |
| Facility | TIME OUT: AMY PM |
| Fa | 2029 W. NM Highway 128 Jal, New Mexico 88252 WASHOUT BY: TIME IN: TIME OUT: TIME OUT: |
| D: 3/12/2025 Disposal | |
| /12/ | ACCEPTANCE TESTING: PAINT FILTER: PASS FAIL N/A NORM Shake Out: |
| Dis | TCLP: PASS FAIL N/A TESTING: 1 2 3 |
| OCI | TOX: PASS FAIL N/A H2O Callon Toxt |
| t 3 | SERVICE NOTES: Gallon Test: Gallon Test: Gallon Test: |
| Received by OCD: 3/12/2025 8:58:17 Part 3 - Disposal Facilit | TO BE COMPLETED BY OWL LANDFILL EMPLOYEES FACILITY RECEIVED AT (Check One): DATE: TIME IN: AN/ PM Northern Delaware Basin Landfill Washout: AM/ PM 2029 W. NM Highway 128 Jal, New Mexico 88252 WASHOUT BY: MACEPTANCE TESTING: PAINT FILTER: PASS FAIL N/A WASHOUT: TIME IN: TIME OUT: ACCEPTANCE TESTING: PAINT FILTER: PASS FAIL N/A NORM Shake Out: DATE: Jag 5999/ SERVICE NOTES: TOX: PASS FAIL N/A NORM H20 S Gallon Test: Gallon Test: This is to certify that: Employee (Printed Name) Facility and the waste has been disposed of in an authorized manner at a permitted site. EMPLOYEE SIGNATURE: White Construct Escility Yellowe Transporter Diele Construct |
| ece | |
| X | White Copy: Disposal Facility Yellow: Transporter Pink: Generator |

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| 63 of | | Nowara a | | | | | | |
| Page 63 | our | Osland asing OW | L Landfill Servi | | and the second | N: Kent Ret (Authorized Agent's Printed Nat | me and Title) | MANIFEST # |
| | Northers | 38 | 389 Maple Ave. Su | | ' SIGNATURE: | | 1 | 0361868 |
| | - | | Dallas, TX 7521 505.231.1212 | | COMPANY MA | N EMAIL: | | |
| | a the sile | CONFERENCE ON PROVIDENCE | ar@ndblandfill.c | | COMPANY MA | N PHONE: | | J |
| | | COMPANY NAME: XTC | 5 030155 | 8459 | | DATE: _/ - / | 4-75 | |
| | | LEASE: QU 02-2 | | 0/21 | | | 1.00 | |
| | | AFE #: NARP 24192 | | PP 71730 | 0417011 | | | BBLS |
| | | RIG NAME: 1140 511 | | | | | 00 | |
| | | STATE & COUNTY ORIG | - 21 | | and the | | 20 | _ YARDS |
| | Ī | Waste Description (che | | | RCRA Exe | mpt | RCRA Non- | Exempt |
| à | 5 | Water Based Cuttings (E | | er Based Cutting | | Contaminated Soil | | Produced Sands |
| - | enerator | Oil Based Cuttings (DRY | 7) 🗖 Oil B | ased Cuttings (V | WET) | 🔲 Injectable Fluids | | Non-Injectable Fluids |
| 0 | e | Oil Base Mud | | er Base Mud | | Muds w/Cement | ı 🗆 | ank Bottoms |
| C | 5 | Rig Trash Other: | 🗖 Pit Li | iners | | Authorize Washout | ? 🗌 Yes | No |
| - | | I hereby certify that according to the | | ecovery Act (RCRA) | and the US Environn | nental Protection Agency's July 1 | 988 regulatory determin | ation, the above described waste load |
| 440 | | is (Check the appropriate classification RCRA EXEMPT: | | from oil and gas o | exploration and pro | duction operations and are no | t mixed with non-exer | npt waste (NDBL Accepts |
| 0 | - | CRA NON-EXEMPT: | certifications on a per loa | | does not exceed th | e minimum standards for wast | a bazardous by charac | teristics established in BCBA |
| | | | regulations, 40 CFR 261.2 | 1-261.24, or listed | hazardous waste a | | ubpart D, as amended | . The following documentation |
| | | | SDS Information | | ous Waste Analysis | Process Knowledge | Other (Provide I | Description Below) |
| | | EMERGENCY NON-OILFIELD: | Emergency non-hazardo | us, non-oilfield wa | ste that has been o | dered by the Department of P | ublic Safety (the order, | documentation of non-hazardous |
| | | | waste determination and | 1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | | | | |
| | (P | Print) Authorized Agent's Name | | | Date | Signatur | e | |
| Å | 1 1 | C. | | | | LE THE GENERATOR IS | | 1-3 |
| 440 | | COMPANY NAME: <u>Ser</u> | J lex Ma | × | YARD #: | | the second s | _TRUCK #: <u>62</u> |
| 2 | | | TIME | | TICKET #: DISPATCHER | | DICDATO | _ TRAILER #: |
| Trancortor | R | | RECEIVED: | | NAME: | illy Willer | PHONE | #: <u>4322090851</u> |
| 1 | | The "I CERTIFY THAT NO OT | | | | friver prior to unloading | | |
| ÷ | | DRIVER: Tad | Curry | | | DRIVER'S SIGNATURE: | | |
| Dart | | | (Driver's Name Printed | | THE OWNER OF STREET, ST | FEST IS TRUE AND ACCUR | | |
| | | , (TRANSPORTER), | | Contractor of Contractor | No. of Concession | And the Real Property in the Party of the Pa | ATE TO THE BEST O | - MT KNOWLEDGE |
| WI . | | | | J BE COMPLE | 111 | NDFILL EMPLOYEES | . 7.1 | |
| 8:58:17 A | F/ | ACILITY RECEIVED AT (Chee | ck One): | | DATE: | | N: | |
| 8:58 | | Northern Delaware Ba | | - 00252 | | WASHOUT BY: | | |
| 025 J | | 2029 W. NM Highway | 128 Jai, New Mexico | 0 66252 | | WASHOUT: TI | ME IN: | _ TIME OUT: |
| Disnocal | | ACCEPTANCE TESTING: PA | INT FILTER: PASS F | AIL N/A | NORM | Shake Ou | it: | 0 |
| 3/ icn | de | TC | LP: PASS F | AIL N/A | TESTING: | 1 2 | 3 0 | SCOVIC |
| | | ТО | DX: PASS F. | AIL N/A | (Less than 50 | H ₂ O | | |
| by 4 | | ERVICE NOTES: his is to certify that: | () | | MCR) | as received the above indicated | waste waste has nors | Gallon Test: |
| Received by OCD: 3/12/2025 8:58:17 AM Dart 3 - Dismosal Facility | 8 | | Employee (P | rinted Name) | | acility and the waste has been d | | |
| Rece | | MPLOYEE SIGNATURE: | Militia Come Di | moral Facility | Veller | propertor Distance | water | |
| | | | White Copy: Dis | spusal raciiity | Yellow: Tra | nsporter Pink: Gene | rator | |

