

JUL 28 2009

Closure Report

Prepared for
Oxy USA

Roaring Springs 13 Fed #4 Battery

Eddy County, NM

2RP-292

Prepared by

Elke Environmental, Inc.

P.O. Box 14167 Odessa, TX 79768

Phone (432) 366-0043 Fax (432) 366-0884

Elke Environmental, Inc.

P.O. Box 14167 Odessa, TX 79768
Phone (432) 366-0043 Fax (432) 366-0884

July 13, 2009

New Mexico Oil Conservation Division
Mr. Mike Bratcher
1301 West Grand Ave.
Artesia, New Mexico 88210

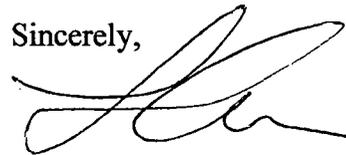
Re: Oxy USA – Roaring Springs 13 Fed #4 Battery
UL'C' Sec. 13 T21S R23E Eddy County
2RP-292

Mr. Mike Bratcher,

Elke Environmental was contracted by Oxy USA to complete the remediation of the leak at the Roaring Springs 13 Fed #4 Battery. A delineation of the site was completed using an air rotary rig. During the vertical delineation a poly liner was encountered at 2' below ground surface. A borehole was drilled at this site to 96' deep and encountered a rock formation that was impenetrable by the drill rig at the site. No water bearing formations were encountered within the 96' borehole. Attached is a plat map, field analytical, lab confirmation and a driller's log for the site.

As per the approved plan 4' of impacted soil was excavated and hauled to Lea Land Disposal. Clean native soil was backfilled into the excavation and new berms built around the battery. If you have any questions about the enclosed report please contact me at the office.

Sincerely,



Logan Anderson

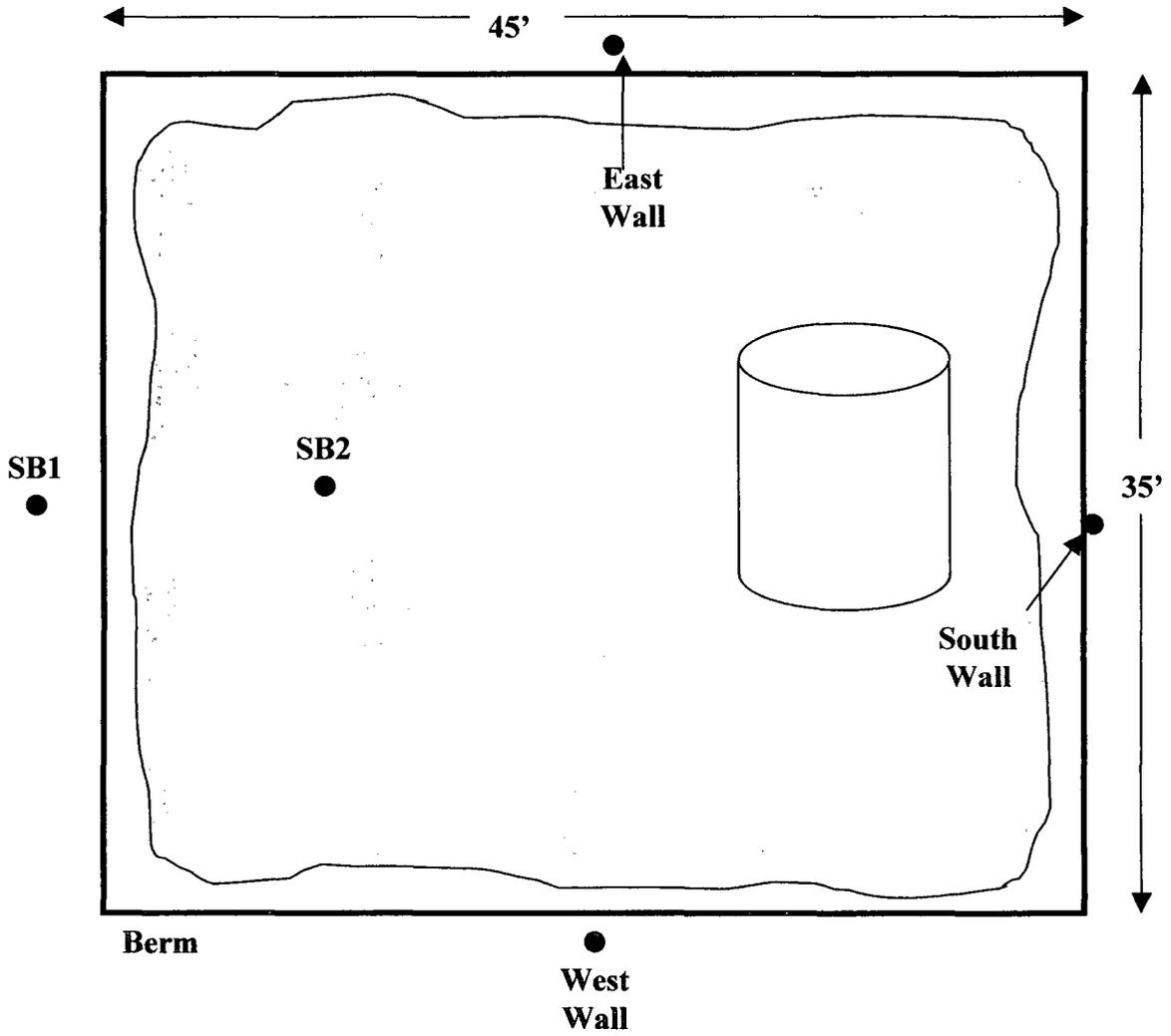
Oxy USA

Roaring Springs 13 Fed #4 Battery

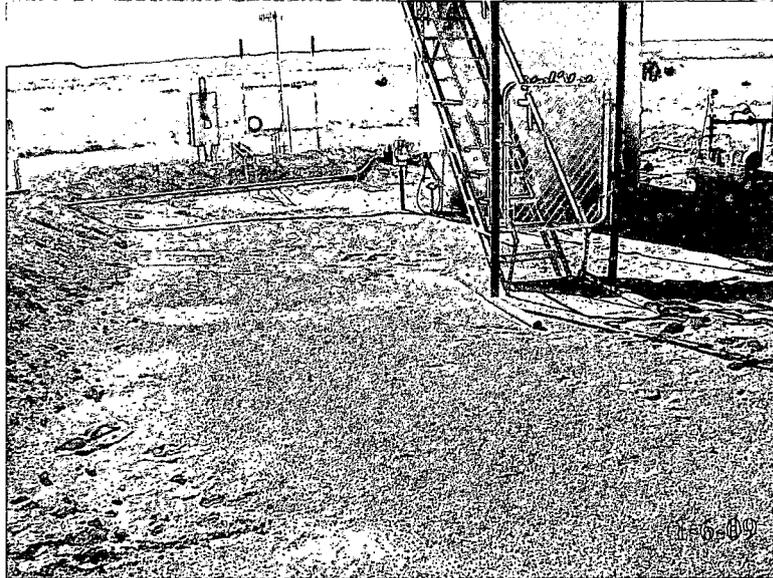
UL 'C' Sec. 13 T21S R23E

Eddy County, NM

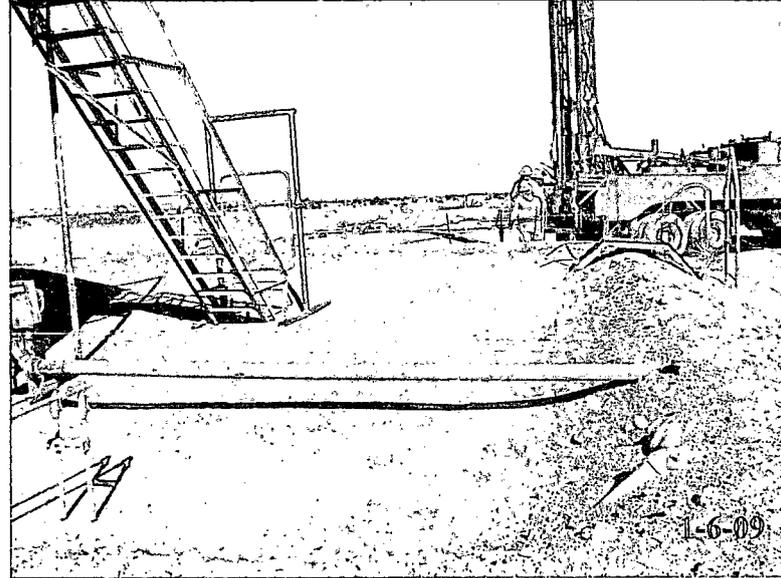
Plat Map



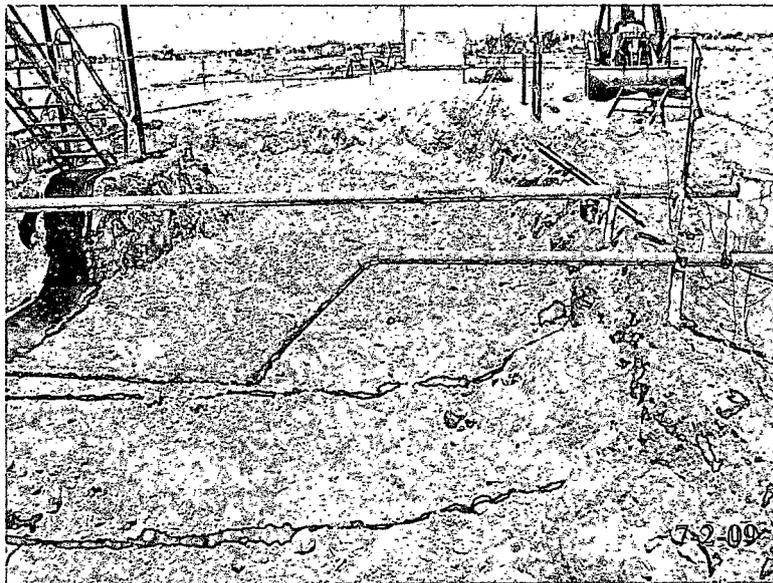
Oxy USA – Roaring Springs 13 Fed #4 Battery



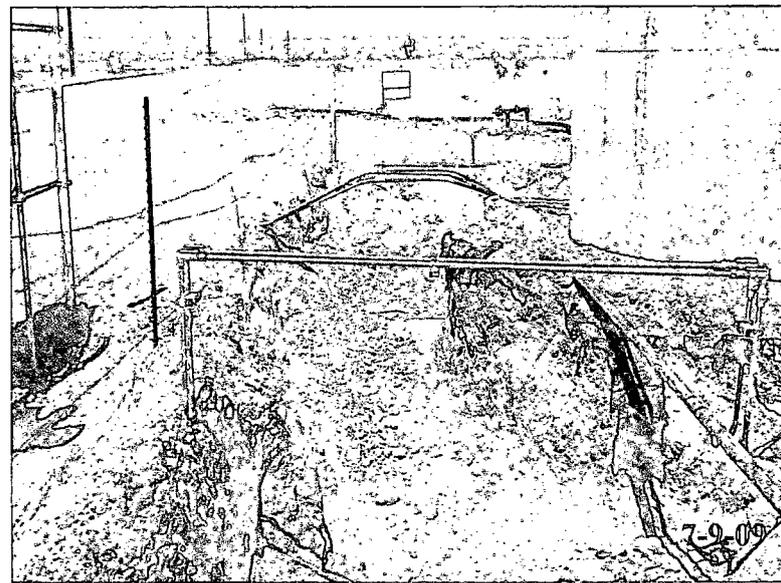
Site before remediation of impacted soil.



