

District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, Artesia, NM 88210
District III
1000 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

RECEIVED

APR 20 2009

HOBBSOCD

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 Beaird
Address – P O Box 1988 Carlsbad, NM 88210	Telephone No. – 575-887-8337
Facility Name – Covington A Federal #9	Facility Type - Battery
Surface Owner - BLM	Mineral Owner - Federal
	File No. 30-025-32036

API

LOCATION OF RELEASE

Unit Letter	Section	Township	Range	Feet from the	North/South Line	Feet from the	East/West Line	County
M	25	22S	32E					Lea

Latitude 32° 21.388' N Longitude 103° 37.831' W

NATURE OF RELEASE

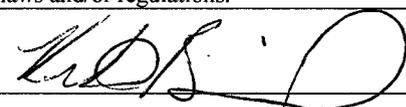
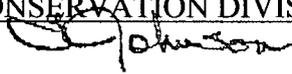
Type of Release – Produced Water	Volume of Release – 30 bbls	Volume Recovered – 20 bbls
Source of Release – Kimray Diaphragm	Date and Hour of Occurrence	Date and Hour of Discovery 12-5-08 @ 7AM
Was Immediate Notice Given? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required	If YES, To Whom?	
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.	

Watercourse was Impacted, Describe Fully.*

Describe Cause of Problem and Remedial Action Taken.* Line froze before going into the separator, causing the sells to build up pressure. The line thawed out causing the separator to blow the diaphragm on the vent kimray. A vac-truck was called. A vertical and horizontal delineation was completed and a workplan was submitted and approved on 2-22-2009.

Describe Area Affected and Cleanup Action Taken.* Four feet of impacted soil was excavated and hauled to Lea Land Disposal. Clean native soil was backfilled into the battery. A 20 mil poly liner was installed with 4 oz. Geotextile liner below the poly. A layer of pea gravel was spread over the poly liner. Attached is the final report of the remediation at the site.

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 Environmental Engineer	
Title: HES Specialist	Approval Date: 5-18-09	Expiration Date: —
Email Address: kelton_beaird@oxy.com	Conditions of Approval:	
Date: 4-3-2009 Phone: 575-887-8337	Attached <input type="checkbox"/> IRP. 2038	

* Attach Additional Sheets If Necessary

Closure Report

Prepared for
Oxy USA

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APR 20 2009

HOBBSOCD

Covington A Federal #9
API # 30-025-32036
Lea County, NM

1RP-2038

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

April 3, 2009

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APR 20 2009

HOBBSOCD

New Mexico Oil Conservation Division
Mr. Larry Johnson
1625 N French Drive
Hobbs, New Mexico 88240

Re: Oxy USA – Covington A Federal #9 Battery
UL 'M' Sec. 25 T22S R32E Lea County
1RP-2038

Mr. Larry Johnson,

Elke Environmental was contracted by Oxy USA to complete the remediation of the leak at the Covington A Federal #9 Battery. A delineation of the site was completed using an air rotary rig. The ranking criteria for this site is as follows: Surface Body of Water – 0 points; Wellhead Protection Area – 0 points; Groundwater Depth – 0 points (GW > 350'). The total ranking for the site is 0 points.

As per the approved workplan Oxy excavated 4' of impacted soil and hauled to Lea Land Disposal. The excavation was backfilled with clean native soil. A 20 mil poly liner was installed with 4 oz Geotextile liner below the poly liner. A layer of pea gravel was spread over the poly liner. Enclosed is the final report including a plat map, field analytical, lab confirmations, pictures, disposal tickets and a final C-141. If you have any questions about the enclosed report please contact me at the office.

Sincerely,



Logan Anderson

1 – Elke Environmental File
3 – Kelton Beard (Oxy USA)