| of 79 | | | | | | |
|---------------------------------------|----------------------------|---|--|--|--|---|
| Page 64 | we Norths | Dallas, I | ware Basin Landfill We. Suite 300 X 75219 1.1212 | | (Authorized Agent's Printed Name EMAIL: PHONE: | MANIFEST # 0386832 |
| | | COMPANY NAME: X TD | 0361558 | 459 | DATE: | 1-14-25 |
| | | LEASE: The BS 02-25 | -30 St B. | rttely | PHONE: | |
| | | RIG NAME: AP 212304 | API: 70/1 WELL #: _ | 2-25-3 | | BBLS |
| | | STATE & COUNTY ORIGIN: | Dy WILL #. | STBAFR | ~~~ / | I YARDS |
| | | Waste Description (check only one | | | | RCRA Non-Exempt |
| | Itol | | Water Based Cutting | 0.510 0.0 | Contaminated Soil | Produced Sands |
| | era | Oil Based Cuttings (DRY) Oil Base Mud | Oil Based Cuttings (Water Base Mud | WET) | Injectable Fluids Muds w/Cement | Non-Injectable Fluids Tank Bottoms |
| | Generator | | Pit Liners | | | |
| | 1-0 | Deter: | ation and Becovery Act (BCBA | and the US Environmer | Authorize Washout? | regulatory determination, the above described waste load |
| | art 1 | is (Check the appropriate classification) | | | | lixed with non-exempt waste (NDBL Accepts |
| | P | certifications o | n a per load basis only) | | | |
| | | regulations, 40 | CFR 261.21-261.24, or listed | d hazardous waste as d | | azardous by characteristics established in RCRA part D, as amended. The following documentation d) |
| | | SDS Informa | | ous Waste Analysis | Process Knowledge | Other (Provide Description Below) |
| | | | | and the second second second | | |
| | | | | | ered by the Department of Pub | lic Safety (the order, documentation of non-hazardous |
| | | | nation and a description of t | that waste must accom | ered by the Department of Pub apany this form) | |
| | | (Print) Authorized Agent's Name | nation and a description of t | that waste must accom | ered by the Department of Pub apany this form) | |
| | ter | (Print) Authorized Agent's Name | nation and a description of t | that waste must accom Date NSPORTER WHILI | ered by the Department of Pub npany this form) Signature – E THE GENERATOR IS PR | ESENT |
| | porter | (Print) Authorized Agent's Name | nation and a description of t APLETED BY THE TRA ヒメ かれてメ | Date Date NSPORTER WHILI YARD #: | ered by the Department of Pub apany this form) Signature – E THE GENERATOR IS PR WHP #: | |
| | ansporter | (Print) Authorized Agent's Name | APLETED BY THE TRA ビメーバアング | Date NSPORTER WHILI YARD #: TICKET #: DISPATCHER | ered by the Department of Pub apany this form) Signature - E THE GENERATOR IS PR WHP #: ROLL OFF B | ESENT TRUCK #: IN#: TRAILER #: DISPATCHER |
| | - Transporter | (Print) Authorized Agent's Name | APLETED BY THE TRA | A must accome that waste must accome Date Date NSPORTER WHILI YARD #: TICKET #: DISPATCHER NAME: dispatcher drives and by the truck drives drives and by the truck drive | ered by the Department of Pub apany this form) Signature - E THE GENERATOR IS PR WHP #: ROLL OFF B iver <u>prior</u> to unloading a | ESENT TRUCK #: IN#: TRAILER #: DISPATCHER PHONE #: t disposal facility: |
| | 2 - | (Print) Authorized Agent's Name | APLETED BY THE TRA | A state must accome accome accome and a state must accome | ered by the Department of Pub apany this form) Signature E THE GENERATOR IS PR WHP #: WHP #: ROLL OFF B iver <u>prior</u> to unloading a SINCE LOADING OF MAT | ESENT TRUCK #: IN#: TRAILER #: DISPATCHERPHONE #: t disposal facility: ERIAL DESCRIBED IN PART 1 ABOVE:" |
| | 2 - | (Print) Authorized Agent's Name | APLETED BY THE TRA | Date Date NSPORTER WHILI YARD #: TICKET #: DISPATCHER NAME: ed by the truck dri IN THIS VESSEL S | ered by the Department of Pub apany this form) Signature - E THE GENERATOR IS PR WHP #: ROLL OFF B iver <u>prior</u> to unloading a SINCE LOADING OF MAT RIVER'S SIGNATURE: | ESENT TRUCK #: IN#: TRAILER #: DISPATCHER PHONE #: t disposal facility: ERIAL DESCRIBED IN PART 1 ABOVE." |
| | 1 | (Print) Authorized Agent's Name | APLETED BY THE TRA | A state must accome accome and a state must accome | ered by the Department of Pub apany this form) E THE GENERATOR IS PR WHP #: ROLL OFF B iver prior to unloading a SINCE LOADING OF MAT RIVER'S SIGNATURE: EST IS TRUE AND ACCURAT | ESENT TRUCK #: IN#: TRAILER #: DISPATCHERPHONE #: t disposal facility: ERIAL DESCRIBED IN PART 1 ABOVE:" |
| WF 1 | Part 2 - | (Print) Authorized Agent's Name | APLETED BY THE TRA | A state must accome accome and a state must accome | ered by the Department of Pub apany this form) Signature - E THE GENERATOR IS PR WHP #: ROLL OFF B iver prior to unloading a SINCE LOADING OF MAT RIVER'S SIGNATURE: EST IS TRUE AND ACCURAT | ESENT TRUCK #: IN#: TRAILER #: DISPATCHER PHONE #: t disposal facility: ERIAL DESCRIBED IN PART 1 ABOVE." ERIAL DESCRIBED IN PART 1 ABOVE." ERIAL DESCRIBED IN PART 1 ABOVE." |
| 58:17 AM | Part 2 - | (Print) Authorized Agent's Name | APLETED BY THE TRA | A state must accome accome and a state must accome | ered by the Department of Pub apany this form) Signature - E THE GENERATOR IS PR WHP #: ROLL OFF B iver prior to unloading a SINCE LOADING OF MAT RIVER'S SIGNATURE: EST IS TRUE AND ACCURAT | ESENT TRUCK #: IN#: TRAILER #: DISPATCHER PHONE #: t disposal facility: ERIAL DESCRIBED IN PART 1 ABOVE." |
| 25 8:58:17 AM | Part 2 - | (Print) Authorized Agent's Name | APLETED BY THE TRA | A state must accome accome and a state must accome | ered by the Department of Pub apany this form) Signature - E THE GENERATOR IS PR WHP #: ROLL OFF B iver prior to unloading a SINCE LOADING OF MAT RIVER'S SIGNATURE: EST IS TRUE AND ACCURAT NDFILL EMPLOYEES MUSHOUT BY: | ESENT TRUCK #: IN#:TRAILER #: DISPATCHER PHONE #: t disposal facility: ERIAL DESCRIBED IN PART 1 ABOVE." ETO THE BEST OF MY KNOWLEDGE TAM (PM) TT:AM (PM) |
| 2/2025 8:58:17 AM | Part 2 - | (Print) Authorized Agent's Name TO BE COM COMPANY NAME: ADDRESS: DATE TIME RECEIVED: The following sta "I CERTIFY THAT NO OTHER MATERIA DRIVER: | APLETED BY THE TRA | A state must accome accome and a state must accome | ered by the Department of Pub apany this form) Signature - E THE GENERATOR IS PR WHP #: ROLL OFF B WHP #: ROLL OFF B iver prior to unloading a SINCE LOADING OF MAT RIVER'S SIGNATURE: EST IS TRUE AND ACCURAT NDFILL EMPLOYEES MUCHAND ACCURAT NDFILL EMPLOYEES MUCHAND ACCURAT NDFILL EMPLOYEES MUCHAND ACCURAT | ESENT TRUCK #: IN#: TRAILER #: DISPATCHER PHONE #: t disposal facility: ERIAL DESCRIBED IN PART 1 ABOVE." ETO THE BEST OF MY KNOWLEDGE TT: AM (PM) |
| D: 3/12/2025 8:58:17 AM | Part 2 - | waste determin (Print) Authorized Agent's Name TO BE COM COMPANY NAME: ADDRESS: | APLETED BY THE TRA | Date Date NSPORTER WHILI YARD #: TICKET #: DISPATCHER NAME: ed by the truck dri IN THIS VESSEL S DI TED BY OWL LAN DATE: NORM | ered by the Department of Pub npany this form) E THE GENERATOR IS PR WHP #: ROLL OFF B WHP #: ROLL OFF B iver prior to unloading a SINCE LOADING OF MAT RIVER'S SIGNATURE: EST IS TRUE AND ACCURAT NDFILL EMPLOYEES DIFILL EMPLOYEES DIFICUL SUBJECT TIME IN: TIME OL WASHOUT BY: NASHOUT: TIM | ESENT TRUCK #: |
| OCD: 3/12/2025 8:58:17 AM | Disposal Facility Part 2 - | waste determin (Print) Authorized Agent's Name TO BE COM COMPANY NAME: ADDRESS: | APLETED BY THE TRA | NORM TESTING: | ered by the Department of Pub apany this form) Signature - E THE GENERATOR IS PR WHP #: ROLL OFF B iver prior to unloading a SINCE LOADING OF MAT RIVER'S SIGNATURE: EST IS TRUE AND ACCURAT NDFILL EMPLOYEES UM & TIME IN: TIME OU WASHOUT BY: WASHOUT BY: WASHOUT: TIM Shake Out: 1 2 H ₂ O | ESENT TRUCK #: IN#:TRAILER #: DISPATCHER PHONE #: t disposal facility: ERIAL DESCRIBED IN PART 1 ABOVE." ETO THE BEST OF MY KNOWLEDGE TAM (PM) TT:AM (PM) |
| d by OCD: 3/12/2025 8:58:17 AM | 3 - Disposal Facility | waste determin (Print) Authorized Agent's Name TO BE COM COMPANY NAME: ADDRESS: | APLETED BY THE TRA | Date Date NSPORTER WHILI YARD #: TICKET #: DISPATCHER NAME: DISPATCHER DISPATCHER NAME: DISPATCHER DISPATCHER NAME: NAME: | ered by the Department of Pub apany this form) E THE GENERATOR IS PR WHP #: ROLL OFF B | ESENT TRUCK #: IN#:TRAILER #: DISPATCHER PHONE #: t disposal facility: ERIAL DESCRIBED IN PART 1 ABOVE." ETO THE BEST OF MY KNOWLEDGE TIME DESCRIBED IN PART 1 ABOVE." E IN: AM / PM T: AM / PM B IN: TIME OUT: Gallon Test: |
| Received by OCD: 3/12/2025 8:58:17 AM | - Disposal Facility | waste determin (Print) Authorized Agent's Name TO BE COM COMPANY NAME: ADDRESS: | APLETED BY THE TRA | ANDERNAL SETENCE | ered by the Department of Pub apany this form) E THE GENERATOR IS PR WHP #: ROLL OFF B Solution Struct And Accurate Struct | ESENT TRUCK #: |