Delineation of site with an air rotary rig.

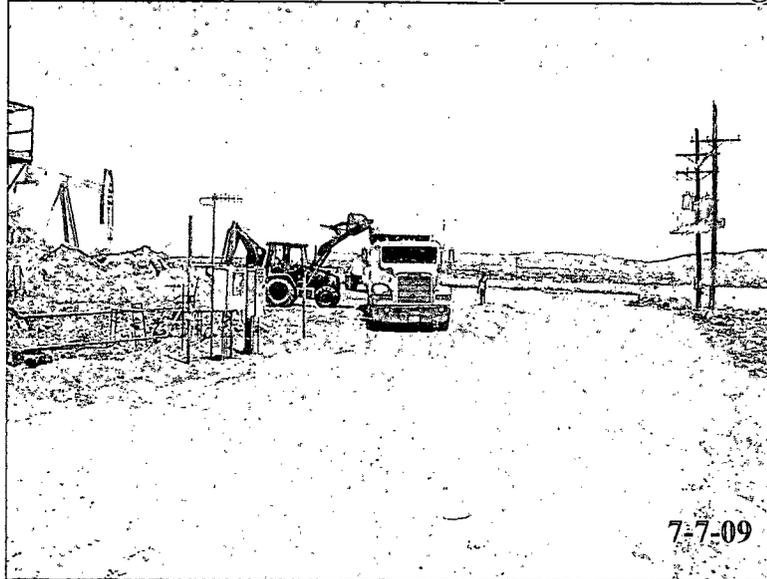


Site after excavation of 4' of impacted soil.

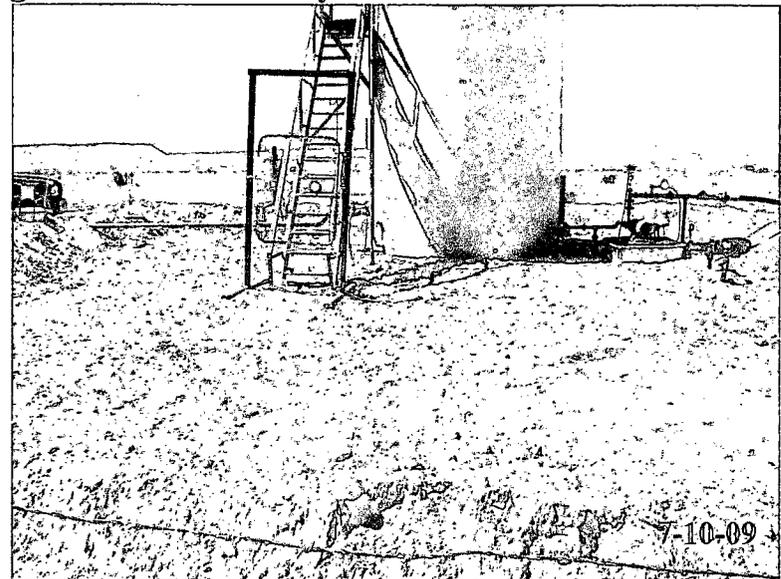


Site after excavation of 4' of impacted soil.

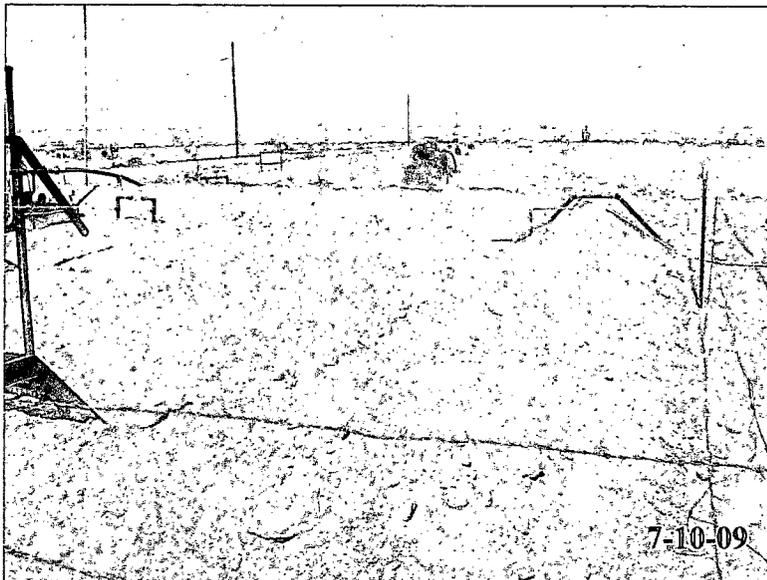
Oxy USA – Roaring Springs 13 Fed #4 Battery



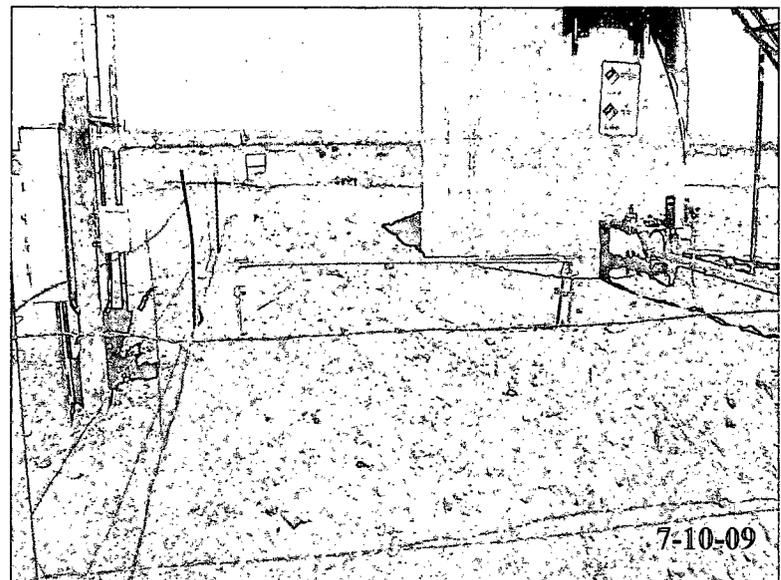
Loading impacted soil on truck for disposal.



Site after backfill of clean caliche and rebuilt berms.



Site after backfill of clean native soil and rebuilding berms around the tank.





WELL RECORD & LOG

OFFICE OF THE STATE ENGINEER

www.ose.state.nm.us

1. GENERAL AND WELL LOCATION	POD NUMBER (WELL NUMBER) ROARING SPRINGS 13 FED #4 - SB-1				OSE FILE NUMBER(S)							
	WELL OWNER NAME(S) OXY USA				PHONE (OPTIONAL)							
	WELL OWNER MAILING ADDRESS PO BOX 1988				CITY CARLSBAD		STATE NM		ZIP 88221			
	WELL LOCATION (FROM GPS)		DEGREES LATITUDE 32		MINUTES 29		SECONDS 2.00 N		* ACCURACY REQUIRED, ONE TENTH OF A SECOND			
			LONGITUDE 104		33		31.00 W		* DATUM REQUIRED, WGS 82			
DESCRIPTION RELATING WELL LOCATION TO STREET ADDRESS AND COMMON LANDMARKS UL "C" EDDY COUNTY, NEW MEXICO												
2. OPTIONAL	0.5 ACRE) <input type="checkbox"/>		1.0 ACRE) <input type="checkbox"/>		4.0 ACRE) <input type="checkbox"/>		16.0 ACRE) <input type="checkbox"/>		SECTION 13			
									TOWNSHIP 215			
									RANGE 25			
SUBDIVISION NAME						LOT NUMBER		BLOCK NUMBER		UNIT / TRACT		
HYDROGRAPHIC SURVEY						MAP NUMBER		TRACT NUMBER				
3. DRILLING INFORMATION	LICENSE NUMBER WD1478			NAME OF LICENSED DRILLER EDWARD BRYAN			NAME OF WELL DRILLING COMPANY STRAUB CORPORATION					
	DRILLING STARTED 1/6/09		DRILLING ENDED 1/6/09		DEPTH OF COMPLETED WELL (FT)		BORE HOLE DEPTH (FT) 96		DEPTH WATER FIRST ENCOUNTERED (FT) N/A			
	COMPLETED WELL IS: <input type="checkbox"/> ARTESIAN <input checked="" type="checkbox"/> DRY HOLE <input type="checkbox"/> SHALLOW (UNCONFINED)											
	DRILLING FLUID: <input checked="" type="checkbox"/> AIR <input type="checkbox"/> MUD <input type="checkbox"/> ADDITIVES - SPECIFY:											
	DRILLING METHOD: <input checked="" type="checkbox"/> ROTARY <input type="checkbox"/> HAMMER <input type="checkbox"/> CABLE TOOL <input type="checkbox"/> OTHER - SPECIFY:											
	DEPTH (FT)		BORE HOLE DIA. (IN)		CASING MATERIAL		CONNECTION TYPE (CASING)		INSIDE DIA. CASING (IN)		CASING WALL THICKNESS (IN)	
	FROM	TO										
0	96	6"		N/A		N/A		N/A		N/A		
DEPTH (FT)		THICKNESS (FT)		FORMATION DESCRIPTION OF PRINCIPAL WATER-BEARING STRATA (INCLUDE WATER-BEARING CAVITIES OR FRACTURE ZONES)						YIELD (GPM)		
FROM	TO											
METHOD USED TO ESTIMATE YIELD OF WATER-BEARING STRATA								TOTAL ESTIMATED WELL YIELD (GPM)				

FOR OSE INTERNAL USE

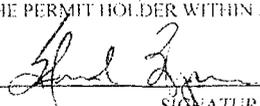
WELL RECORD & LOG (Version 6/9/08)