Oxy USA

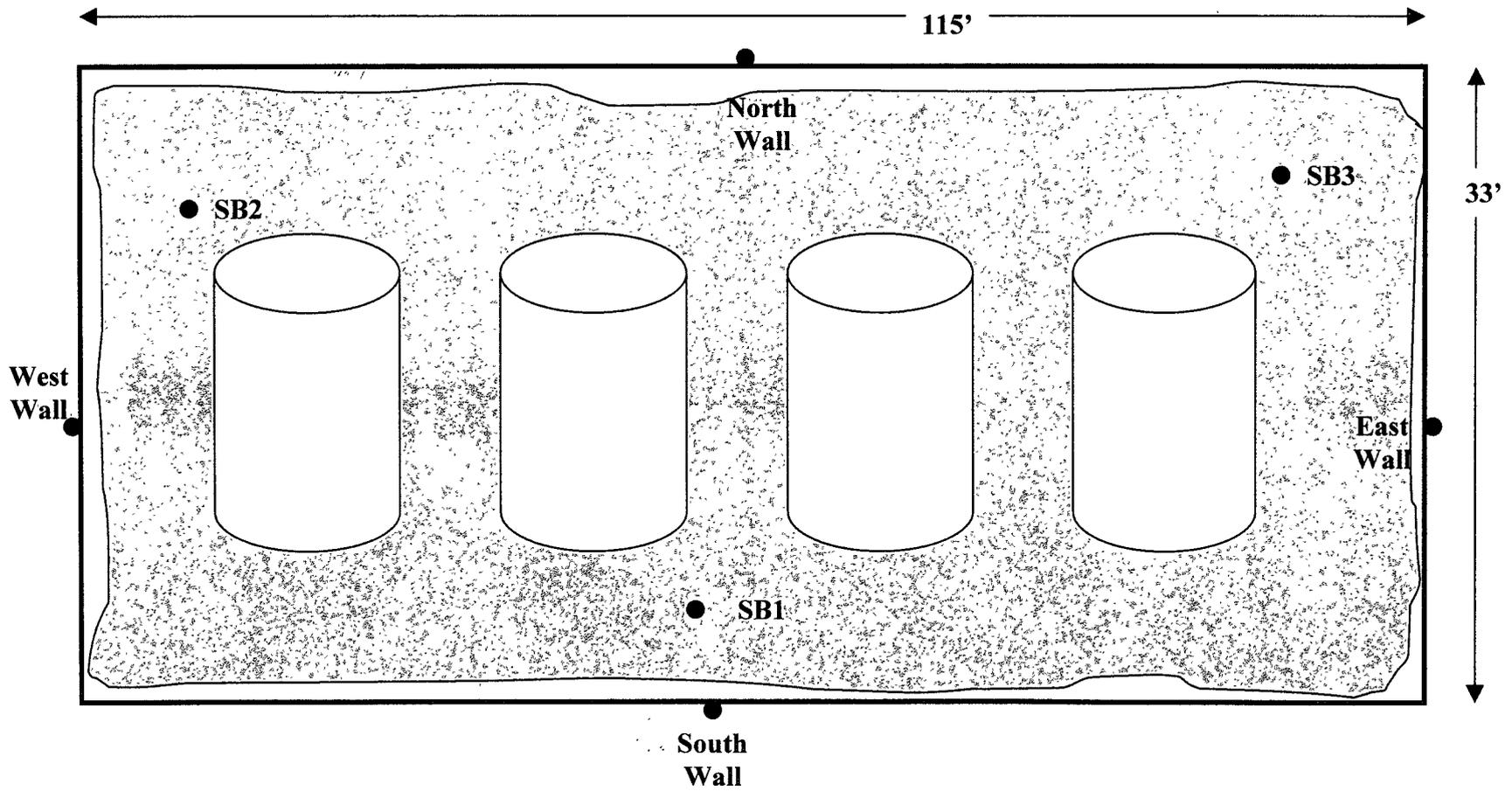
Covington A Federal #9 Battery

UL 'M' Sec. 25 T22S R32E

Lea County, NM



Plat Map



Elke Environmental, Inc.

P.O. Box 14167 Odessa, TX 79768

Field Analytical Report Form

Client Oxy USA **Analyst** Logan Anderson

Site Covington A Federal #9 Battery

Sample ID	Date	Depth	TPH / PPM	Cl / PPM	PID / PPM	GPS
SB1	1-7-09	Surface	12,780	14,091	397	32° 21.388' N 103° 37.831' W
SB1	1-7-09	5'	72	282	0.0	32° 21.388' N 103° 37.831' W
SB1	1-7-09	10'	54	116	0.0	32° 21.388' N 103° 37.831' W
SB1	1-7-09	15'	27	203	0.0	32° 21.388' N 103° 37.831' W
SB2	1-7-09	Surface	11,750	455	298	32° 21.391' N 103° 37.836' W
SB2	1-7-09	5'	41	154	0.0	32° 21.391' N 103° 37.836' W
SB2	1-7-09	10'	37	177	0.0	32° 21.391' N 103° 37.836' W
SB3	1-7-09	Surface	14,550	31,609	401	32° 21.388' N 103° 37.818' W
SB3	1-7-09	5'	43	239	0.0	32° 21.388' N 103° 37.818' W
SB3	1-7-09	10'	38	221	0.0	32° 21.388' N 103° 37.818' W
North Wall	1-7-09	Surface	19	121	0.0	32° 21.391' N 103° 37.825' W
South Wall	1-7-09	Surface	29	189	0.0	32° 21.387' N 103° 37.827' W
East Wall	1-7-09	Surface	33	174	0.0	32° 21.389' N 103° 37.838' W
West Wall	1-7-09	Surface	42	199	0.0	32° 21.389' N 103° 37.814' W