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| 5 of 79 | | |
|--|--|---|
| Page 65 of | OWL Landfill Services, LLC DBA: Northern Delaware Basin Landfill 3889 Maple Ave. Suite 300 Dallas, TX 75219 505.231.1212 ar@ndblandfill.com | COMPANY MAN: Kent Retz (Authorized Agent's Printed Name and Title) SIGNATURE: COMPANY MAN EMAIL: COMPANY MAN PHONE: |
| | COMPANY NAME: XTO | DATE: 1-15-25 |
| | LEASE: PLUB01-25-30St Battery | PHONE: |
| | AFE #: 03 CIS5 8459 API: CC: 1140 | |
| | RIGNAME <u>ACIDENT: NAPP241935</u> WELT #: | VADDC |
| | STATE & COUNTY ORIGIN: Facility: FAPP21 | 150978/1 |
| - | Waste Description (check only one box) | |
| ato | Water Based Cuttings (DRY) Water Based Cuttings Oil Based Cuttings (DRY) Oil Based Cuttings (W | |
| enerator | Oil Base Mud Water Base Mud | Muds w/Cement Tank Bottoms |
| Gei | Rig Trash Dit Liners | Authorize Washout? 🔲 Yes 🛛 No |
| | Other: I hereby certify that according to the Resource Conservation and Recovery Act (RCRA) a | and the US Environmental Protection Agency's July 1988 regulatory determination, the above described waste load |
| art | is (Check the appropriate classification) PRCRA EXEMPT: Oilfield wastes generated from oil and gas ex | exploration and production operations and are not mixed with non-exempt waste (NDBL Accepts |
| A | certifications on a per load basis only) □ RCRA NON-EXEMPT: Olifield waste which is non-hazardous that d | does not exceed the minimum standards for waste hazardous by characteristics established in RCRA |
| | regulations, 40 CFR 261.21-261.24, or listed h | hazardous waste as defined by 40 CFR, part 261, subpart D, as amended. The following documentation Is attached. (Check the appropriate items as provided) |
| | SDS Information RCRA Hazardou | us Waste Analysis 🔲 Process Knowledge 📄 Other (Provide Description Below) |
| | EMERGENCY NON-OILFIELD: Emergency non-hazardous, non-oilfield was waste determination and a description of th | ste that has been ordered by the Department of Public Safety (the order, documentation of non-hazardous |
| | waste determination and a description of an | |
| | (Print) Authorized Agent's Name | Date Signature |
| - | A REAL PROPERTY AND A REAL | Date Signature |
| ter | TO BE COMPLETED BY THE TRAN | ISPORTER WHILE THE GENERATOR IS PRESENT |
| oorter | TO BE COMPLETED BY THE TRAN | Date Signature |
| Insporter | TO BE COMPLETED BY THE TRAN | Date Signature ISPORTER WHILE THE GENERATOR IS PRESENT YARD #: |
| Transporter | TO BE COMPLETED BY THE TRAN COMPANY NAME: Sent To X ARE X ADDRESS: | Date Signature ISPORTER WHILE THE GENERATOR IS PRESENT YARD #: |
| 1 | TO BE COMPLETED BY THE TRAN COMPANY NAME: Sent Tak Add Add ADDRESS: | Date Signature ISPORTER WHILE THE GENERATOR IS PRESENT YARD #: WHP #: TICKET #: ROLL OFF BIN#: TRAILER #: 0309 DISPATCHER DISPATCHER NAME: Middle MAME: Middle VARD #: YARD #: OS 09 DISPATCHER DISPATCHER DISPATCHER NAME: Middle NAME: Middle MIDER PHONE #: Y33.209.085 I d by the truck driver prior to unloading at disposal facility: N THIS VESSEL SINCE LOADING OF MATERIAL DESCRIBED IN PART 1 ABOVE." |
| 1 | TO BE COMPLETED BY THE TRAN COMPANY NAME: Sem To K Are X ADDRESS: | Date Signature ISPORTER WHILE THE GENERATOR IS PRESENT YARD #: WHP #: TICKET #: ROLL OFF BIN#: TICKET #: ROLL OFF BIN#: TRAILER #: 0309 DISPATCHER DISPATCHER NAME: MILANCE PHONE #: 933-209-0851 d by the truck driver prior to unloading at disposal facility: |
| | TO BE COMPLETED BY THE TRAN COMPANY NAME: Sent Tak Add ADDRESS: | |
| Part 2 - | TO BE COMPLETED BY THE TRAN COMPANY NAME: Sent Tak Address ADDRESS: | |
| AM Part 2 - | TO BE COMPLETED BY THE TRAN COMPANY NAME: Sent Tak Address ADDRESS: | |
| AM Part 2 - | TO BE COMPLETED BY THE TRAN COMPANY NAME: Sent Tel X ARX ADDRESS: | |
| AM Part 2 - | TO BE COMPLETED BY THE TRAN COMPANY NAME: Sent Take Address ADDRESS: | |
| AM Part 2 - | TO BE COMPLETED BY THE TRAN COMPANY NAME: Sent Take Address ADDRESS: | |
| AM Part 2 - | TO BE COMPLETED BY THE TRAN COMPANY NAME: Send Take A A A A A A A A A A A A A A A A A A A | |
| v OCD: 3/12/2025 8:58:17 AM - Disposal Facility Part 2 - | TO BE COMPLETED BY THE TRAN COMPANY NAME: Sent Take Address ADDRESS: | |

| of 79 | | | | |
|---------------------------------------|---|---|--|--|
| Page 66 of | Morth. | OWL Landfill Services, LLC DBA: Northern Delaware Basin Landfill Sa89 Maple Ave. Suite 300 Dallas, TX 75219 505.231.1212 ar@ndblandfill.com OMPANY MAN PHONE: COMPANY MAN PHONE: | | |
| | Part 1 - Generator | COMPANY NAME: X + 0 LEASE: PLOBS02-35-305t Battery AFE #: Gett: Gett: D3C1558959 API: COMPANY NAME: QUANTITY: BBLS RIG NAME: CIdeot: Mark: CIdeot: Mark: CIdeot: Mark: CIdeot: Mark: CIdeot: STATE & COUNTY ORIGIN: Contaminated Soil Waste Description (check only one box) RCRA Exempt RCRA Non-Exempt Produced Sands Oil Based Cuttings (DRY) Oil Based Cuttings (WET) Oil Based Cuttings (DRY) Oil Based Cuttings (WET) Injectable Fluids Non-injectable Fluids Other: Authorize Washout? Pres No Infectable Fluids Innectable Fluids Other: Oilfield waste generated from oil and gas exploration and production operations and are not mixed with non-exempt waste (NDBL Accepts criftications on a per load basis only) Inferced waste which is non-hazardous that does not exceed the minimum standards for waste hazardous by characteristics established in RCRA regulations, 40 CFR 261:21-261:24, or itset hazardous waste a defined by 40 CFR, part 261, subpart 0, as amended. The following documen | | |
| | er | EMERGENCY NON-OILFIELD: Emergency non-hazardous, non-oilfield waste that has been ordered by the Department of Public Safety (the order, documentation of non-hazardous waste determination and a description of that waste must accompany this form) (Print) Authorized Agent's Name Date Signature Signature TO BE COMPLETED BY THE TRANSPORTER WHILE THE GENERATOR IS PRESENT | | |
| | orte | COMPANY NAME: Sent TeXMeX YARD #: WHP #: TRUCK #: S9 ADDRESS: TICKET #: ROLL OFF BIN#: TRAILER #: 0309 | | |
| | Transporter | DATE TIME AM DISPATCHER NAME: <u>Milly Wielch</u> DISPATCHER PHONE #: <u>732-209-085</u> | | |
| | 1 | The following statement must be signed by the truck driver <u>prior</u> to unloading at disposal facility: "I CERTIFY THAT NO OTHER MATERIAL HAS BEEN PLACED IN THIS VESSEL SINCE LOADING OF MATERIAL DESCRIBED IN PART 1 ABOVE." | | |
| | Part 2 | DRIVER: Corny Reincer- (Driver's Name Printed) DRIVER'S SIGNATURE: Carl Stras | | |
| | 4 | (Driver's name Printed) I, (TRANSPORTER), CERTIFY THAT THE INFORMATION GIVEN ON THIS MANIFEST IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE | | |
| 7 AM | TO BE COMPLETED BY OWL LANDFILL EMPLOYEES | | | |
| 58:1 | ility | FACILITY RECEIVED AT (Check One): DATE: TIME IN: AM / PM TIME OUT: AM / PM | | |
| 2/2025 8. | sal Fac | Northern Delaware Basin Landfill 2029 W. NM Highway 128 Jal, New Mexico 88252 WASHOUT: TIME IN: TIME OUT: | | |
| Received by OCD: 3/12/2025 8:58:17 AM | Disposal Facility | ACCEPTANCE TESTING: PAINT FILTER: PASS FAIL N/A TCLP: PASS FAIL N/A TOX: PASS FAIL N/A TOX: PASS FAIL N/A TOX: PASS FAIL N/A TCLP: PASS FAIL N/A TESTING: H ₂ O H ₂ O | | |
| sd by | t3- | SERVICE NOTES: (Less than 50 S Gallon Test:) | | |
| Receive | Part | Employee (Printed Name) facility and the waste has been disposed of in an authorized manner at a permitted site. | | |
| | | White ConverDisposal Facility Vellows Transporter Disly Constants | | |