FILE NUMBER	POD NUMBER	TRN NUMBER
LOCATION	PAGE 1 OF 2	

5. SEAL AND PUMP	TYPE OF PUMP: <input type="checkbox"/> SUBMERSIBLE <input type="checkbox"/> JET <input type="checkbox"/> NO PUMP - WELL NOT EQUIPPED <input type="checkbox"/> TURBINE <input type="checkbox"/> CYLINDER <input type="checkbox"/> OTHER - SPECIFY:						
	ANNULAR SEAL AND GRAVEL PACK	DEPTH (FT)		BORE HOLE DIA. (IN)	MATERIAL TYPE AND SIZE	AMOUNT (CUBIC FT)	METHOD OF PLACEMENT
		FROM	TO				

6. GEOLOGIC LOG OF WELL	DEPTH (FT)		THICKNESS (FT)	COLOR AND TYPE OF MATERIAL ENCOUNTERED (INCLUDE WATER-BEARING CAVITIES OR FRACTURE ZONES)	WATER BEARING?		
	FROM	TO			<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
		0	2	2	TAN FINE SAND/CALICHE	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
		2	5	3	TAN FINE SAND/SANDSTONE	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
		5	11	6	TAN FINE SAND/DARK GRAY CLAY	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
		11	12	1	DARK GRAY CLAY	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
		12	17	5	TAN SILTY CLAY/SILTY SAND	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
		17	20	3	GRAY LIMESTONE	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
		20	31	11	DARK GRAY SILTY CLAY	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
		31	39	8	GRAY LIMESTONE/GRAY CLAY LAYERS	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
		39	41	2	GRAY LIMESTONE	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
		41	43	2	TAN SANDY CLAY	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
		43	47	4	TAN VERY FINE SAND	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
		47	51	4	GRAY SANDY CLAY	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
		51	64	13	TAN FINE SAND/SANDSTONE	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
	64	65	1	TAN FINE SAND/SANDSTONE/CALICHE	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
	65	87	22	TAN FINE SAND/SANDSTONE	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
	87	90	3	TAN VERY FINE SAND/DARK BROWN SANDY CLAY	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
	90	93	3	GRAY FINE SAND/GRAY SANDSTONE	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
ATTACH ADDITIONAL PAGES AS NEEDED TO FULLY DESCRIBE THE GEOLOGIC LOG OF THE WELL.							

7. TEST & ADDITIONAL INFO	WELL TEST	METHOD: <input type="checkbox"/> BAUER <input type="checkbox"/> PUMP <input type="checkbox"/> AIR LIFT <input type="checkbox"/> OTHER - SPECIFY:
	TEST RESULTS - ATTACH A COPY OF DATA COLLECTED DURING WELL TESTING, INCLUDING START TIME, END TIME, AND A TABLE SHOWING DISCHARGE AND DRAWDOWN OVER THE TESTING PERIOD.	
	ADDITIONAL STATEMENTS OR EXPLANATIONS: SOIL BORING ONLY. PLUGGED WITH PELLETIZED BENTONITE UPON COMPLETION OF SAMPLING.	

8. SIGNATURE	THE UNDERSIGNED HEREBY CERTIFIES THAT, TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF, THE FOREGOING IS A TRUE AND CORRECT RECORD OF THE ABOVE DESCRIBED HOLE AND THAT HE OR SHE WILL FILE THIS WELL RECORD WITH THE STATE ENGINEER AND THE PERMIT HOLDER WITHIN 20 DAYS AFTER COMPLETION OF WELL DRILLING:	
	 _____ SIGNATURE OF DRILLER	1/12/09 _____ DATE

FOR USE INTERNAL USE

WELL RECORD & LOG (Version 6-0-08)

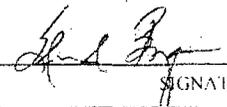
FILE NUMBER

POD NUMBER

TRN NUMBER

LOCATION

PAGE 2 OF 2

5. SEAL AND PUMP	TYPE OF PUMP: <input type="checkbox"/> SUBMERSIBLE <input type="checkbox"/> JET <input type="checkbox"/> NO PUMP - WELL NOT EQUIPPED <input type="checkbox"/> TURBINE <input type="checkbox"/> CYLINDER <input type="checkbox"/> OTHER - SPECIFY:						
	ANNULAR SEAL AND GRAVEL PACK	DEPTH (FT)		BORE HOLE DIA. (IN)	MATERIAL TYPE AND SIZE	AMOUNT (CUBIC FT)	METHOD OF PLACEMENT
		FROM	TO				
6. GEOLOGIC LOG OF WELL	DEPTH (FT)		THICKNESS (FT)	COLOR AND TYPE OF MATERIAL ENCOUNTERED (INCLUDE WATER-BEARING CAVITIES OR FRACTURE ZONES)	WATER BEARING?		
	FROM	TO			<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
	93	96	3	DENSE SUPER HARD SANDSTONE	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
					<input type="checkbox"/> YES	<input type="checkbox"/> NO	
					<input type="checkbox"/> YES	<input type="checkbox"/> NO	
					<input type="checkbox"/> YES	<input type="checkbox"/> NO	
					<input type="checkbox"/> YES	<input type="checkbox"/> NO	
					<input type="checkbox"/> YES	<input type="checkbox"/> NO	
					<input type="checkbox"/> YES	<input type="checkbox"/> NO	
					<input type="checkbox"/> YES	<input type="checkbox"/> NO	
					<input type="checkbox"/> YES	<input type="checkbox"/> NO	
					<input type="checkbox"/> YES	<input type="checkbox"/> NO	
					<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	ATTACH ADDITIONAL PAGES AS NEEDED TO FULLY DESCRIBE THE GEOLOGIC LOG OF THE WELL						
	7. TEST & ADDITIONAL INFO	WELL TEST	METHOD: <input type="checkbox"/> BAILER <input type="checkbox"/> PUMP <input type="checkbox"/> AIR LIFT <input type="checkbox"/> OTHER - SPECIFY:				
TEST RESULTS - ATTACH A COPY OF DATA COLLECTED DURING WELL TESTING, INCLUDING START TIME, END TIME, AND A TABLE SHOWING DISCHARGE AND DRAWDOWN OVER THE TESTING PERIOD.							
ADDITIONAL STATEMENTS OR EXPLANATIONS SOIL BORING ONLY. PLUGGED WITH PELLETIZED BENTONITE UPON COMPLETION OF SAMPLING.							
8. SIGNATURE	THE UNDERSIGNED HEREBY CERTIFIES THAT, TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF, THE FOREGOING IS A TRUE AND CORRECT RECORD OF THE ABOVE DESCRIBED HOLE AND THAT HE OR SHE WILL FILE THIS WELL RECORD WITH THE STATE ENGINEER AND THE PERMIT HOLDER WITHIN 20 DAYS AFTER COMPLETION OF WELL DRILLING.						
	 SIGNATURE OF DRILLER			1/12/09 DATE			

FOR USE INTERNAL USE

WELL RECORD & LOG (Version 6/9/08)

FILE NUMBER	POD NUMBER	TRN NUMBER
LOCATION	PAGE 2 OF 2	



WELL RECORD & LOG

OFFICE OF THE STATE ENGINEER

www.ose.state.nm.us

1. GENERAL AND WELL LOCATION	POD NUMBER (WELL NUMBER) GOODNIGHT 27 FEDERAL #2H SB-1				OSP FILE NUMBER(S)			
	WELL OWNER NAME(S) OXY USA				PHONE (OPTIONAL)			
	WELL OWNER MAILING ADDRESS PO BOX 1988				CITY CARLSBAD	STATE NM	ZIP 88221	
	WELL LOCATION (FROM GPS)	DEGREES LATITUDE 32	MINUTES 16	SECONDS 41.00 N	ACCURACY REQUIRED: ONE TENTH OF A SECOND DATE/TIME REQUIRED: WGS 84			
DESCRIPTION RELATING WELL LOCATION TO STREET ADDRESS AND COMMON LANDMARKS UL "L", EDDY COUNTY, NEW MEXICO								
2. OPTIONAL	1/4 ACRES	1/2 ACRES	3/4 ACRES	1 ACRES	SECTION 27	TOWNSHIP 235	RANGE 29	
					LOT NUMBER	BLOCK NUMBER	UNIT/TRACT	
	HYDROGRAPHIC SURVEY					MAP NUMBER	TRACT NUMBER	
3. DRILLING INFORMATION	LICENSE NUMBER	NAME OF LICENSED DRILLER EDWARD BRYAN			NAME OF WELL DRILLING COMPANY STRAUB CORPORATION			
	DRILLING STARTED 1/8/09	DRILLING ENDED 1/8/09	DEPTH OF COMPLETED WELL (FT)	BORE HOLE DEPTH (FT) 98	DEPTH WATER FIRST ENCOUNTERED (FT) 87			
	COMPLETED WELL IS: <input type="checkbox"/> ARTESIAN <input type="checkbox"/> DRY HOLE <input type="checkbox"/> SHALLOW UNCONFINED				STATE WATER LEVEL IN COMPLETED WELL (FT)			
	DRILLING FLUID: <input checked="" type="checkbox"/> AIR <input type="checkbox"/> MUD <input type="checkbox"/> ADDITIVES - SPECIFY							
	DRILLING METHOD: <input checked="" type="checkbox"/> ROTARY <input type="checkbox"/> HAMMER <input type="checkbox"/> CABLE TOOL <input type="checkbox"/> OTHER - SPECIFY							
	DEPTH (FT)	BORE HOLE DIA. (IN)	CASING MATERIAL	CONNECTION TYPE (CASING)	INSIDE DIA. CASING (IN)	CASING WALL THICKNESS (IN)	SLOT SIZE (IN)	
	FROM TO 0 98	6"	N/A	N/A	N/A	N/A	N/A	
4. WATER BEARING STRATA	DEPTH (FT)	THICKNESS (FT)	FORMATION DESCRIPTION OF PRINCIPAL WATER-BEARING STRATA (INCLUDE WATER-BEARING CAVITIES OR FRACTURE ZONES)			YIELD (GPM)		
	FROM TO 87 90	3	RED SILTY SAND/SILTY CLAY/GRAY CLAY					
METHOD USED TO ESTIMATE YIELD OF WATER-BEARING STRATA					TOTAL ESTIMATED WELL YIELD (GPM)			

FOR OSE INTERNAL USE

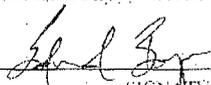
WELL RECORD & LOG (Version 6/9/08)

FILE NUMBER	POD NUMBER	TRN NUMBER
LOCATION	PAGE 1 OF 2	

5. SEAL AND PUMP	TYPE OF PUMP: <input type="checkbox"/> SUBMERSIBLE <input type="checkbox"/> JET <input type="checkbox"/> NO PUMP - WELL NOT EQUIPPED <input type="checkbox"/> TURBINE <input type="checkbox"/> CYLINDER <input type="checkbox"/> OTHER - SPECIFY:						
	ANNULAR SEAL AND GRAVEL PACK	DEPTH (FT)		BORE HOLE DIA. (IN)	MATERIAL TYPE AND SIZE	AMOUNT (CUBIC FT)	METHOD OF PLACEMENT
		FROM	TO				