Analyst Notes _____



RE: Workplan for Oxy Spill

Sunday, February 22, 2009 3:54 PM

From: "L W Johnson" <lwj2177@hotmail.com>

To: "Logan Anderson" <la_elkeenv@yahoo.com>

Plan approved. Please attach the original OCD approved C-141 on all future submittals. Larry

Date: Wed, 18 Feb 2009 11:52:35 -0800

From: la_elkeenv@yahoo.com

Subject: Workplan for Oxy Spill

To: larryjohnson@state.nm.us; lwj2177@hotmail.com

Larry,

This workplan had been mailed to you, I was just checking if the plan had been approved yet?

Thanks,

Logan Anderson

Elke Environmental

Windows Live™ Hotmail®...more than just e-mail. [See how it works.](#)



WELL RECORD & LOG

OFFICE OF THE STATE ENGINEER
www.ose.state.nm.us

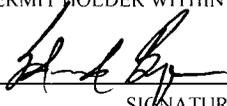
1. GENERAL AND WELL LOCATION	POD NUMBER (WELL NUMBER) COVINGTON A FEDERAL #9 SB-2				OSE FILE NUMBER(S)							
	WELL OWNER NAME(S) OXY USA				PHONE (OPTIONAL)							
	WELL OWNER MAILING ADDRESS P.O. BOX 1988				CITY CARLSBAD		STATE NM		ZIP 88221			
	WELL LOCATION (FROM GPS)	DEGREES	MINUTES	SECONDS	* ACCURACY REQUIRED ONE TENTH OF A SECOND * DATUM REQUIRED WGS 84							
	LATITUDE	32	21	23.00 N								
LONGITUDE	103	37	50.00 W									
DESCRIPTION RELATING WELL LOCATION TO STREET ADDRESS AND COMMON LANDMARKS UL "M" LEA COUNTY, NEW MEXICO												
2. OPTIONAL	(2.5 ACRE) ¼	(10 ACRE) ¼	(40 ACRE) ¼	(160 ACRE) ¼	SECTION 25	TOWNSHIP 22 <input type="checkbox"/> NORTH <input checked="" type="checkbox"/> SOUTH		RANGE 32 <input checked="" type="checkbox"/> EAST <input type="checkbox"/> WEST				
	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 1-8-09		DRILLING ENDED 1-8-09		DEPTH OF COMPLETED WELL (FT) 0		BORE HOLE DEPTH (FT) 10		DEPTH WATER FIRST ENCOUNTERED (FT)			
	COMPLETED WELL IS <input type="checkbox"/> ARTESIAN <input checked="" type="checkbox"/> DRY HOLE <input type="checkbox"/> SHALLOW (UNCONFINED)					STATIC WATER LEVEL IN COMPLETED WELL (FT) N/A						
	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	10	5		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										
METHOD USED TO ESTIMATE YIELD OF WATER-BEARING STRATA							TOTAL ESTIMATED WELL YIELD (GPM)					

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				
		0	2	5	.5 BAGS OF CEMENT		TOPLOAD
2	10	5	2 BAGS OF 3/8 PLUG		TOPLOAD		

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			
	0	10	10	TAN FINE SAND - SANDSTONE - CALICHE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	TD	10			<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
					<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- SOIL BORING WAS PLUGGED AND ABANDONED 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	1-19-09 _____ DATE



