I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or belowgrade tank has been/will be constructed or closed according to NMOCD guidelines [], a general permit [] or an (attached) alternative OCD-approved plan [].

SIGNATURE Merler

Type or print name Shirley A. Mitchell

TITLE Regulatory Analyst

DATE 02/12/2007

For State Use Only

E-mail address: shirley.mitchell@elpaso.com Telephone No. (505) 445-6785

APPROVED BY: Conditions of Approval (if any):

TITLE DISTRICT SUPERVISOR DATE 2/20/07