6. GEOLOGIC LOG OF WELL	DEPTH (FT)		THICKNESS (FT)	COLOR AND TYPE OF MATERIAL ENCOUNTERED (INCLUDE WATER-BEARING CAVITIES OR FRACTURE ZONES)	WATER BEARING?		
	FROM	TO			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
		0	4	4	TAN FINE SAND/CALICHE	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
		4	37	33	TAN FINE SAND/SANDSTONE/CALICHE	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
		37	39	2	TAN SILTY SAND WITH CLAY	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
		39	43	4	RED SILTY CLAY	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
		43	46	3	TAN FINE VERY FINE SAND/SANDSTONE	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
		46	58	12	TAN SILTY SAND/CALICHE	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
		58	64	6	RED SANDY CLAY	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
		64	90	26	RED SILTY SAND/SILTY CLAY/GRAY CLAY	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
		90	98	8	GRAY SANDY CLAY	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO	
					<input type="checkbox"/> YES	<input type="checkbox"/> NO	
ATTACH ADDITIONAL PAGES AS NEEDED TO FULLY DESCRIBE THE GEOLOGIC LOG OF THE WELL							

7. TEST & ADDITIONAL INFO	WELL TEST	METHOD: <input type="checkbox"/> BAILER <input type="checkbox"/> PUMP <input type="checkbox"/> AIR LIFT <input type="checkbox"/> OTHER - SPECIFY:
		TEST RESULTS - ATTACH A COPY OF DATA COLLECTED DURING WELL TESTING, INCLUDING START TIME, END TIME, AND A TABLE SHOWING DISCHARGE AND DRAWDOWN OVER THE TESTING PERIOD.
	ADDITIONAL STATEMENTS OR EXPLANATIONS SOIL BORING ONLY. PLUGGED WITH PELLETIZED BENTONITE UPON COMPLETION OF SAMPLING.	

8. SIGNATURE	THE UNDERSIGNED HEREBY CERTIFIES THAT, TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF, THE FOREGOING IS A TRUE AND CORRECT RECORD OF THE ABOVE DESCRIBED HOLE AND THAT HE OR SHE WILL FILE THIS WELL RECORD WITH THE STATE ENGINEER AND THE PERMIT HOLDER WITHIN 20 DAYS AFTER COMPLETION OF WELL DRILLING:	
	 _____ SIGNATURE OF DRILLER	1/12/09 _____ DATE

FOR USE INTERNAL USE		WELL RECORD & LOG (Version 6/9/08)	
FILE NUMBER	POD NUMBER	TRN NUMBER	
LOCATION			PAGE 2 OF 2

LEA LAND DISPOSAL SITE NEW MEXICO

MILE MARKER #64 US HWY 62/180 • 30 MILES EAST OF CARLSBAD, NM • PHONE (505) 887-4048

LEA LAND, LLC

1300 WEST MAIN STREET • OKLAHOMA CITY, OK 73106 • PHONE (405) 236-4257

NON-HAZARDOUS WASTE MANIFEST		NO. 068651	1. PAGE <u> </u> OF <u> </u>	2. TRAILER NO. <u> J-1 </u>	
G E N E R A T O R	3. COMPANY NAME OXY USA		4. ADDRESS 102 S. Main Street		
	PHONE NO.		5. PICK-UP DATE 7/7/2008		
E N V I R O N M E N T A L	CITY: Carlsbad STATE: NM ZIP: 88220		6. TNRCC I.D. NO.		
	7. NAME OR DESCRIPTION OF WASTE SHIPPED:		8. CONTAINERS No. Type	9. TOTAL QUANTITY	10. UNIT Wt/Vol.
A U T H O R I Z E D	a. Non-Regulated, Non Hazardous Waste		1	CM	
	b.				
A U T H O R I Z E D	c.				
	d. 32880 @ 37,960				
A U T H O R I Z E D	12. COMMENTS OR SPECIAL INSTRUCTIONS: ROARING SPRINGS 13 FEDERAL BATTERY			13. WASTE PROFILE NO. 708504	
	14. IN CASE OF EMERGENCY OR SPILL, CONTACT				
A U T H O R I Z E D	NAME Kim Slaughter		PHONE NO. 575-887-4048	24-HOUR EMERGENCY NO.	
	15. GENERATOR'S CERTIFICATION: I Herby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, including applicable state regulations, and are the same materials previously approved by LEA LAND, LLC				
A U T H O R I Z E D	PRINTED/TYPED NAME		SIGNATURE		DATE
	16. TRANSPORTER (1) NAME: ELKE ENVIRONMENTAL, INC. TEXAS I.D. NO. IN CASE OF EMERGENCY CONTACT: KELTON BEARD EMERGENCY PHONE: (575) 390-1903		17. TRANSPORTER (2) NAME: TEXAS I.D. NO. IN CASE OF EMERGENCY CONTACT: EMERGENCY PHONE:		
A U T H O R I Z E D	18. TRANSPORTER (1): Acknowledgment of receipt of material		19. TRANSPORTER (2): Acknowledgment of receipt of material		
	PRINTED/TYPED NAME <u>Jose Briondo</u> SIGNATURE <u>Jose Briondo</u> DATE <u>7/7/2008</u>		PRINTED/TYPED NAME _____ SIGNATURE _____ DATE _____		
D I S P O S I T I O N A L	Lea Land, LLC		ADDRESS: Mile Marker 64, U.S. Hwy 62/180, 30 Miles East of Carlsbad, NM		PHONE: 505-887-4048
	PERMIT NO. WM-01-035 - New Mexico		20. COMMENTS		
A U T H O R I Z E D	21. DISPOSAL FACILITY'S CERTIFICATION: I Herby certify that the above described wastes were delivered to this facility, that the facility is authorized and permitted to receive such wastes.				
	AUTHORIZED SIGNATURE <u>[Signature]</u>		CELL NO. _____	DATE 7/7/2008	TIME 10:30

LEA LAND DISPOSAL SITE NEW MEXICO

MILE MARKER #64 US HWY 62/180 • 30 MILES EAST OF CARLSBAD, NM • PHONE (505) 887-4048

LEA LAND, LLC

1300 WEST MAIN STREET • OKLAHOMA CITY, OK 73106 • PHONE (405) 236-4257

VASQUEZ

NON-HAZARDOUS WASTE MANIFEST NO **068653** 1. PAGE OF 2. TRAILER NO. **1148**

G E N E R A T O R	3. COMPANY NAME OXY USA	4. ADDRESS 102 S. Main Street	5. PICK-UP DATE 7/7/2009	
	PHONE NO.	CITY Carlsbad	STATE NM	ZIP 88220
N E M O D E L	7. NAME OR DESCRIPTION OF WASTE SHIPPED:		8. CONTAINERS No. Type	9. TOTAL QUANTITY
	a. Non-Regulated, Non-Hazardous Waste		1	CM
	b.			
	c.			
	d. 32,780 @ 34310			
A U T H O R I Z E D	12. COMMENTS OR SPECIAL INSTRUCTIONS: ROARING SPRINGS 13 FEDERAL #1 BATTERY			11. TEXAS WASTE ID #
				708594
T R A N S P O R T E R S	14. IN CASE OF EMERGENCY OR SPILL, CONTACT			
	NAME Kim Slaughter	PHONE NO. 575-887-4048	24-HOUR EMERGENCY NO.	
O P E R A T O R	15. GENERATOR'S CERTIFICATION: I Herby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, including applicable state regulations, and are the same materials previously approved by LEA LAND, LLC:			
	PRINTED/TYPED NAME	SIGNATURE	DATE	
T R A N S P O R T E R S	16. TRANSPORTER (1)		17. TRANSPORTER (2)	
	NAME: ELKE ENVIRONMENTAL, INC.		NAME:	
	TEXAS I.D. NO.		TEXAS I.D. NO.	
	IN CASE OF EMERGENCY CONTACT: KELTON BEARD		IN CASE OF EMERGENCY CONTACT:	
EMERGENCY PHONE: (575) 380-1803		EMERGENCY PHONE:		
18. TRANSPORTER (1): Acknowledgment of receipt of material		19. TRANSPORTER (2): Acknowledgment of receipt of material		
PRINTED/TYPED NAME Ernesto		PRINTED/TYPED NAME		
SIGNATURE [Signature] DATE 7/7/2009		SIGNATURE DATE		
D I S P O S I T O R	Lea Land, LLC	ADDRESS: Mile Marker 64, U.S. Hwy 62/180, 30 Miles East of Carlsbad, NM	PHONE: 505-887-4048	
	PERMIT NO. WM-01-035 - New Mexico	20. COMMENTS		
	21. DISPOSAL FACILITY'S CERTIFICATION: I Herby certify that the above described wastes were delivered to this facility, that the facility is authorized and permitted to receive such wastes.			
AUTHORIZED SIGNATURE [Signature]		CELL NO.	DATE 7/7/2009	TIME 1040

LEA LAND DISPOSAL SITE NEW MEXICO

MILE MARKER #64 US HWY 62/180 • 30 MILES EAST OF CARLSBAD, NM • PHONE (505) 887-4048

LEA LAND, LLC

1300 WEST MAIN STREET • OKLAHOMA CITY, OK 73106 • PHONE (405) 236-4257

VASQUEZ

NON-HAZARDOUS WASTE MANIFEST NO. **058655** 1. PAGE OF 2. TRAILER NO. **1149**

G E	3. COMPANY NAME OXY USA	4. ADDRESS 102 S. Main Street	5. PICK-UP DATE 7/7/2009
	PHONE NO.	CITY STATE ZIP Carlsbad NM 89220	6. TNRCC I.D. NO.

N E R A	7. NAME OR DESCRIPTION OF WASTE SHIPPED:	8. CONTAINERS No. Type	9. TOTAL QUANTITY	10. UNIT Wt/Vol.	11. TEXAS WASTE ID #
	a. Non-Regulated, Non Hazardous Waste	1 CM			
	b.				
	c.				
	d. 2900 @ 36,080				
	12. COMMENTS OR SPECIAL INSTRUCTIONS: ROARING SPRINGS 13 FEDERAL #4 BATTERY	13. WASTE PROFILE NO. 708594			

14. **IN CASE OF EMERGENCY OR SPILL, CONTACT**

NAME Kim Slaughter	PHONE NO. 675-887-4048	24-HOUR EMERGENCY NO.
------------------------------	----------------------------------	-----------------------

15. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, including applicable state regulations, and are the same materials previously approved by LEA LAND, LLC.