WELL RECORD & LOG

OFFICE OF THE STATE ENGINEER

www.ose.state.nm.us

1. GENERAL AND WELL LOCATION	POD NUMBER (WELL NUMBER) COVINGTON A FEDERAL #9 SB-1				OSE FILE NUMBER(S)									
	WELL OWNER NAME(S) OXY USA				PHONE (OPTIONAL)									
	WELL OWNER MAILING ADDRESS P.O. BOX 1988				CITY CARLSBAD		STATE NM		ZIP 88221					
	WELL LOCATION (FROM GPS)	DEGREES		MINUTES		SECONDS		* ACCURACY REQUIRED ONE TENTH OF A SECOND * DATUM REQUIRED WGS 84						
		LATITUDE		LONGITUDE		N					W			
DESCRIPTION RELATING WELL LOCATION TO STREET ADDRESS AND COMMON LANDMARKS UL "M" LEA COUNTY, NEW MEXICO														
2. OPTIONAL	(2.5 ACRE) ¼		(10 ACRE) ¼		(40 ACRE) ¼		(160 ACRE) ¼		SECTION 25		TOWNSHIP 22 <input type="checkbox"/> NORTH <input checked="" type="checkbox"/> SOUTH		RANGE 32 <input checked="" type="checkbox"/> EAST <input type="checkbox"/> WEST	
	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 1-8-09		DRILLING ENDED 1-8-09		DEPTH OF COMPLETED WELL (FT) 0		BORE HOLE DEPTH (FT) 18		DEPTH WATER FIRST ENCOUNTERED (FT)					
	COMPLETED WELL IS <input type="checkbox"/> ARTESIAN <input checked="" type="checkbox"/> DRY HOLE <input type="checkbox"/> SHALLOW (UNCONFINED)								STATIC WATER LEVEL IN COMPLETED WELL (FT) N/A					
	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	18	5		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												
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)

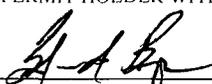
FILE NUMBER	POD NUMBER	TRN NUMBER
LOCATION	PAGE 1 OF 2	

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				
		0	2	5	.5 BAGS OF CEMENT		TOPLOAD
2	18	5	4 BAGS OF 3/8 PLUG		TOPLOAD		

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			
	0	1	1	TAN FINE SAND - SANDSTONE - CALICHE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	1	2	1	BROWN FINE SAND - SANDSTONE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	2	12	10	RED FINE SAND	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	12	18	6	TAN FINE SAND- CALICHE - SANDSTONE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	TD	18			<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- SOIL BORING WAS PLUGGED AND ABANDONED 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	1-19-09 _____ DATE



WELL RECORD & LOG

OFFICE OF THE STATE ENGINEER

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1. GENERAL AND WELL LOCATION	POD NUMBER (WELL NUMBER) COVINGTON A FEDERAL #9 SB-3				OSE FILE NUMBER(S)			
	WELL OWNER NAME(S) OXY USA				PHONE (OPTIONAL)			
	WELL OWNER MAILING ADDRESS P.O. BOX 1988				CITY CARLSBAD	STATE NM	ZIP 88221	
	WELL LOCATION (FROM GPS)	DEGREES LATITUDE 32	MINUTES 21	SECONDS 23.00 N	* ACCURACY REQUIRED ONE TENTH OF A SECOND * DATUM REQUIRED WGS 84			
	LONGITUDE 103	37	50.00 W					
DESCRIPTION RELATING WELL LOCATION TO STREET ADDRESS AND COMMON LANDMARKS UL "M" LEA COUNTY, NEW MEXICO								
2. OPTIONAL	(2.5 ACRE) 1/4	(10 ACRE) 1/4	(40 ACRE) 1/4	(160 ACRE) 1/4	SECTION 25	TOWNSHIP 22 <input type="checkbox"/> NORTH <input checked="" type="checkbox"/> SOUTH	RANGE 32 <input checked="" type="checkbox"/> EAST <input type="checkbox"/> WEST	
	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 1-8-09	DRILLING ENDED 1-8-09	DEPTH OF COMPLETED WELL (FT) 0	BORE HOLE DEPTH (FT) 10	DEPTH WATER FIRST ENCOUNTERED (FT)			
	COMPLETED WELL IS <input type="checkbox"/> ARTESIAN <input checked="" type="checkbox"/> DRY HOLE <input type="checkbox"/> SHALLOW (UNCONFINED)				STATIC WATER LEVEL IN COMPLETED WELL (FT) N/A			
	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) 5	CASING MATERIAL N/A	CONNECTION TYPE (CASING) N/A	INSIDE DIA CASING (IN) N/A	CASING WALL THICKNESS (IN) N/A	SLOT SIZE (IN) N/A
	FROM	TO						
	0	10						
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						
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)

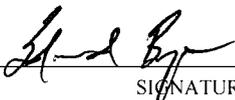
FILE NUMBER	POD NUMBER	TRN NUMBER
LOCATION	PAGE 1 OF 2	