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| 67 of 79 | | | | | | | | |
|------------------------------|------------------------------|--|---|--|---|---|--|--|
| Page 67 | * Norths | DBA 3889 | Landfill Serv A: Northern Delaware Basi Maple Ave. So Dallas, TX 752 505.231.121 r@ndblandfill. | n Landfill uite 300 19 2 | SIGNATŪRE: | N: <u>Kent Ret</u> (Authorized Agent's Printed Name a N EMAIL: N PHONE: | <u> </u> | AANIFEST # 383405 |
| | | | TO . | | | | | |
| | | LEASE PLUBS02-25 | -30 JT Ba | Hery | | PHONE: | | |
| | | AFE# 03C1558 | 2459 API: | 6: 1140 | 0511001 | QUANTITY: | | BBLS |
| | | RIG NAME: Cident :NAP | P2419252 | 2 7WELL #: _ | | | 20 | YARDS |
| | | STATE & COUNTY ORIGIN: | Facility: F | APPJIZ | 3047011 | | | AZ TARDS |
| | - | Waste Description (check | | | | 1.1 | RCRA Non-Exem | pt |
| | to | Water Based Cuttings (DRY) | | ter Based Cutting | | Contaminated Soil | Produc | State of the state |
| | era | Oil Based Cuttings (DRY) Oil Base Mud | and the second | Based Cuttings (' ter Base Mud | VVEI) | Injectable Fluids Muds w/Cement | Tank B | jectable Fluids |
| | Generator | Rig Trash | D Pit | | | | | |
| | 1 | Other: | | | | Authorize Washout? | | No |
| | rt 1 | I hereby certify that according to the Resc is (Check the appropriate classification) | ource Conservation and | Recovery Act (RCRA) | and the US Environr | nental Protection Agency's July 1988 | regulatory determination, t | he above described waste load |
| | Pa | | oilfield wastes generate ertifications on a per lo | | exploration and pro | oduction operations and are not mi | xed with non-exempt wa | ste (NDBL Accepts |
| | | RCRA NON-EXEMPT: O re | A part of the second se | on-hazardous that | t does not exceed th d bazardous waste a | e minimum standards for waste ha s defined by 40 CFR, part 261, subp | zardous by characteristic | s established in RCRA |
| | | de | emonstrating the was | te as non-hazardou | is is attached. (Chec | the appropriate items as provided | d) | nowing documentation |
| | | | CDCI.C. | | | | | and a second |
| | | - |] SDS Information | RCRA Hazard | lous Waste Analysis | Process Knowledge | Other (Provide Descrip Other (Provide Descrip | tion Below) |
| | | EMERGENCY NON-OILFIELD: Er | | ous, non-oilfield wa | aste that has been o | rdered by the Department of Publi | | |
| | | EMERGENCY NON-OILFIELD: Er | mergency non-hazard vaste determination an | ous, non-oilfield wa nd a description of t | aste that has been o that waste must acc | rdered by the Department of Publi ompany this form) | c Safety (the order, docur | nentation of non-hazardous |
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| | rt 2 - Transporter | EMERGENCY NON-OILFIELD: (Print) Authorized Agent's Name (Print) Authorized Agent's Name COMPANY NAME: Serve 7 ADDRESS: DATE TIME RECEIVED: The foll "I CERTIFY THAT NO OTHER | TO BE COMPLETE | ous, non-oilfield wa d a description of t D BY THE TRA D BY THE TRA AM AM PM t must be signe BEEN PLACED | aste that has been o that waste must acco Date NSPORTER WH YARD #: TICKET #: DISPATCHER NAME:///, ed by the truck o IN THIS VESSEL | rdered by the Department of Publicompany this form) | c Safety (the order, docur ESENT TRL N#: TRL DISPATCHER PHONE #: /// disposal facility: ERIAL DESCRIBED IN | nentation of non-hazardous JCK #: <u>39</u> NILER #: <u>0309</u> 3 <u>0-009-085</u> |
| | Part 2 - Transporter | EMERGENCY NON-OILFIELD: (Print) Authorized Agent's Name (Print) Authorized Agent's Name COMPANY NAME: Serve T ADDRESS: DATE TIMI RECEIVED: CREC The foll "I CERTIFY THAT NO OTHER DRIVER: COP MY Received | mergency non-hazard raste determination an TO BE COMPLETE A AAC E E E E E Iowing statement R MATERIAL HAS CUMER (Driver's Name Printe | ous, non-oilfield wa d a description of t D BY THE TRA AM AM PM t must be signe BEEN PLACED | aste that has been o that waste must acco Date NSPORTER WH YARD #: TICKET #: DISPATCHER NAME: \///, ed by the truck o IN THIS VESSEL | ILE THE GENERATOR IS PRI WHP #: ROLL OFF BI | c Safety (the order, docur ESENT TRI N#: TRI DISPATCHER PHONE #: ½ disposal facility: RIAL DESCRIBED IN Comparison | nentation of non-hazardous UCK #: 39 NILER #: 0309 33.309 - 0857 I PART 1 ABOVE." |
| | Part 2 - Transporter | EMERGENCY NON-OILFIELD: (Print) Authorized Agent's Name (Print) Authorized Agent's Name COMPANY NAME: Serve T ADDRESS: DATE TIMI RECEIVED: CREC The foll "I CERTIFY THAT NO OTHER DRIVER: COP MY Received | mergency non-hazard raste determination an TO BE COMPLETE A A A A COMPLETE A A A A COMPLETE COMP | ous, non-oilfield wa d a description of t D BY THE TRA AM AM PM t must be signe BEEN PLACED | aste that has been o that waste must acco Date NSPORTER WH YARD #: TICKET #: DISPATCHER NAME:///, ed by the truck o IN THIS VESSEL | ILE THE GENERATOR IS PRI Signature | c Safety (the order, docur ESENT N#: TRI DISPATCHER PHONE #: ½ disposal facility: RIAL DESCRIBED IN 2022 AND TO THE BEST OF MY / | nentation of non-hazardous JCK #: <u>39</u> AILER #: <u>0309</u> 3 <u>3 309 - 085</u> I PART 1 ABOVE." (NOWLEDGE |
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| MM | 3 - Disposal Facility Part 2 | ■ EMERGENCY NON-OILFIELD: Er (Print) Authorized Agent's Name COMPANY NAME: ServeT ADDRESS: DATE TIME RECEIVED: REC The foll "I CERTIFY THAT NO OTHER DRIVER: Corry Rec I, (TRANSPORTER), CER FACILITY RECEIVED AT (Check O Northern Delaware Basin 2029 W. NM Highway 128 ACCEPTANCE TESTING: PAINT TCLP: TOX: SERVICE NOTES: | TO BE COMPLETE TO BE COMPLETE A MARCE E E E E E E E E E E E E E | ous, non-oilfield wa d a description of t D BY THE TRA D BY THE TRA AM PM t must be signe BEEN PLACED CO BE COMPLE CO 88252 FAIL N/A FAIL N/A | aste that has been o that waste must accord Date NSPORTER WH YARD #: TICKET #: DISPATCHER NAME: <u>///</u> ed by the truck o IN THIS VESSEL TEN ON THIS MAN TED BY OWL L/ DATE: | rdered by the Department of Public ompany this form) Signature ILE THE GENERATOR IS PRI WHP #: ROLL OFF BI WHP #: SINCE LOADING OF MATE TIME IN: WASHOUT BY: Shake Out: 1 2 | c Safety (the order, docur ESENT N#: TRI DISPATCHER PHONE #: ½ disposal facility: ERIAL: DESCRIBED IN TO THE BEST OF MY I CONTRACTOR OF MY I TIM | nentation of non-hazardous JCK #: <u>39</u> AILER #: <u>0309</u> 3 <u>3 309 - 085</u> I PART 1 ABOVE." (NOWLEDGE |
| by OCD: 3/12/2025 8:58:17 AM | - Disposal Facility Part 2 | ■ EMERGENCY NON-OILFIELD: Er (Print) Authorized Agent's Name (Print) Authorized Agent's Name COMPANY NAME: Serve T ADDRESS: DATE DATE Time RECEIVED: REC The foll "I CERTIFY THAT NO OTHER DRIVER: Corr NY Rec I, (TRANSPORTER), CER FACILITY RECEIVED AT (Check O Northern Delaware Basin 2029 W. NM Highway 128 ACCEPTANCE TESTING: PAINT TCLP: TOX: | TO BE COMPLETE C MALE TO BE COMPLETE TO BE | ous, non-oilfield wa d a description of t D BY THE TRA D BY THE TRA AM PM t must be signe BEEN PLACED CO BE COMPLE CO 88252 FAIL N/A FAIL N/A | aste that has been o that waste must accord Date NSPORTER WH YARD #: DISPATCHER NAME:///, ed by the truck o IN THIS VESSEL TEN ON THIS MAN TED BY OWL L/ DATE: DATE: NORM TESTING: (Less than 50 MCR) | rdered by the Department of Public ompany this form) Signature ILE THE GENERATOR IS PRI WHP #: ROLL OFF BI WHP #: ROLL OFF BI ROLL OFF BI WHP #: ROLL OFF BI I I I I I I I I I I H H_2O | c Safety (the order, docur ESENT N#: TRI DISPATCHER PHONE #: ½ disposal facility: ERIAL DESCRIBED IN TO THE BEST OF MY I TIN TIN Galli ste, waste has passed all a | AM/PM AM/PM AM/PM AM/PM AM/PM AM/PM AM/PM AM/PM AM/PM |