PRINTED/TYPED NAME	SIGNATURE	DATE
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T R A N S P O R T E R S	16. TRANSPORTER (1)	17. TRANSPORTER (2)
	NAME: ELKE ENVIRONMENTAL, INC.	NAME:
	TEXAS I.D. NO.	TEXAS I.D. NO.
	IN CASE OF EMERGENCY CONTACT: KELTON BEARD	IN CASE OF EMERGENCY CONTACT:
EMERGENCY PHONE: (575) 390-1903	EMERGENCY PHONE:	
18. TRANSPORTER (1): Acknowledgment of receipt of material	19. TRANSPORTER (2): Acknowledgment of receipt of material	
PRINTED/TYPED NAME Rene Vasquez	PRINTED/TYPED NAME	
SIGNATURE Rene Vasquez DATE 7/7/2009	SIGNATURE DATE	

D I S C P I O L S I A T Y	Lea Land, LLC	ADDRESS: Mile Marker 64, U.S. Hwy 62/180, 30 Miles East of Carlsbad, NM	PHONE: 505-887-4048
	PERMIT NO. WM-01-035 - New Mexico	20. COMMENTS	

21. **DISPOSAL FACILITY'S CERTIFICATION:** I hereby certify that the above described wastes were delivered to this facility, that the facility is authorized and permitted to receive such wastes.

AUTHORIZED SIGNATURE [Signature]	CELL NO.	DATE 7/7/2009	TIME 1045
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LEA LAND DISPOSAL SITE NEW MEXICO

MILE MARKER #64 US HWY 62/180 • 30 MILES EAST OF CARLSBAD, NM • PHONE (505) 887-4048

LEA LAND, LLC

1300 WEST MAIN STREET • OKLAHOMA CITY, OK 73106 • PHONE (405) 236-4257

JDS

NON-HAZARDOUS WASTE MANIFEST NO. **068657** 1. PAGE OF 2. TRAILER NO. **004**

G	3. COMPANY NAME OXY USA	4. ADDRESS 102 S. Main Street	5. PICK-UP DATE 7/7/2009
	PHONE NO.	CITY STATE ZIP Carlsbad NM 88220	6. TNRCC I.D. NO.

E	7. NAME OR DESCRIPTION OF WASTE SHIPPED:	8. CONTAINERS No. Type	9. TOTAL QUANTITY	10. UNIT Wt/Vol.	11. TEXAS WASTE ID #
	a. Non-Regulated, Non-Hazardous Waste	1 CM			
	b.				
	c.				
R	d. 32,480 @ 36,320				
A	12. COMMENTS OR SPECIAL INSTRUCTIONS: ROARING SPRINGS 13 FEDERAL # BATTERY	13. WASTE PROFILE NO. 703504			

14. **IN CASE OF EMERGENCY OR SPILL, CONTACT**

NAME Kim Staughter	PHONE NO. 575-387-4048	24-HOUR EMERGENCY NO.
------------------------------	----------------------------------	-----------------------

15. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, including applicable state regulations, and are the same materials previously approved by LEA LAND, LLC

PRINTED/TYPED NAME	SIGNATURE	DATE
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T R A N S P O R T E R S	16. TRANSPORTER (1) NAME: ELKE ENVIRONMENTAL, INC TEXAS I.D. NO. IN CASE OF EMERGENCY CONTACT: KELTON BEARD EMERGENCY PHONE: (575) 390-1903	17. TRANSPORTER (2) NAME: TEXAS I.D. NO. IN CASE OF EMERGENCY CONTACT: EMERGENCY PHONE:
	18. TRANSPORTER (1): Acknowledgment of receipt of material PRINTED/TYPED NAME Alfredo Bivarado SIGNATURE <i>[Signature]</i> DATE 7/7/2009	19. TRANSPORTER (2): Acknowledgment of receipt of material PRINTED/TYPED NAME SIGNATURE DATE

D I S P O S I T A L Y	Lea Land, LLC	ADDRESS: Mile Marker 64, U.S. Hwy 62/180, 30 Miles East of Carlsbad, NM	PHONE: 505-887-4048
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PERMIT NO. WM-01-035 - New Mexico	20. COMMENTS
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21. **DISPOSAL FACILITY'S CERTIFICATION:** I hereby certify that the above described wastes were delivered to this facility, that the facility is authorized and permitted to receive such wastes.

AUTHORIZED SIGNATURE <i>[Signature]</i>	CELL NO.	DATE 7/7/2009	TIME 10:45
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LEA LAND DISPOSAL SITE NEW MEXICO

MILE MARKER #64 US HWY 62/180 • 30 MILES EAST OF CARLSBAD, NM • PHONE (505) 887-4048

LEA LAND, LLC

1300 WEST MAIN STREET • OKLAHOMA CITY, OK 73106 • PHONE (405) 236-4257

481
04

NON-HAZARDOUS WASTE MANIFEST		NO 068650	1. PAGE ___ OF ___	2. TRAILER NO. 04	
G E N E R A T O R	3. COMPANY NAME OXY USA PHONE NO.		4. ADDRESS 102 S. Main Street CITY STATE ZIP Carlsbad NM 88223		
			5. PICK-UP DATE 7/7/2009		
			6. TNRCC I.D. NO.		
	7. NAME OR DESCRIPTION OF WASTE SHIPPED:		8. CONTAINERS No. Type	9. TOTAL QUANTITY	10. UNIT Wt/Vol.
a. Non-Regulated, Non Hazardous Waste		1	CM		
b.					
c.					
d. 27040 @ 36420					
12. COMMENTS OR SPECIAL INSTRUCTIONS: ROARING SPRINGS 13 FEDERAL #4 BATTERY		13. WASTE PROFILE NO. 708504			
14. IN CASE OF EMERGENCY OR SPILL, CONTACT					
NAME Kim Slaughter		PHONE NO. 575-887-4048	24-HOUR EMERGENCY NO.		
15. GENERATOR'S CERTIFICATION: I Herby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, including applicable state regulations, and are the same materials previously approved by LEA LAND, LLC					
PRINTED/TYPED NAME		SIGNATURE		DATE	
T R A N S P O R T E R S	16. TRANSPORTER (1)		17. TRANSPORTER (2)		
	NAME: ELKE ENVIRONMENTAL, INC.		NAME:		
	TEXAS I.D. NO.		TEXAS I.D. NO.		
	IN CASE OF EMERGENCY CONTACT: KELTON BEARD		IN CASE OF EMERGENCY CONTACT:		
EMERGENCY PHONE: (575) 390-1903		EMERGENCY PHONE:			
18. TRANSPORTER (1): Acknowledgment of receipt of material		19. TRANSPORTER (2): Acknowledgment of receipt of material			
PRINTED/TYPED NAME Cesar R...		PRINTED/TYPED NAME _____			
SIGNATURE [Signature] DATE 7/7/2009		SIGNATURE _____ DATE _____			
D I S P O S I T A L Y	Lea Land, LLC		ADDRESS: Mile Marker 64, U.S. Hwy 62/180, 30 Miles East of Carlsbad, NM	PHONE: 505-887-4048	
	PERMIT NO. WM-01-035 - New Mexico		20. COMMENTS		
	21. DISPOSAL FACILITY'S CERTIFICATION: I Herby certify that the above described wastes were delivered to this facility, that the facility is authorized and permitted to receive such wastes.				
AUTHORIZED SIGNATURE [Signature]		CELL NO.	DATE 7/7/2009	TIME 1100	

LEA LAND DISPOSAL SITE NEW MEXICO

MILE MARKER #64 US HWY 62/180 • 30 MILES EAST OF CARLSBAD, NM • PHONE (505) 887-4048

LEA LAND, LLC

1300 WEST MAIN STREET • OKLAHOMA CITY, OK 73106 • PHONE (405) 236-4257

PAP

NON-HAZARDOUS WASTE MANIFEST		NO. 068674	1. PAGE ___ OF ___	2. TRAILER NO. J-1			
G	3. COMPANY NAME OXY USA		4. ADDRESS 102 S. Main Street				
	PHONE NO.		CITY STATE ZIP Carlsbad NM 86220				
E	5. PICK-UP DATE 7/8/2009			6. TNRCC I.D. NO.			
	7. NAME OR DESCRIPTION OF WASTE SHIPPED:			8. CONTAINERS No. Type	9. TOTAL QUANTITY	10. UNIT Wt/Vol.	11. TEXAS WASTE ID #
N	a. Non-Regulated, Non Hazardous Waste			1	CM		
	b.						
	c.						
R	d. 38460 ② 41,100 ③ 42,380						
	12. COMMENTS OR SPECIAL INSTRUCTIONS: ROARING SPRINGS 13 FEDERAL #4 BATTERY			13. WASTE PROFILE NO. 709594			
A	14. IN CASE OF EMERGENCY OR SPILL, CONTACT						
	NAME KIN SLAUGHTER		PHONE NO. 575-887-4048		24-HOUR EMERGENCY NO.		
O	15. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, including applicable state regulations, and are the same materials previously approved by LEA LAND, LLC						
	PRINTED/TYPED NAME			SIGNATURE		DATE	
T R A N S P O R T E R S	16. TRANSPORTER (1)			17. TRANSPORTER (2)			
	NAME: ELKE ENVIRONMENTAL, INC.			NAME:			
	TEXAS I.D. NO.			TEXAS I.D. NO.			
	IN CASE OF EMERGENCY CONTACT: KELTON BEARD			IN CASE OF EMERGENCY CONTACT:			
EMERGENCY PHONE: (575) 390-1803			EMERGENCY PHONE:				
E R S	18. TRANSPORTER (1): Acknowledgment of receipt of material			19. TRANSPORTER (2): Acknowledgment of receipt of material			
	PRINTED/TYPED NAME Jose Bejarano			PRINTED/TYPED NAME _____			
SIGNATURE Jose Bejarano DATE 7/8/2009			SIGNATURE _____ DATE _____				
D I S C P I O L S I A T O R Y	Lea Land, LLC		ADDRESS: Mile Marker 64, U.S. Hwy 62/180, 30 Miles East of Carlsbad, NM		PHONE: 505-887-4048		
	PERMIT NO. WM-01-035 - New Mexico			20. COMMENTS			
21. DISPOSAL FACILITY'S CERTIFICATION: I hereby certify that the above described wastes were delivered to this facility, that the facility is authorized and permitted to receive such wastes.							
AUTHORIZED SIGNATURE [Signature]			CELL NO.		DATE 7/8/2009	TIME 7:00	

LEA LAND DISPOSAL SITE NEW MEXICO

MILE MARKER #64 US HWY. 62/180 • 30 MILES EAST OF CARLSBAD, NM • PHONE (505) 887-4048

LEA LAND, LLC

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VASQUEZ

NON-HAZARDOUS WASTE MANIFEST NO **068675** 1. PAGE OF 2. TRAILER NO. **1149**

G E N E R A T O R	3. COMPANY NAME OXY USA	4. ADDRESS 102 S. Main Street	5. PICK-UP DATE 7/8/2008
	PHONE NO.	CITY STATE ZIP Carlsbad NM 89220	6. TNRCC I.D. NO.