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				
	0	2	5	.5 BAGS OF CEMENT		TOPLoad
	2	10	5	2 BAGS OF 3/8 PLUG		TOPLoad

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	10	10	TAN FINE SAND - SANDSTONE - CALICHE	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
	TD	10			<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
					<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- SOIL BORING WAS PLUGGED AND ABANDONED UPON COMPLETION OF SAMPLING						

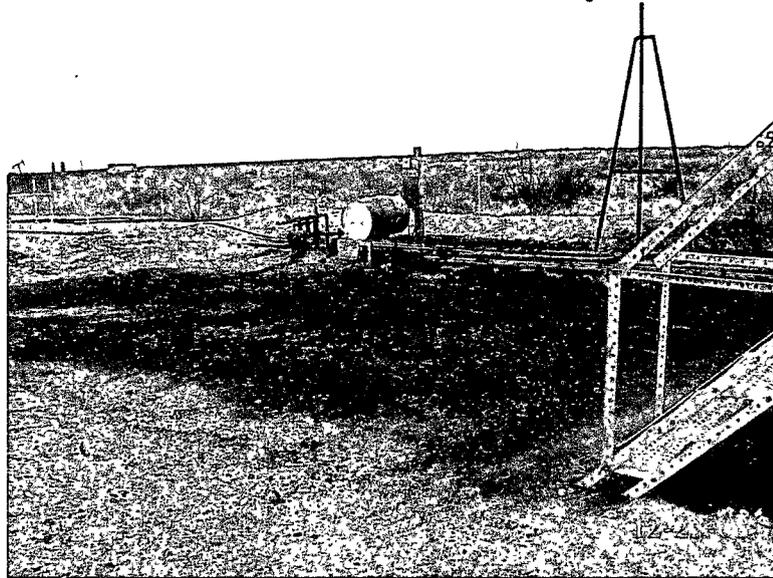
8. SIGNATURE	THE UNDERSIGNED HEREBY CERTIFIES THAT, TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF, THE FOREGOING IS A TRUE AND CORRECT RECORD OF THE ABOVE DESCRIBED HOLE AND THAT HE OR SHE WILL FILE THIS WELL RECORD WITH THE STATE ENGINEER AND THE PERMIT HOLDER WITHIN 20 DAYS AFTER COMPLETION OF WELL DRILLING					
	 SIGNATURE OF DRILLER			1-19-09 DATE		

FOR OSE INTERNAL USE

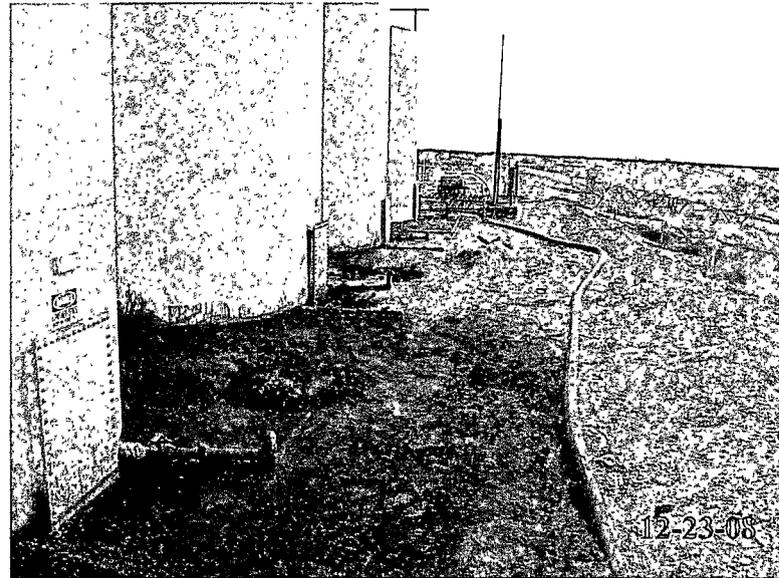
WELL RECORD & LOG (Version 6/9/08)