| 8 of | | | | | |
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| Page 68 | | Delaware Bag, OWL Landfill Services, LLC | COMPANY MAN | Authorized Agent's Printed Name and T | MANIFEST # |
| Pa | er | DBA: Northern Delaware Basin Landfill | | (Authorized Agent's Printed Name and T | itle) |
| | Northers | 3889 Maple Ave. Suite 300 | | | 0383402 |
| | THE REAL | Dallas, TX 75219 505.231.1212 | COMPANY MAN | EMAIL: | _ |
| | A. | ar@ndblandfill.com | COMPANY MAN | PHONE: | |
| | | (1emier 56) | | DATE: / / | 4-95 |
| | | COMPANY NAME: A COMPANY NAME: A COMPANY NAME: A COMPANY NAME: | | | |
| | | LEASE: PLUBDUZ-15-30 St Batta | | | |
| | | AFER: 0301555459 API: C: 11405 | | | BBLS |
| | | RIG NAME: cidest. NAPP 241925 2577 WELL #: _ | 1003011 | | 20 VARDS |
| | | STATE & COUNTY ORIGIN: FACILITY FAPP 2133 | | | |
| | - | Waste Description (check only one box) | | | RCRA Non-Exempt |
| | to | Water Based Cuttings (DRY) | | Contaminated Soil | Produced Sands Non-Injectable Fluids |
| | era | Oil Based Cuttings (DRY) Oil Based Cuttings (V Oil Base Mud Water Base Mud | VET) | Muds w/Cement | Tank Bottoms |
| | Generator | Rig Trash Pit Liners | | | |
| | Ū | Other: | | Authorize Washout? | Yes ANO |
| | - | I hereby certify that according to the Resource Conservation and Recovery Act (RCRA) is (Check the appropriate classification) | and the US Environm | ental Protection Agency's July 1988 reg | ulatory determination, the above described waste load |
| | Part | RCRA EXEMPT: Oilfield wastes generated from oil and gas of certifications on a per load basis only) | exploration and proc | duction operations and are not mixe | d with non-exempt waste (NDBL Accepts |
| | | RCRA NON-EXEMPT: Oilfield waste which is non-hazardous that regulations 40 CEB 261 21-261 24 or listed | does not exceed the | e minimum standards for waste haza defined by 40 CFR, part 261, subpar | rdous by characteristics established in RCRA t D, as amended. The following documentation |
| | - 11 | demonstrating the waste as non-hazardous | s is attached. (Check | the appropriate items as provided) | |
| | | | ous Waste Analysis | B | Other (Provide Description Below) |
| | | EMERGENCY NON-OILFIELD: Emergency non-hazardous, non-oilfield waste determination and a description of t | aste that has been or hat waste must acco | dered by the Department of Public S ompany this form) | afety (the order, documentation of non-hazardous |
| | | | | | |
| | | (Print) Authorized Agent's Name | Date | Signature | |
| | - | | STATES OF STREET, STRE | the state of the state of the state of the | ENT |
| | er | TO BE COMPLETED BY THE TRAI | NSPORTER WHI | LE THE GENERATOR IS PRES | 20 |
| | orter | TO BE COMPLETED BY THE TRAI | NSPORTER WHI YARD #: | LE THE GENERATOR IS PRES | 20 |
| | Isporter | TO BE COMPLETED BY THE TRAIL COMPANY NAME: Sem Tex MeX ADDRESS: DATE | NSPORTER WHI YARD #: TICKET #: | LE THE GENERATOR IS PRES WHP #: ROLL OFF BIN | TRUCK #: <u>39</u> #: |
| | ransporter | TO BE COMPLETED BY THE TRAIL COMPANY NAME: Sen Tex MeX ADDRESS: | NSPORTER WHI YARD #: TICKET #: DISPATCHER NAME:/// | LE THE GENERATOR IS PRES WHP #: WHP #: ROLL OFF BIN Ity Mieler | TRUCK #: <u>39</u> #: |
| | - Transporter | TO BE COMPLETED BY THE TRAIL COMPANY NAME: Sent Text MeX ADDRESS: | YARD #: TICKET #: DISPATCHER NAME:// | LE THE GENERATOR IS PRES WHP #: WHP #: ROLL OFF BIN My Myeley driver prior to unloading at d | TRUCK #: 39 #: TRAILER #: 0309 DISPATCHER PHONE #: $432 \cdot 209 \cdot 08$ |
| | 2 - | TO BE COMPLETED BY THE TRAIL COMPANY NAME: Sent Tax Mak ADDRESS: | NSPORTER WHI YARD #: TICKET #: DISPATCHER NAME:// ed by the truck of IN THIS VESSEL | LE THE GENERATOR IS PRES WHP #: WHP #: ROLL OFF BIN My Myeley driver prior to unloading at d | TRUCK #: 39 #: TRAILER #: 0309 DISPATCHER PHONE #: $432 \cdot 209 \cdot 08$ |
| | 2 - | TO BE COMPLETED BY THE TRAIL COMPANY NAME: Sem Tax Mak ADDRESS: | NSPORTER WHI YARD #: TICKET #: DISPATCHER NAME:// ed by the truck o IN THIS VESSEL | LE THE GENERATOR IS PRES WHP #: ROLL OFF BIN My Miel ch driver prior to unloading at d SINCE LOADING OF MATER DRIVER'S SIGNATURE: | TRUCK #: <u>39</u> #:TRAILER #: <u>0309</u> DISPATCHER PHONE #: <u>432 209 08</u> Iisposal facility: IIAL DESCRIBED IN PART 1 ABOVE." |
| | 1 | TO BE COMPLETED BY THE TRAIL COMPANY NAME: Sen Tax Mak ADDRESS: | YARD #: TICKET #: DISPATCHER NAME: | LE THE GENERATOR IS PRES WHP #: ROLL OFF BIN My Mieler driver prior to unloading at d SINCE LOADING OF MATER DRIVER'S SIGNATURE: DRIVER'S SIGNATURE: | TRUCK #: <u>39</u> #:TRAILER #: <u>0309</u> DISPATCHER PHONE #: <u>432 209 08</u> Iisposal facility: IIAL DESCRIBED IN PART 1 ABOVE." |
| AM . | 2 - | TO BE COMPLETED BY THE TRAIL COMPANY NAME: Set Tax Mak ADDRESS: | NSPORTER WHI YARD #: TICKET #: DISPATCHER NAME:// ed by the truck of IN THIS VESSEL TEN ON THIS MAN | LE THE GENERATOR IS PRES WHP #: ROLL OFF BIN MAP #: ROLL OFF BIN March Charler driver prior to unloading at d. SINCE LOADING OF MATER DRIVER'S SIGNATURE: IFEST IS TRUE AND ACCURATE TO ANDFILL EMPLOYEES | TRUCK #: <u>39</u> #:TRAILER #: <u>309</u> DISPATCHER PHONE #: <u>432 209 08</u> Hisposal facility: HAL DESCRIBED IN PART 1 ABOVE? TO THE BEST OF MY KNOWLEDGE |
| 8:17 AM | Part 2 - | TO BE COMPLETED BY THE TRAIL COMPANY NAME: Sen Tax Mak ADDRESS: | YARD #: TICKET #: DISPATCHER NAME: | LE THE GENERATOR IS PRES WHP #: ROLL OFF BIN My al ch driver prior to unloading at d SINCE LOADING OF MATER DRIVER'S SIGNATURE: IFEST IS TRUE AND ACCURATE TO ANDFILL EMPLOYEES TIME IN: - | TRUCK #: <u>39</u> #:TRAILER #: <u>0309</u> DISPATCHER PHONE #: <u>432 209 08</u> Iisposal facility: IIAL DESCRIBED IN PART 1 ABOVE." |
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| 12/2025 8:58:17 AM | Facility Part 2- | TO BE COMPLETED BY THE TRAIL COMPANY NAME: Set Tax Max ADDRESS: | NSPORTER WHI YARD #: TICKET #: DISPATCHER NAME:// ed by the truck of IN THIS VESSEL | LE THE GENERATOR IS PRES WHP #: ROLL OFF BIN My Maler driver prior to unloading at d SINCE LOADING OF MATER DRIVER'S SIGNATURE: IFEST IS TRUE AND ACCURATE T ANDFILL EMPLOYEES TIME IN: TIME OUT: WASHOUT BY: WASHOUT: | TRUCK #: <u>39</u> #:TRAILER #: <u>399</u> DISPATCHER PHONE #: <u>432 209 08</u> lisposal facility: IIAL DESCRIBED IN PART 1 ABOVE ? TO THE BEST OF MY KNOWLEDGE 3.24 AM/PM AM/PM |
|): 3/12/2025 8:58:17 AM | Facility Part 2- | TO BE COMPLETED BY THE TRAIL COMPANY NAME: Set Tax Max ADDRESS: | NSPORTER WHI YARD #: TICKET #: DISPATCHER NAME:// ed by the truck of IN THIS VESSEL TEN ON THIS MAN | LE THE GENERATOR IS PRES WHP #: ROLL OFF BIN WHP #: ROLL OFF BIN MARKEN CALL SINCE LOADING OF MATER DRIVER'S SIGNATURE: DRIVER'S SIGNATURE: DRIVER'S SIGNATURE: DRIVER'S SIGNATURE: DRIVER'S SIGNATURE: TIME IN: TIME IN: TIME OUT: WASHOUT BY: | TRUCK #: <u>39</u> #:TRAILER #: <u>399</u> DISPATCHER PHONE #: <u>432 209 08</u> lisposal facility: IIAL DESCRIBED IN PART 1 ABOVE ? TO THE BEST OF MY KNOWLEDGE 3.24 AM/PM AM/PM |
| 9CD: 3/12/2025 8:58:17 AM | Part 2 - | TO BE COMPLETED BY THE TRAIL COMPANY NAME: Set Tax Mark ADDRESS: | NSPORTER WHI YARD #: TICKET #: DISPATCHER NAME:/// ed by the truck of IN THIS VESSEL TEN ON THIS MAN TED BY OWL L/ DATE: | LE THE GENERATOR IS PRES WHP #: ROLL OFF BIN MAMALCA driver prior to unloading at d SINCE LOADING OF MATER DRIVER'S SIGNATURE: IFEST IS TRUE AND ACCURATE T ANDFILL EMPLOYEES TIME IN: TIME IN: WASHOUT BY: WASHOUT: TIME I | TRUCK #: <u>39</u> #:TRAILER #: <u>399</u> DISPATCHER PHONE #: <u>432 209 08</u> lisposal facility: IIAL DESCRIBED IN PART 1 ABOVE ? TO THE BEST OF MY KNOWLEDGE 3.24 AM/PM AM/PM |
| by OCD: 3/12/2025 8:58:17 AM | 3 - Disposal Facility | TO BE COMPLETED BY THE TRAIL COMPANY NAME: Set 1 and 1 | NSPORTER WHI YARD #: TICKET #: DISPATCHER NAME:// ed by the truck of IN THIS VESSEL TEN ON THIS MAIN TED BY OWL L/ DATE: DATE: (Less than 50 MCR) | LE THE GENERATOR IS PRES | TRUCK #: <u>39</u> #:TRAILER #: <u>399</u> DISPATCHER PHONE #: <u>432 209 08</u> lisposal facility: IIAL DESCRIBED IN PART 1 ABOVE ? TO THE BEST OF MY KNOWLEDGE 3.24 AM/PM AM/PM |
| ived by OCD: 3/12/2025 8:58:17 AM | 3 - Disposal Facility | TO BE COMPLETED BY THE TRAIL COMPANY NAME: Set Tax Mark ADDRESS: | NSPORTER WHI YARD #: TICKET #: DISPATCHER NAME:/// ed by the truck of IN THIS VESSEL TEN ON THIS MAIN TED BY OWL L/ DATE: DATE: (Less than 50 MCR) | LE THE GENERATOR IS PRES WHP #: ROLL OFF BIN WHP #: ROLL OFF BIN WASHOUR OF MATER WASHOUT BY: WASHOUT BY: WASHOUT: TIME IN: TIME OUT: MASHOUT: TIME IN: TIME OUT: WASHOUT: MA | TRUCK #: <u>39</u> #:TRAILER #: <u>399</u> DISPATCHER PHONE #: <u>432 209 08</u> lisposal facility: IIAL DESCRIBED IN PART 1 ABOVE ? TO THE BEST OF MY KNOWLEDGE 3.24 AM/PM AM/PM |
| Received by OCD: 3/12/2025 8:58:17 AM | - Disposal Facility | TO BE COMPLETED BY THE TRAIL COMPANY NAME: Set 1 at Med 4 ADDRESS: | NSPORTER WHI YARD #: TICKET #: DISPATCHER NAME:/// ed by the truck of IN THIS VESSEL TEN ON THIS MAIN TED BY OWL L/ DATE: DATE: (Less than 50 MCR) | LE THE GENERATOR IS PRES WHP #: ROLL OFF BIN WHP #: ROLL OFF BIN WASHOUR OF MATER WASHOUT BY: WASHOUT BY: WASHOUT: TIME IN: TIME OUT: MASHOUT: TIME IN: TIME OUT: WASHOUT: MA | TRUCK #: <u>39</u> #:TRAILER #: <u>399</u> DISPATCHER PHONE #: <u>439 209 08</u> Isposal facility: IAL DESCRIBED IN PART 1 ABOVE." AMAY PM AMAY PM N:TIME OUT: Gallon Test: |