N E R E A	7. NAME OR DESCRIPTION OF WASTE SHIPPED:	8. CONTAINERS		9. TOTAL QUANTITY	10. UNIT Wt/Vol.	11. TEXAS WASTE ID #
		No.	Type			
a	Non-Regulated, Non-Hazardous Waste	1	CM			
b						
c	③ 41,980					
d	37,460 ③ 36,220					

12. COMMENTS OR SPECIAL INSTRUCTIONS: ROARING SPRINGS 13 FEDERAL #4 BATTERY	13. WASTE PROFILE NO. 708594
---	--

14. IN CASE OF EMERGENCY OR SPILL, CONTACT		
NAME KIN SLAUGHTER	PHONE NO. 576-887-4048	24-HOUR EMERGENCY NO.

15. GENERATOR'S CERTIFICATION: I Herby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, including applicable state regulations, and are the same materials previously approved by LEA LAND, LLC

PRINTED/TYPED NAME	SIGNATURE	DATE
--------------------	-----------	------

T R A N S P O R T E R S	16. TRANSPORTER (1)	17. TRANSPORTER (2)
	NAME: ELKE ENVIRONMENTAL, INC.	NAME:
	TEXAS I.D. NO.	TEXAS I.D. NO.
	IN CASE OF EMERGENCY CONTACT: KELTON BEARD EMERGENCY PHONE: (575) 390-1903	IN CASE OF EMERGENCY CONTACT: EMERGENCY PHONE:

18. TRANSPORTER (1): Acknowledgment of receipt of material	19. TRANSPORTER (2): Acknowledgment of receipt of material
PRINTED/TYPED NAME <u><i>Rene Vasquez</i></u>	PRINTED/TYPED NAME _____
SIGNATURE <u><i>Rene Vasquez</i></u> DATE 7/8/2008	SIGNATURE _____ DATE _____

Lea Land, LLC	ADDRESS: Mile Marker 64, U.S. Hwy 62/180, 30 Miles East of Carlsbad, NM	PHONE: 505-887-4048
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PERMIT NO. WM-01-035 - New Mexico	20. COMMENTS
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21. DISPOSAL FACILITY'S CERTIFICATION: I Herby certify that the above described wastes were delivered to this facility, that the facility is authorized and permitted to receive such wastes.

AUTHORIZED SIGNATURE <u><i>Santhia Cortivaros</i></u>	CELL NO. _____	DATE 7/8/2008	TIME 7:00
--	----------------	-------------------------	---------------------

LEA LAND DISPOSAL SITE NEW MEXICO

MILE MARKER #64 US HWY 62/180 • 30 MILES EAST OF CARLSBAD, NM • PHONE (505) 887-4048

LEA LAND, LLC

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NON-HAZARDOUS WASTE MANIFEST NO. **068876** 1. PAGE **5** OF **5** 2. TRAILER NO. **1148** **53002M VASQUEZ**

G E	3. COMPANY NAME OXY USA	4. ADDRESS 102 S. Main Street	5. PICK UP DATE 8/7/2009
	PHONE NO.	CITY STATE ZIP Carlsbad NM 88220	6. TNRSC I.D. NO.

N E R A	7. NAME OR DESCRIPTION OF WASTE SHIPPED:	8. CONTAINERS No. Type	9. TOTAL QUANTITY	10. UNIT Wt/Vol.	11. TEXAS WASTE ID #
	a. Non-Regulated, Non-Hazardous Waste	1 CM			
	b.				
	c.				
	d. 39,960 @ 32,260 @ 41,240				
	12. COMMENTS OR SPECIAL INSTRUCTIONS: ROARING SPRINGS 13 FEDERAL #4 BATTERY	13. WASTE PROFILE NO. 708504			

T	14. IN CASE OF EMERGENCY OR SPILL, CONTACT		
	NAME KIN SLAUGHTER	PHONE NO. 575-887-4048	24-HOUR EMERGENCY NO.

15. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, including applicable state regulations, and are the same materials previously approved by LEA LAND, LLC.

R	PRINTED/TYPED NAME	SIGNATURE	DATE
---	--------------------	-----------	------

T R A N S P O R T E R S	16. TRANSPORTER (1) NAME: ELKE ENVIRONMENTAL, INC. TEXAS I.D. NO. IN CASE OF EMERGENCY CONTACT: KELTON BEARD EMERGENCY PHONE: (575) 390-1903	17. TRANSPORTER (2) NAME: TEXAS I.D. NO. IN CASE OF EMERGENCY CONTACT: EMERGENCY PHONE:
	18. TRANSPORTER (1): Acknowledgment of receipt of material	19. TRANSPORTER (2): Acknowledgment of receipt of material
	PRINTED/TYPED NAME chiv	PRINTED/TYPED NAME
	SIGNATURE [Signature] DATE 7/6/2009	SIGNATURE DATE

D I S P O S I T O R Y	Lea Land, LLC	ADDRESS: Mile Marker 64, U.S. Hwy 62/180, 30 Miles East of Carlsbad, NM	PHONE: 505-887-4048
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PERMIT NO. WM-01-035 - New Mexico	20. COMMENTS
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21. DISPOSAL FACILITY'S CERTIFICATION: I hereby certify that the above described wastes were delivered to this facility, that the facility is authorized and permitted to receive such wastes.

AUTHORIZED SIGNATURE [Signature]	CELL NO.	DATE 7/6/2009	TIME 705
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LEA LAND DISPOSAL SITE NEW MEXICO

MILE MARKER #64 US HWY 62/180 • 30 MILES EAST OF CARLSBAD, NM • PHONE (505) 887-4048

LEA LAND, LLC

1300 WEST MAIN STREET • OKLAHOMA CITY, OK 73106 • PHONE (405) 236-4257

JD'S

NON-HAZARDOUS WASTE MANIFEST	NO. 068577	1. PAGE ___ OF ___	2. TRAILER NO. 004
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G E N E R A T O R	3. COMPANY NAME OXY USA	4. ADDRESS 102 S. Main Street	5. PICK-UP DATE 7/8/2009
	PHONE NO.	CITY STATE ZIP Carlsbad NM 98220	6. TNRCC I.D. NO.

7. NAME OR DESCRIPTION OF WASTE SHIPPED:	8. CONTAINERS No.	Type	9. TOTAL QUANTITY	10. UNIT Wt/Vol.	11. TEXAS WASTE ID #
a. Non-Regulated, Non-Hazardous Waste	1	CM			
b.					
d. 337,500					
41,860 @ 35,140					

12. COMMENTS OR SPECIAL INSTRUCTIONS: ROARING SPRINGS 13 FEDERAL #4 BATTERY	13. WASTE PROFILE NO. 708594
---	--

14. IN CASE OF EMERGENCY OR SPILL, CONTACT		
NAME KIN SLAUGHTER	PHONE NO. 575-887-4048	24-HOUR EMERGENCY NO.

15. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, including applicable state regulations, and are the same materials previously approved by LEA LAND, LLC

PRINTED/TYPED NAME	SIGNATURE	DATE
--------------------	-----------	------

T R A N S P O R T E R S	16. TRANSPORTER (1)	17. TRANSPORTER (2)
	NAME: ELKE ENVIRONMENTAL, INC.	NAME:
	TEXAS I.D. NO.	TEXAS I.D. NO.
	IN CASE OF EMERGENCY CONTACT: KELTON BEARD	IN CASE OF EMERGENCY CONTACT:
EMERGENCY PHONE: (575) 890-1003	EMERGENCY PHONE:	

18. TRANSPORTER (1): Acknowledgment of receipt of material	19. TRANSPORTER (2): Acknowledgment of receipt of material
PRINTED/TYPED NAME: Alberto Alvarez	PRINTED/TYPED NAME: _____
SIGNATURE: <i>[Signature]</i> DATE: 7/8/2009	SIGNATURE: _____ DATE: _____

Lea Land, LLC	ADDRESS: Mile Marker 64, U.S. Hwy 62/180, 30 Miles East of Carlsbad, NM	PHONE: 505-887-4048
----------------------	---	-------------------------------

PERMIT NO. WM-01-035 - New Mexico	20. COMMENTS
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21. DISPOSAL FACILITY'S CERTIFICATION: I hereby certify that the above described wastes were delivered to this facility, that the facility is authorized and permitted to receive such wastes.

AUTHORIZED SIGNATURE <i>[Signature]</i>	CELL NO.	DATE 7/8/2009	TIME 7:05
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Analytical Report 322201

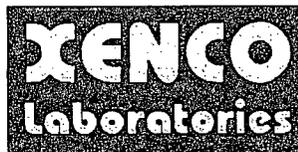
for

Elke Environmental, Inc.

Project Manager: Logan Anderson

Oxy USA

13-JAN-09



12600 West I-20 East Odessa, Texas 79765

Texas certification numbers:

Houston, TX T104704215-08B-TX - Odessa/Midland, TX T104704400-08-TX

Florida certification numbers:

Houston, TX E871002 - Miami, FL E86678 - Tampa, FL E86675
Norcross(Atlanta), GA E87429

South Carolina certification numbers:

Norcross(Atlanta), GA 98015

North Carolina certification numbers:

Norcross(Atlanta), GA 483

Houston - Dallas - San Antonio - Tampa - Miami - Latin America
Midland - Corpus Christi - Atlanta



13-JAN-09

Project Manager: **Logan Anderson**
Elke Environmental, Inc.
4817 Andrews Hwy
P.O. Box 14167 Odessa, tx 79768
Odessa, TX 79762

Reference: XENCO Report No: **322201**
Oxy USA
Project Address: Roaring Springs 13 # 4 Batt

Logan Anderson:

We are reporting to you the results of the analyses performed on the samples received under the project name referenced above and identified with the XENCO Report Number 322201. All results being reported under this Report Number apply to the samples analyzed and properly identified with a Laboratory ID number. Subcontracted analyses are identified in this report with either the NELAC certification number of the subcontract lab in the analyst ID field, or the complete subcontracted report attached to this report.

Unless otherwise noted in a Case Narrative, all data reported in this Analytical Report are in compliance with NELAC standards. Estimation of data uncertainty for this report is found in the quality control section of this report unless otherwise noted. Should insufficient sample be provided to the laboratory to meet the method and NELAC Matrix Duplicate and Matrix Spike requirements, then the data will be analyzed, evaluated and reported using all other available quality control measures.