FILE NUMBER	POD NUMBER	TRN NUMBER
LOCATION	PAGE 2 OF 2	

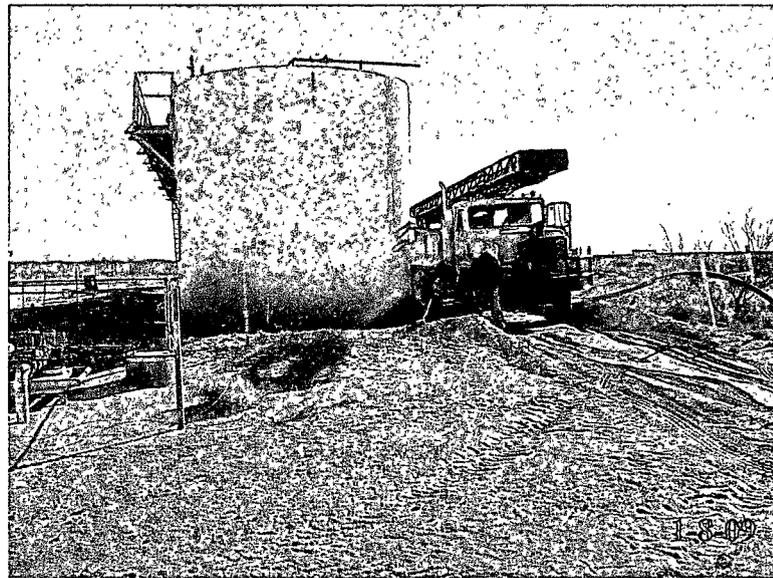
Oxy USA – Covington A Federal #9



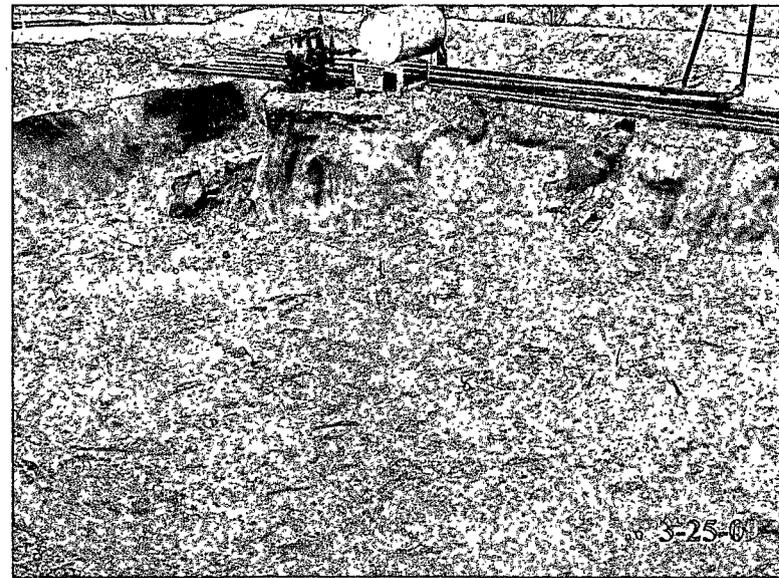
Site before remediation of spill.



Site before remediation of spill.

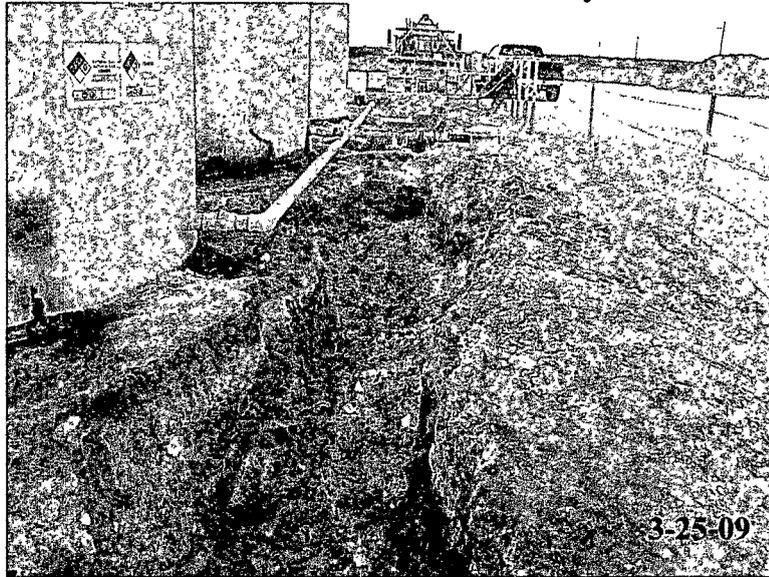


Delineation of site with air rotary rig.