APPENDIX F

NMOCD Correspondence

Released to Imaging: 3/12/2025 10:48:01 AM

outlook 🔄

(Final Extension) - XTO - Status Update - PLU Big Sinks 02-25-30 State Battery (Incident Number: nAPP2419252577)

From Hamlet, Robert, EMNRD <Robert.Hamlet@emnrd.nm.gov>

Date Mon 12/30/2024 4:50 PM

- To Brown, Colton S <colton.s.brown@exxonmobil.com>
- Cc Dirkx, Kaylan <kaylan.dirkx@exxonmobil.com>; Tacoma Morrissey <tmorrissey@ensolum.com>; Ben Belill <bbelill@ensolum.com>; Tracy Hillard <thillard@ensolum.com>; Kim Thomason <kthomason@ensolum.com>; robert.d.woodall@exxonmobil.com <robert.d.woodall@exxonmobil.com>; ashley.a.mcafee@exxonmobil.com <ashley.a.mcafee@exxonmobil.com>; kailee.smith@exxonmobil.com <kailee.smith@exxonmobil.com>; Bratcher, Michael, EMNRD <mike.bratcher@emnrd.nm.gov>; Wells, Shelly, EMNRD <Shelly.Wells@emnrd.nm.gov>

[**EXTERNAL EMAIL**]

RE: Incident #NAPP2419252577

Colton,

Your request for a 90-day extension to **March 31st**, **2025** is approved. This will be the **final extension** for this release. Please include this e-mail correspondence in the remediation and/or closure report.

Robert Hamlet • Environmental Specialist - Advanced Environmental Bureau EMNRD - Oil Conservation Division 506 W. Texas Ave.| Artesia, NM 88210 575.909.0302 | robert.hamlet@emnrd.nm.gov http://www.emnrd.state.nm.us/OCD/



From: Wells, Shelly, EMNRD <Shelly.Wells@emnrd.nm.gov>
Sent: Monday, December 30, 2024 3:19 PM
To: Hamlet, Robert, EMNRD <Robert.Hamlet@emnrd.nm.gov>
Cc: Bratcher, Michael, EMNRD <mike.bratcher@emnrd.nm.gov>
Subject: FW: [EXTERNAL] XTO - Status Update - PLU Big Sinks 02-25-30 State Battery (Incident Number: nAPP2419252577)

From: Brown, Colton S <<u>colton.s.brown@exxonmobil.com</u>> Sent: Monday, December 30, 2024 2:29 PM To: Enviro, OCD, EMNRD <<u>OCD.Enviro@emnrd.nm.gov</u>>

Cc: Dirkx, Kaylan <<u>kaylan.dirkx@exxonmobil.com</u>>; Tacoma Morrissey <<u>tmorrissey@ensolum.com</u>>; Ben Belill <<u>bbelill@ensolum.com</u>>; Tracy Hillard <<u>thillard@ensolum.com</u>>; Kim Thomason <<u>kthomason@ensolum.com</u>>; Woodall, Robert D <<u>robert.d.woodall@exxonmobil.com</u>>; Mcafee, Ashley A <<u>ashley.a.mcafee@exxonmobil.com</u>>; Smith, Kailee /C <<u>kailee.smith@exxonmobil.com</u>>

Subject: [EXTERNAL] XTO - Status Update - PLU Big Sinks 02-25-30 State Battery (Incident Number: nAPP2419252577)

CAUTION: This email originated outside of our organization. Exercise caution prior to clicking on links or opening attachments.

XTO is providing a status update for the PLU Big Sinks 02-25-30 State Battery (Incident Number nAPP2419252577). Initial assessment activities began on August 30, 2024, including multiple attempts at completing delineation of the release extent. Due to the competent formation below the release, heavy equipment was needed to complete further remediation. On October 1, 2024, XTO submitted a sundry form to the Bureau of Land Management (BLM) for land access approval. On October 2, 2024, BLM approved the submitted sundry form. Delineation activities began on October 22, 2024, but full delineation was unable to be achieved due to the competent formation. Excavation of the release extent began December 16, 2024, and is scheduled to be completed January 15, 2025. On December 19, 2024, XTO submitted a depth to groundwater (DTW) variance request to the NMOCD requesting a variance of the 25-year groundwater data preference. On December 30, 2024, NMOCD denied the variance via email. In response, XTO will install a DTW soil boring within 0.5 miles of the release extent. The soil boring will be measured with an oil/water interface probe after 72 hours to confirm the depth to regional groundwater. Following the DTW soil boring drilling, excavation activities, and receipt of final laboratory analytical results, XTO will submit a remediation work plan or closure report. Based on the information provided, XTO respectfully requests a 90-day extension until April 1, 2025.