The validity and integrity of this report will remain intact as long as it is accompanied by this letter and reproduced in full, unless written approval is granted by XENCO Laboratories. This report will be filed for at least 5 years in our archives after which time it will be destroyed without further notice, unless otherwise arranged with you. The samples received, and described as recorded in Report No. 322201 will be filed for 60 days, and after that time they will be properly disposed without further notice, unless otherwise arranged with you. We reserve the right to return to you any unused samples, extracts or solutions related to them if we consider so necessary (e.g., samples identified as hazardous waste, sample sizes exceeding analytical standard practices, controlled substances under regulated protocols, etc).

We thank you for selecting XENCO Laboratories to serve your analytical needs. If you have any questions concerning this report, please feel free to contact us at any time.

Respectfully,

Brent Barron, II

Odessa Laboratory Manager

*Recipient of the Prestigious Small Business Administration Award of Excellence in 1994.
Certified and approved by numerous States and Agencies.*

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Houston - Dallas - San Antonio - Austin - Tampa - Miami - Atlanta - Corpus Christi - Latin America



Sample Cross Reference 322201



Elke Environmental, Inc., Odessa, TX

Oxy USA

Sample Id	Matrix	Date Collected	Sample Depth	Lab Sample Id
SB-2 @ 10'	S	Jan-07-09 10:30	10 ft	322201-001



Certificate of Analysis Summary 322201

Elke Environmental, Inc., Odessa, TX

Project Name: Oxy USA



Project Id:

Contact: Logan Anderson

Project Location: Roaring Springs 13 # 4 Batt

Date Received in Lab: Fri Jan-09-09 05:02 pm

Report Date: 13-JAN-09

Project Manager: Brent Barron, II

Analysis Requested	<i>Lab Id:</i>	322201-001				
	<i>Field Id:</i>	SB-2 @ 10'				
	<i>Depth:</i>	10 ft				
	<i>Matrix:</i>	SOIL				
	<i>Sampled:</i>	Jan-07-09 10:30				
Anions by EPA 300	<i>Extracted:</i>					
	<i>Analyzed:</i>	Jan-12-09 16:19				
	<i>Units/RL:</i>	mg/kg RL				
Chloride		149 10.4				
Percent Moisture	<i>Extracted:</i>					
	<i>Analyzed:</i>	Jan-12-09 11:30				
	<i>Units/RL:</i>	% RL				
Percent Moisture		3.45 1.00				
TPH By SW8015 Mod	<i>Extracted:</i>	Jan-12-09 13:00				
	<i>Analyzed:</i>	Jan-12-09 18:32				
	<i>Units/RL:</i>	mg/kg RL				
C6-C12 Gasoline Range Hydrocarbons		ND 15.5				
C12-C28 Diesel Range Hydrocarbons		ND 15.5				
C28-C35 Oil Range Hydrocarbons		ND 15.5				
Total TPH		ND 15.5				

This analytical report, and the entire data package it represents, has been made for your exclusive and confidential use. The interpretations and results expressed throughout this analytical report represent the best judgment of XENCO Laboratories. XENCO Laboratories assumes no responsibility and makes no warranty to the end use of the data hereby presented. Our liability is limited to the amount invoiced for this work order unless otherwise agreed to in writing.

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Brent Barron
Odessa Laboratory Director



Flagging Criteria



- X** In our quality control review of the data a QC deficiency was observed and flagged as noted. MS/MSD recoveries were found to be outside of the laboratory control limits due to possible matrix /chemical interference, or a concentration of target analyte high enough to effect the recovery of the spike concentration. This condition could also effect the relative percent difference in the MS/MSD.
 - B** A target analyte or common laboratory contaminant was identified in the method blank. Its presence indicates possible field or laboratory contamination.
 - D** The sample(s) were diluted due to targets detected over the highest point of the calibration curve, or due to matrix interference. Dilution factors are included in the final results. The result is from a diluted sample.
 - E** The data exceeds the upper calibration limit; therefore, the concentration is reported as estimated.
 - F** RPD exceeded lab control limits.
 - J** The target analyte was positively identified below the MQL and above the SQL.
 - U** Analyte was not detected.
 - L** The LCS data for this analytical batch was reported below the laboratory control limits for this analyte. The department supervisor and QA Director reviewed data. The samples were either reanalyzed or flagged as estimated concentrations.
 - H** The LCS data for this analytical batch was reported above the laboratory control limits. Supporting QC Data were reviewed by the Department Supervisor and QA Director. Data were determined to be valid for reporting.
 - K** Sample analyzed outside of recommended hold time.
 - JN** A combination of the "N" and the "J" qualifier. The analysis indicates that the analyte is "tentatively identified" and the associated numerical value may not be consistent with the amount actually present in the environmental sample.
- * Outside XENCO's scope of NELAC Accreditation.

Recipient of the Prestigious Small Business Administration Award of Excellence in 1994.

Certified and approved by numerous States and Agencies.

A Small Business and Minority Status Company that delivers SERVICE and QUALITY

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 5757 NW 158th St, Miami Lakes, FL 33014
 12600 West I-20 East, Odessa, TX 79765
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(210) 509-3334	(210) 509-3335
(813) 620-2000	(813) 620-2033
(305) 823-8500	(305) 823-8555
(432) 563-1800	(432) 563-1713
(361) 884-0371	(361) 884-9116



Form 2 - Surrogate Recoveries

Project Name: Oxy USA

Work Orders : 322201,

Project ID:

Lab Batch #: 746298

Sample: 322199-001 S / MS

Batch: 1 Matrix: Soil

Units: mg/kg

SURROGATE RECOVERY STUDY

TPH By SW8015 Mod Analytes	Amount Found [A]	True Amount [B]	Recovery %R [D]	Control Limits %R	Flags
1-Chlorooctane	119	100	119	70-135	
o-Terphenyl	56.5	50.0	113	70-135	

Lab Batch #: 746298

Sample: 322199-001 SD / MSD

Batch: 1 Matrix: Soil

Units: mg/kg

SURROGATE RECOVERY STUDY

TPH By SW8015 Mod Analytes	Amount Found [A]	True Amount [B]	Recovery %R [D]	Control Limits %R	Flags
1-Chlorooctane	122	100	122	70-135	
o-Terphenyl	58.6	50.0	117	70-135	

Lab Batch #: 746298

Sample: 322201-001 / SMP

Batch: 1 Matrix: Soil

Units: mg/kg

SURROGATE RECOVERY STUDY

TPH By SW8015 Mod Analytes	Amount Found [A]	True Amount [B]	Recovery %R [D]	Control Limits %R	Flags
1-Chlorooctane	97.5	100	98	70-135	
o-Terphenyl	49.1	50.0	98	70-135	

Lab Batch #: 746298

Sample: 522806-1-BKS / BKS

Batch: 1 Matrix: Solid

Units: mg/kg

SURROGATE RECOVERY STUDY

TPH By SW8015 Mod Analytes	Amount Found [A]	True Amount [B]	Recovery %R [D]	Control Limits %R	Flags
1-Chlorooctane	120	100	120	70-135	
o-Terphenyl	62.2	50.0	124	70-135	

Lab Batch #: 746298

Sample: 522806-1-BLK / BLK

Batch: 1 Matrix: Solid

Units: mg/kg

SURROGATE RECOVERY STUDY

TPH By SW8015 Mod Analytes	Amount Found [A]	True Amount [B]	Recovery %R [D]	Control Limits %R	Flags
1-Chlorooctane	101	100	101	70-135	
o-Terphenyl	51.7	50.0	103	70-135	

** Surrogates outside limits; data and surrogates confirmed by reanalysis

*** Poor recoveries due to dilution

Surrogate Recovery [D] = 100 * A / B

All results are based on MDL and validated for QC purposes.



Form 2 - Surrogate Recoveries

Project Name: Oxy USA

Work Orders : 322201,

Project ID:

Lab Batch #: 746298

Sample: 522806-1-BSD / BSD

Batch: 1 Matrix: Solid

Units: mg/kg

SURROGATE RECOVERY STUDY

TPH By SW8015 Mod Analytes	Amount Found [A]	True Amount [B]	Recovery %R [D]	Control Limits %R	Flags
1-Chlorooctane	117	100	117	70-135	
o-Terphenyl	55.8	50.0	112	70-135	

** Surrogates outside limits; data and surrogates confirmed by reanalysis

*** Poor recoveries due to dilution

Surrogate Recovery [D] = $100 * A / B$

All results are based on MDL and validated for QC purposes.



Blank Spike Recovery



Project Name: Oxy USA

Work Order #: 322201

Project ID:

Lab Batch #: 746220

Sample: 746220-1-BKS

Matrix: Solid

Date Analyzed: 01/12/2009

Date Prepared: 01/12/2009

Analyst: LATCOR

Reporting Units: mg/kg

Batch #: 1

BLANK/BLANK SPIKE RECOVERY STUDY

Anions by EPA 300 Analytes	Blank Result [A]	Spike Added [B]	Blank Spike Result [C]	Blank Spike %R [D]	Control Limits %R	Flags
Chloride	ND	10.0	9.99	100	90-110	

Blank Spike Recovery [D] = 100*[C]/[B]

All results are based on MDL and validated for QC purposes.



BS / BSD Recoveries



Project Name: Oxy USA

Work Order #: 322201

Analyst: BHW

Date Prepared: 01/12/2009

Project ID:

Date Analyzed: 01/12/2009

Lab Batch ID: 746298

Sample: 522806-1-BKS

Batch #: 1

Matrix: Solid

Units: mg/kg

BLANK /BLANK SPIKE / BLANK SPIKE DUPLICATE RECOVERY STUDY

TPH By SW8015 Mod	Blank Sample Result [A]	Spike Added [B]	Blank Spike Result [C]	Blank Spike %R [D]	Spike Added [E]	Blank Spike Duplicate Result [F]	Blk. Spk Dup. %R [G]	RPD %	Control Limits %R	Control Limits %RPD	Flag
Analytes											
C6-C12 Gasoline Range Hydrocarbons	ND	1000	971	97	1000	950	95	2	70-135	35	
C12-C28 Diesel Range Hydrocarbons	ND	1000	1020	102	1000	997	100	2	70-135	35	

Relative Percent Difference RPD = $200 * |(C-F)/(C+F)|$

Blank Spike Recovery [D] = $100 * (C)/[B]$

Blank Spike Duplicate Recovery [G] = $100 * (F)/[E]$

All results are based on MDL and Validated for QC Purposes



Form 3 - MS Recoveries



Project Name: Oxy USA

Work Order #: 322201

Lab Batch #: 746220

Project ID:

Date Analyzed: 01/12/2009

Date Prepared: 01/12/2009

Analyst: LATCOR

QC- Sample ID: 322199-001 S

Batch #: 1

Matrix: Soil

Reporting Units: mg/kg

MATRIX / MATRIX SPIKE RECOVERY STUDY

Inorganic Anions by EPA 300	Parent Sample Result [A]	Spike Added [B]	Spiked Sample Result [C]	%R [D]	Control Limits %R	Flag
Analytes						
Chloride	341	205	529	92	80-120	