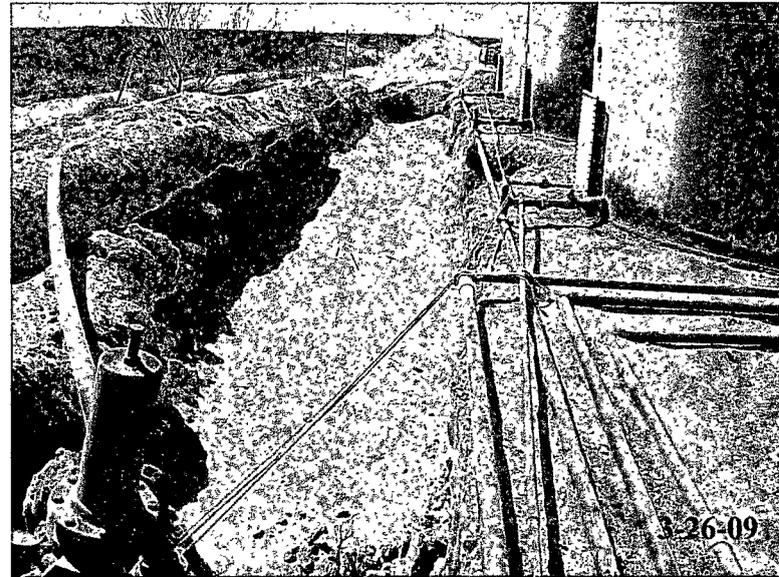


After excavation of impacted soil.

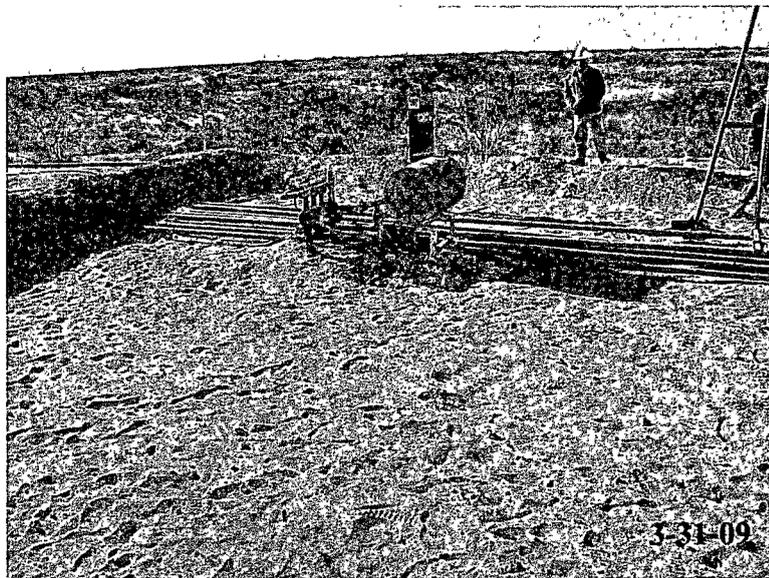
Oxy USA – Covington A Federal #9



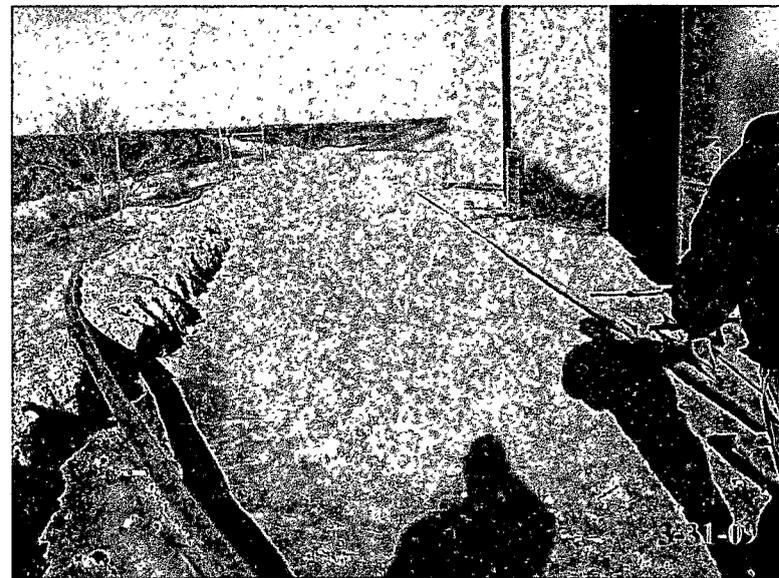
After excavation of impacted soil.



After excavation of impacted soil.