Thank You

Colton Brown Wastewater Advisor

ExxonMobil Upstream Company

3104 E. Greene St. Carlsbad, NM 88220 Cell Phone: 575-988-2390 colton.s.brown@exxonmobil.com

-

General Information Phone: (505) 629-6116

Online Phone Directory https://www.emnrd.nm.gov/ocd/contact-us

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

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QUESTIONS

Action 441584

| QUESTIONS | | |
|------------------------|---|--|
| Operator: | OGRID: | |
| XTO ENERGY, INC | 5380 | |
| 6401 Holiday Hill Road | Action Number: | |
| Midland, TX 79707 | 441584 | |
| | Action Type: | |
| | [C-141] Remediation Closure Request C-141 (C-141-v-Closure) | |

QUESTIONS

| nAPP2419252577 |
|---|
| NAPP2419252577 PLU BIG SINKS 02-25-30 STATE BATTERY @ 0 |
| Release Other |
| Remediation Closure Report Received |
| [fAPP2123047011] BIG SINKS 2 25 30 |
| |

Location of Release Source

| Please answer all the questions in this group. |
|--|
|--|

| Site Name | PLU BIG SINKS 02-25-30 STATE BATTERY |
|-------------------------|--------------------------------------|
| Date Release Discovered | 07/08/2024 |
| Surface Owner | State |

Incident Details

| Please answer all the questions in this group. | | |
|---|---------------|--|
| Incident Type | Release Other | |
| Did this release result in a fire or is the result of a fire | No | |
| Did this release result in any injuries | No | |
| Has this release reached or does it have a reasonable probability of reaching a watercourse | Νο | |
| Has this release endangered or does it have a reasonable probability of endangering public health | No | |
| Has this release substantially damaged or will it substantially damage property or the environment | Νο | |
| Is this release of a volume that is or may with reasonable probability be detrimental to fresh water | No | |

Nature and Volume of Release

| Material(s) released, please answer all that apply below. Any calculations or specific justifications for the volumes provided should be attached to the follow-up C-141 submission. | | | |
|--|--|--|--|
| Crude Oil Released (bbls) Details | Cause: Corrosion Flow Line - Production Crude Oil Released: 4 BBL Recovered: 0 BBL Lost: 4 BBL. | | |
| Produced Water Released (bbls) Details | Cause: Corrosion Flow Line - Production Produced Water Released: 9 BBL Recovered: 0 BBL Lost: 9 BBL. | | |
| Is the concentration of chloride in the produced water >10,000 mg/l | Yes | | |
| Condensate Released (bbls) Details | Not answered. | | |
| Natural Gas Vented (Mcf) Details | Not answered. | | |
| Natural Gas Flared (Mcf) Details | Not answered. | | |
| Other Released Details | Not answered. | | |
| Are there additional details for the questions above (i.e. any answer containing Other, Specify, Unknown, and/or Fire, or any negative lost amounts) | Not answered. | | |

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

Action 441584

QUESTIONS (continued) OGRID: Operator: **XTO ENERGY, INC** 5380 6401 Holiday Hill Road Action Number: Midland, TX 79707 441584 Action Type: [C-141] Remediation Closure Request C-141 (C-141-v-Closure)

QUESTIONS

| Nature and Volume of Release (continued) | | | |
|---|---|--|--|
| Is this a gas only submission (i.e. only significant Mcf values reported) | No, according to supplied volumes this does not appear to be a "gas only" report. | | |
| Was this a major release as defined by Subsection A of 19.15.29.7 NMAC | No | | |
| Reasons why this would be considered a submission for a notification of a major release | Unavailable. | | |
| With the implementation of the 19.15.27 NMAC (05/25/2021), venting and/or flaring of natural gas (i.e. gas only) are to be submitted on the C-129 form. | | | |

| Initial Response | | |
|--|--|--|
| The responsible party must undertake the following actions immediately unless they could create a safety hazard that would result in injury. | | |
| The source of the release has been stopped | True | |
| The impacted area has been secured to protect human health and the environment | True | |
| Released materials have been contained via the use of berms or dikes, absorbent pads, or other containment devices | True | |
| All free liquids and recoverable materials have been removed and managed appropriately | True | |
| If all the actions described above have not been undertaken, explain why | Not answered. | |
| | ation immediately after discovery of a release. If remediation has begun, please prepare and attach a narrative of ted or if the release occurred within a lined containment area (see Subparagraph (a) of Paragraph (5) of waluation in the follow-up C-141 submission. | |
| | | |
| to report and/or file certain release notifications and perform corrective actions for releat the OCD does not relieve the operator of liability should their operations have failed to a | knowledge and understand that pursuant to OCD rules and regulations all operators are required ases which may endanger public health or the environment. The acceptance of a C-141 report by adequately investigate and remediate contamination that pose a threat to groundwater, surface t does not relieve the operator of responsibility for compliance with any other federal, state, or | |
| | Names Calter Drawn | |

| | Name: Colton Brown |
|--|--------------------------------------|
| I hereby agree and sign off to the above statement | Title: Environmental Advisor |
| | Email: colton.s.brown@exxonmobil.com |
| | Date: 07/10/2024 |

General Information Phone: (505) 629-6116

Online Phone Directory https://www.emnrd.nm.gov/ocd/contact-us

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

QUESTIONS (continued)

| Operator: | UGRID: |
|------------------------|---|
| XTO ENERGY, INC | 5380 |
| 6401 Holiday Hill Road | Action Number: |
| Midland, TX 79707 | 441584 |
| | Action Type: |
| | [C-141] Remediation Closure Request C-141 (C-141-v-Closure) |

QUESTIONS

Site Characterization

Please answer all the questions in this group (only required when seeking remediation plan approval and beyond). This information must be provided to the appropriate district office no later than 90 days after the release discovery date.

| What is the shallowest depth to groundwater beneath the area affected by the release in feet below ground surface (ft bgs) | Between 100 and 500 (ft.) |
|--|---------------------------------|
| What method was used to determine the depth to ground water | U.S. Geological Survey |
| Did this release impact groundwater or surface water | No |
| What is the minimum distance, between the closest lateral extents of the release an | nd the following surface areas: |
| A continuously flowing watercourse or any other significant watercourse | Between 1 and 5 (mi.) |
| Any lakebed, sinkhole, or playa lake (measured from the ordinary high-water mark) | Between 1 and 5 (mi.) |
| An occupied permanent residence, school, hospital, institution, or church | Greater than 5 (mi.) |
| A spring or a private domestic fresh water well used by less than five households for domestic or stock watering purposes | Between 1000 (ft.) and ½ (mi.) |
| Any other fresh water well or spring | Between 1 and 5 (mi.) |
| Incorporated municipal boundaries or a defined municipal fresh water well field | Greater than 5 (mi.) |
| A wetland | Between 500 and 1000 (ft.) |
| A subsurface mine | Greater than 5 (mi.) |
| An (non-karst) unstable area | Between 1 and 5 (mi.) |
| Categorize the risk of this well / site being in a karst geology | Low |
| A 100-year floodplain | Between 500 and 1000 (ft.) |
| Did the release impact areas not on an exploration, development, production, or storage site | Yes |

Remediation Plan

| Please answer all the questions that apply or are indicated. This information must be provided to the appropriate district office no later than 90 days after the release discovery date. | | | |
|---|---|--|--|
| Requesting a remediation plan approval with this submission | Yes | | |
| Attach a comprehensive report demonstrating the lateral and vertical extents of soil contamination as | sociated with the release have been determined, pursuant to 19.15.29.11 NMAC and 19.15.29.13 NMAC. | | |
| Have the lateral and vertical extents of contamination been fully delineated | Yes | | |
| Was this release entirely contained within a lined containment area | No | | |
| Soil Contamination Sampling: (Provide the highest observable value for each, in milligr | rams per kilograms.) | | |
| Chloride (EPA 300.0 or SM4500 Cl B) | 464 | | |
| TPH (GRO+DRO+MRO) (EPA SW-846 Method 8015M) | 36.8 | | |
| GRO+DRO (EPA SW-846 Method 8015M) | 36.8 | | |
| BTEX (EPA SW-846 Method 8021B or 8260B) | 0 | | |
| Benzene (EPA SW-846 Method 8021B or 8260B) | 0 | | |
| Per Subsection B of 19.15.29.11 NMAC unless the site characterization report includes completed eff which includes the anticipated timelines for beginning and completing the remediation. | orts at remediation, the report must include a proposed remediation plan in accordance with 19.15.29.12 NMAC, | | |
| On what estimated date will the remediation commence | 08/30/2024 | | |
| On what date will (or did) the final sampling or liner inspection occur | 01/15/2025 | | |
| On what date will (or was) the remediation complete(d) | 01/24/2025 | | |
| What is the estimated surface area (in square feet) that will be reclaimed | 1009 | | |
| What is the estimated volume (in cubic yards) that will be reclaimed | 270 | | |
| What is the estimated surface area (in square feet) that will be remediated | 1009 | | |
| What is the estimated volume (in cubic yards) that will be remediated | 270 | | |
| These estimated dates and measurements are recognized to be the best guess or calculation at the tin | ne of submission and may (be) change(d) over time as more remediation efforts are completed. | | |

The OCD recognizes that proposed remediation measures may have to be minimally adjusted in accordance with the physical realities encountered during remediation. If the responsible party has any need to significantly deviate from the remediation plan proposed, then it should consult with the division to determine if another remediation plan submission is required.