Matrix Spike Percent Recovery [D] = $100 \cdot (C-A)/B$

Relative Percent Difference [E] = $200 \cdot (C-A)/(C+B)$

All Results are based on MDL and Validated for QC Purposes



Form 3 - MS / MSD Recoveries



Project Name: Oxy USA

Work Order #: 322201

Project ID:

Lab Batch ID: 746298

QC- Sample ID: 322199-001 S

Batch #: 1 Matrix: Soil

Date Analyzed: 01/13/2009

Date Prepared: 01/12/2009

Analyst: BHW

Reporting Units: mg/kg

MATRIX SPIKE / MATRIX SPIKE DUPLICATE RECOVERY STUDY

TPH By SW8015 Mod Analytes	Parent Sample Result [A]	Spike Added [B]	Spiked Sample Result [C]	Spiked Sample %R [D]	Spike Added [E]	Duplicate Spiked Sample Result [F]	Spiked Dup. %R [G]	RPD %	Control Limits %R	Control Limits %RPD	Flag
	C6-C12 Gasoline Range Hydrocarbons	ND	1030	954	93	1030	974	95	2	70-135	35
C12-C28 Diesel Range Hydrocarbons	ND	1030	1020	99	1030	1040	101	2	70-135	35	

Matrix Spike Percent Recovery [D] = 100*(C-A)/B
Relative Percent Difference RPD = 200*|(C-F)/(C+F)|

Matrix Spike Duplicate Percent Recovery [G] = 100*(F-A)/E

ND = Not Detected, J = Present Below Reporting Limit, B = Present in Blank, NR = Not Requested, I = Interference, NA = Not Applicable
N = See Narrative, EQL = Estimated Quantitation Limit



Sample Duplicate Recovery



Project Name: Oxy USA

Work Order #: 322201

Lab Batch #: 746220

Project ID:

Date Analyzed: 01/12/2009

Date Prepared: 01/12/2009

Analyst: LATCOR

QC- Sample ID: 322199-001 D

Batch #: 1

Matrix: Soil

Reporting Units: mg/kg

SAMPLE / SAMPLE DUPLICATE RECOVERY

Anions by EPA 300	Parent Sample Result [A]	Sample Duplicate Result [B]	RPD	Control Limits %RPD	Flag
Analyte					
Chloride	341	343	1	20	

Lab Batch #: 746179

Date Analyzed: 01/12/2009

Date Prepared: 01/12/2009

Analyst: WRU

QC- Sample ID: 322201-001 D

Batch #: 1

Matrix: Soil

Reporting Units: %

SAMPLE / SAMPLE DUPLICATE RECOVERY

Percent Moisture	Parent Sample Result [A]	Sample Duplicate Result [B]	RPD	Control Limits %RPD	Flag
Analyte					
Percent Moisture	3.45	3.35	3	20	

Spike Relative Difference RPD $200 * |(B-A)/(B+A)|$
All Results are based on MDL and validated for QC purposes.

Environmental Lab of Texas
 Variance/ Corrective Action Report- Sample Log-In

Client: Elke Env.
 Date/ Time: 1-9-09 17:02
 Lab ID #: 222201
 Initials: CL

Sample Receipt Checklist

			Client Initials
1	Temperature of container/ cooler?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	5.5 °C
2	Shipping container in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3	Custody Seals intact on shipping container/ cooler?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Not Present
4	Custody Seals intact on sample bottles/ container?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Not Present
5	Chain of Custody present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6	Sample instructions complete of Chain of Custody?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7	Chain of Custody signed when relinquished/ received?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8	Chain of Custody agrees with sample label(s)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ID written on Cont./ Lid
9	Container label(s) legible and intact?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Not Applicable
10	Sample matrix/ properties agree with Chain of Custody?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
11	Containers supplied by ELOT?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
12	Samples in proper container/ bottle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	See Below
13	Samples properly preserved?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	See Below
14	Sample bottles intact?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
15	Preservations documented on Chain of Custody?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
16	Containers documented on Chain of Custody?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17	Sufficient sample amount for indicated test(s)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	See Below
18	All samples received within sufficient hold time?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	See Below
19	Subcontract of sample(s)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Not Applicable
20	VOC samples have zero headspace?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Not-Applicable

Variance Documentation

Contacted by: _____ Date/ Time: _____

Regarding: _____

Corrective Action Taken: _____

- Check all that Apply:
- See attached e-mail/ fax
 - Client understands and would like to proceed with analysis
 - Cooling process had begun shortly after sampling event

District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, Artesia, NM 88210
District III
700 Rio Brazos Road, Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy Minerals and Natural Resources JAN 05 2009
Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-141
Revised October 10, 2003

OCD-ARTESIA Submit 2 Copies to appropriate District Office in accordance with Rule 116 on back side of form

Release Notification and Corrective Action

19 SEP 09 00655288 OPERATOR Initial Report Final Report

Name of Company OXY USA 192463	Contact Kelton Beaird
Address 102 S Main Carlsbad, NM 88220	Telephone No. (O) 575-887-8337 C) 575-390-1903
Facility Name Roaring Springs 13-4	Facility Type Well with Produced Water Tank
Surface Owner BLM Mineral Owner BLM Lease No.	

3001529350

LOCATION OF RELEASE

Unit Letter	Section	Township	Range	Feet from the	North/South Line	Feet from the	East/West Line	County
C	13	21S	23E					Eddy

Latitude _____ Longitude _____

NATURE OF RELEASE

Type of Release Produced Water	Volume of Release 50bbbls	Volume Recovered 45bbbls
Source of Release Transfer Pump	Date and Hour of Occurrence NA	Date and Hour of Discovery 12-29-08 @ 3:40pm
Was Immediate Notice Given? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required	If YES, To Whom? Sherry Bohnam-NMOCD, Jim Amos- BLM	
By Whom? Kelton Beaird	Date and Hour See above	
Was a Watercourse Reached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If YES, Volume Impacting the Watercourse.	
If a Watercourse was Impacted, Describe Fully.*		

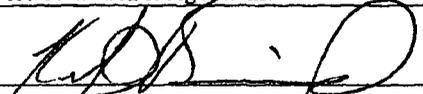
Describe Cause of Problem and Remedial Action Taken.*

A plug in the transfer pump blew out causing produced water to leak. A vac-truck was called and was in the area and all fluid was picked up.

Describe Area Affected and Cleanup Action Taken.*

Area affected was inside the bermed area. This site will be delineated to determine the extent of the contamination. A work plan will then be submitted for approval to the BLM and NMOCD.

I hereby certify that the information given above is true and complete to the best of my knowledge and understand that pursuant to NMOCD 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 NMOCD marked as "Final Report" does not relieve the operator of liability should their operations have failed to adequately investigate and remediate contamination that pose a threat to ground water, surface water, human health or the environment. In addition, NMOCD 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.

Signature: 	OIL CONSERVATION DIVISION	
Printed Name: Kelton Beaird	Approved by District Supervisor: T. Cumbie	* Remediation Actions to be completed and Final C-141 submitted with confirmation analyses/documentation on or before the Expiration Date.
Title: HES Specialist	Approval Date: 1-6-09	Expiration Date: 3-6-09
E-mail Address: kelton_beaird@oxy.com	Conditions of Approval: SEE ATTACHED STIPULATIONS	Attached <input checked="" type="checkbox"/> 2RP-292
Date: 12-30-08		

Attach Additional Sheets If Necessary

Notify OCD 48 hours prior to obtaining samples where analyses are to be presented to OCD

District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, Artesia, NM 88210
District III
Rio Brazos Road, Aztec, NM 87410
District IV
S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy Minerals and Natural Resources

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-141
Revised October 10, 2003

Submit 2 Copies to appropriate
District Office in accordance
with Rule 116 on back
side of form

Release Notification and Corrective Action

OPERATOR

Initial Report Final Report

Name of Company – Oxy USA	Contact – Kelton Beard
Address – P O Box 1988 Carlsbad, NM 88220	Telephone No. – off 575-628-4121 cell 575-390-1903
Facility Name – Roaring Springs 13 Fed #4	Facility Type – Well with Produced Water Tank

Surface Owner - BLM	Mineral Owner - BLM	Lease No. 30-015-29350
---------------------	---------------------	------------------------

LOCATION OF RELEASE

Unit Letter	Section	Township	Range	Feet from the	North/South Line	Feet from the	East/West Line	County
C	13	21S	23E					Eddy

Latitude 32° 29.038' N Longitude 104° 33.513' W

NATURE OF RELEASE

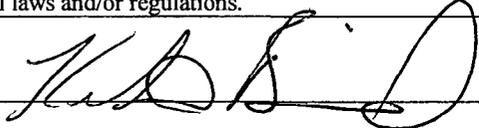
Type of Release – Produced Water	Volume of Release 50bbls	Volume Recovered – 45 bbls
Source of Release – Transfer Pump	Date and Hour of Occurrence N/A	Date and Hour of Discovery 12-29-09 @ 3:40pm
Was Immediate Notice Given? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required	If YES, To Whom? Sherry Bohnam (NMOCD) Jim Amos (BLM)	
By Whom? Kelton Beard – HES Oxy	Date and Hour - See above	
Was a Watercourse Reached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If YES, Volume Impacting the Watercourse.	

Watercourse was Impacted, Describe Fully.*

Describe Cause of Problem and Remedial Action Taken.* A plug in the transfer pump blew out causing produced water to leak. A vac-truck was in the area and all fluid was picked up. Area affected was contained inside the berm. A vertical and horizontal delineation was completed using an air rotary rig. A borehole was drilled at the site to determine groundwater. The borehole was drilled to 96' deep and a hard rock layer was encountered that was impenetrable by the drill rig. No water bearing formations were found to 96' deep.

Describe Area Affected and Cleanup Action Taken.* As per the approved plan the site was excavated to 4' below ground surface. The impacted soil was hauled to Lea Land Disposal and clean native soil was hauled back to the site. The excavation was backfilled with the clean native soil and new berms were built around the battery.

I hereby certify that the information given above is true and complete to the best of my knowledge and understand that pursuant to NMOCD 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 NMOCD marked as "Final Report" does not relieve the operator of liability should their operations have failed to adequately investigate and remediate contamination that pose a threat to ground water, surface water, human health or the environment. In addition, NMOCD 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.

Signature: 	<u>OIL CONSERVATION DIVISION</u>	
Printed Name: Kelton Beard	Approved by District Supervisor:	
Title: HES Specialist	Approval Date:	Expiration Date:
mail Address: kelton_beard@oxy.com	Conditions of Approval:	Attached <input type="checkbox"/>
Date: 7-13-09	Phone: 575-628-4121	

* Attach Additional Sheets If Necessary