Action 441584

(In Situ) Biological processing (i.e. Microbes / Fertilizer, etc.)

(In Situ) Physical processing (i.e. Soil Washing, Gypsum, Disking, etc.)

Sante Fe Main Office Phone: (505) 476-3441

General Information Phone: (505) 629-6116

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| Page | 75 | of 79 |
|------|----|-------|
| | | |

QUESTIONS, Page 4

Action 441584

| QUESTIONS (continued) | | | |
|--|---|--|--|
| Operator: XTO ENERGY, INC 6401 Holiday Hill Road Midland, TX 79707 | OGRID: 5380 Action Number: 441584 Action Type: [C-141] Remediation Closure Request C-141 (C-141-v-Closure) | | |
| QUESTIONS | | | |
| Remediation Plan (continued) Please answer all the questions that apply or are indicated. This information must be provided to th | e appropriate district office no later than 90 days after the release discovery date. | | |
| This remediation will (or is expected to) utilize the following processes to remediate | | | |
| (Select all answers below that apply.) | | | |
| (Ex Situ) Excavation and off-site disposal (i.e. dig and haul, hydrovac, etc.) | Yes | | |
| Which OCD approved facility will be used for off-site disposal | OWL LANDFILL JAL [fJEG1635837366] | | |
| OR which OCD approved well (API) will be used for off-site disposal | Not answered. | | |
| OR is the off-site disposal site, to be used, out-of-state | Not answered. | | |
| OR is the off-site disposal site, to be used, an NMED facility | Not answered. | | |
| (Ex Situ) Excavation and on-site remediation (i.e. On-Site Land Farms) | Not answered. | | |
| (In Situ) Soil Vapor Extraction | Not answered. | | |
| (In Situ) Chemical processing (i.e. Soil Shredding, Potassium Permanganate, etc.) | Not answered. | | |

Ground Water Abatement pursuant to 19.15.30 NMAC Not answered. OTHER (Non-listed remedial process) Not answered. Per Subsection B of 19.15.29.11 NMAC unless the site characterization report includes completed efforts at remediation, the report must include a proposed remediation plan in accordance with 19.15.29.12 NMAC. which includes the anticipated timelines for beginning and completing the remediation. I hereby certify that the information given above is true and complete to the best of my knowledge and understand that pursuant to OCD rules and regulations all operators are required to report and/or file certain release notifications and perform corrective actions for releases which may endanger public health or the environment. The acceptance of a C-141 report by the OCD does not relieve the operator of liability should their operations have failed to adequately investigate and remediate contamination that pose a threat to groundwater, surface water, human health or the environment. In addition, OCD acceptance of a C-141 report does not relieve the operator of responsibility for compliance with any other federal, state, or local laws and/or regulations.

Not answered.

Not answered.

| | I hereby agree and sign off to the above statement | Name: Robert Woodall Title: Environmental Analyst Email: robert.d.woodall@exxonmobil.com |
|-----|--|--|
| | | Date: 03/12/2025 |
| . E | | |

The OCD recognizes that proposed remediation measures may have to be minimally adjusted in accordance with the physical realities encountered during remediation. If the responsible party has any need to significantly deviate from the remediation plan proposed, then it should consult with the division to determine if another remediation plan submission is required.

General Information Phone: (505) 629-6116

Online Phone Directory https://www.emnrd.nm.gov/ocd/contact-us

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

QUESTIONS, Page 5

Action 441584

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| QUESTIONS (continued) | | |
|------------------------|---|--|
| Operator: | OGRID: | |
| XTO ENERGY, INC | 5380 | |
| 6401 Holiday Hill Road | Action Number: | |
| Midland, TX 79707 | 441584 | |
| | Action Type: | |
| | [C-141] Remediation Closure Request C-141 (C-141-v-Closure) | |

| QU | ESI | rioi | ٧S |
|----|-----|------|----|
| | | | |

| Deferral Requests Only | |
|--|----|
| Only answer the questions in this group if seeking a deferral upon approval this submission. Each of | |
| Requesting a deferral of the remediation closure due date with the approval of this submission | Νο |

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

QUESTIONS (continued)

| Operator: | OGRID: |
|------------------------|---|
| XTO ENERGY, INC | 5380 |
| 6401 Holiday Hill Road | Action Number: |
| Midland, TX 79707 | 441584 |
| | Action Type: |
| | [C-141] Remediation Closure Request C-141 (C-141-v-Closure) |

QUESTIONS

| Sampling Event Information | |
|---|------------|
| Last sampling notification (C-141N) recorded | 431470 |
| Sampling date pursuant to Subparagraph (a) of Paragraph (1) of Subsection D of 19.15.29.12 NMAC | 02/17/2025 |
| What was the (estimated) number of samples that were to be gathered | 1 |
| What was the sampling surface area in square feet | 200 |

Remediation Closure Request

| Only answer the questions in this group if seeking remediation closure for this release because all r | emediation steps have been completed. |
|--|---|
| Requesting a remediation closure approval with this submission | Yes |
| Have the lateral and vertical extents of contamination been fully delineated | Yes |
| Was this release entirely contained within a lined containment area | No |
| All areas reasonably needed for production or subsequent drilling operations have been stabilized, returned to the sites existing grade, and have a soil cover that prevents ponding of water, minimizing dust and erosion | Yes |
| What was the total surface area (in square feet) remediated | 1009 |
| What was the total volume (cubic yards) remediated | 270 |
| All areas not reasonably needed for production or subsequent drilling operations have been reclaimed to contain a minimum of four feet of non-waste contain earthen material with concentrations less than 600 mg/kg chlorides, 100 mg/kg TPH, 50 mg/kg BTEX, and 10 mg/kg Benzene | Yes |
| What was the total surface area (in square feet) reclaimed | 1009 |
| What was the total volume (in cubic yards) reclaimed | 270 |
| Summarize any additional remediation activities not included by answers (above) | Site assessment and excavation activities were conducted at the Site to address the July 8, 2024, release of crude oil and produced water. Laboratory analytical results for the excavation soil samples, collected from the final excavation extent, indicated that all COC concentrations were compliant with the Site Closure Criteria. All impacted soil was removed from the release area. Based on the soil sample analytical results, no further remediation was required. XTO will backfill the excavation with material purchased locally and recontour the Site to match pre-existing site conditions. Excavation of impacted soil has mitigated potential impacts at this Site. Depth to groundwater has been estimated to be greater than 100 feet bgs and no other sensitive receptors were identified near the Site. XTO believes these remedial actions are protective of human health, the environment, and groundwater. As such, XTO respectfully requests closure for Incident Number nAPP2419252577. |
| | closure requirements and any conditions or directives of the OCD. This demonstration should be in the form of a notes, photographs of any excavation prior to backfilling, laboratory data including chain of custody documents of |
| to report and/or file certain release notifications and perform corrective actions for release the OCD does not relieve the operator of liability should their operations have failed to water, human health or the environment. In addition, OCD acceptance of a C-141 report | knowledge and understand that pursuant to OCD rules and regulations all operators are required ases which may endanger public health or the environment. The acceptance of a C-141 report by adequately investigate and remediate contamination that pose a threat to groundwater, surface t does not relieve the operator of responsibility for compliance with any other federal, state, or ially restore, reclaim, and re-vegetate the impacted surface area to the conditions that existed ing notification to the OCD when reclamation and re-vegetation are complete. |
| I hereby agree and sign off to the above statement | Title: Environmental Analyst Email: robert.d.woodall@exxonmobil.com Date: 03/12/2025 |

QUESTIONS, Page 6

Action 441584

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

QUESTIONS, Page 7

Action 441584

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| QUESTIONS (continued) | | | |
|---|---|--|--|
| Operator: XTO ENERGY, INC | OGRID: 5380 | | |
| 6401 Holiday Hill Road Midland, TX 79707 | Action Number: 441584 | | |
| | Action Type: [C-141] Remediation Closure Request C-141 (C-141-v-Closure) | | |
| | | | |

QUESTIONS

| Reclamation Report | |
|---|----|
| Only answer the questions in this group if all reclamation steps have been completed. | |
| Requesting a reclamation approval with this submission | No |

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Online Phone Directory https://www.emnrd.nm.gov/ocd/contact-us

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

| atural Resources | Action 441584 |
|------------------|---------------|
| n Division | |

CONDITIONS

| Operator: | OGRID: | l |
|------------------------|---|-----|
| XTO ENERGY, INC | 5380 | ł |
| 6401 Holiday Hill Road | Action Number: | ł |
| Midland, TX 79707 | 441584 | |
| | Action Type: | |
| | [C-141] Remediation Closure Request C-141 (C-141-v-Closure) | i i |

CONDITIONS

| Created By | Condition | Condition Date | 1 |
|------------|---|-------------------|---|
| rhamlet | We have received your Remediation Closure Report for Incident #NAPP2419252577 PLU BIG SINKS 02-25-30 STATE BATTERY, thank you. This Remediation Closure Report is approved. | 3/12/2025 | 1 |

CONDITIONS