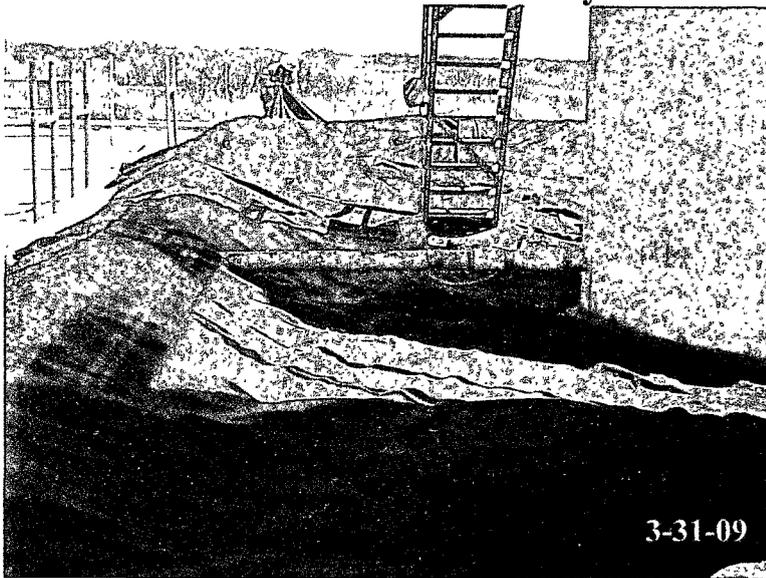


After backfill of clean native soil.

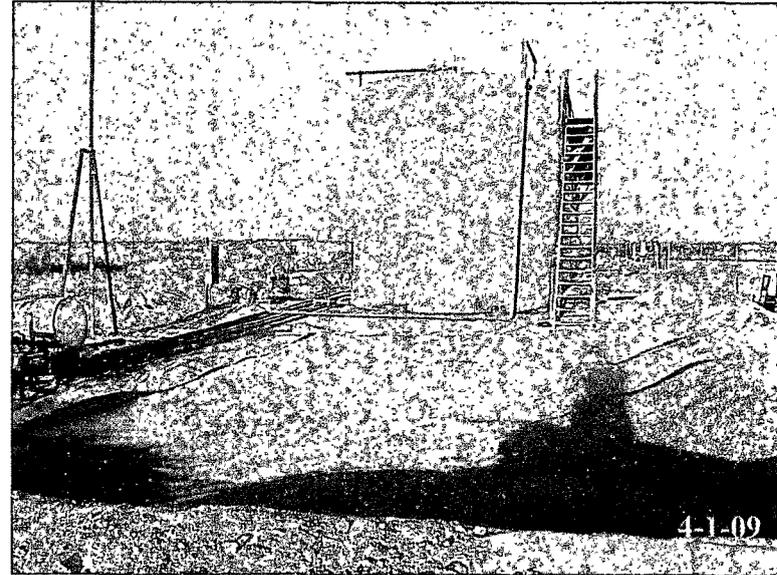


After backfill of clean native soil.

Oxy USA – Covington A Federal #9



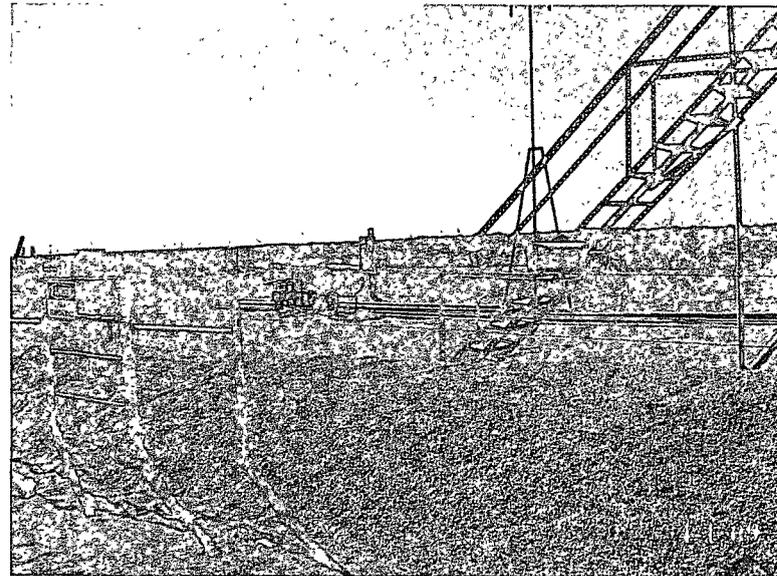
Installation of 4 oz. Geotextile liner.



Installation of 20 mil poly liner.



After pea gravel has been spread over 20 mil poly liner.



After pea gravel has been spread over 20 mil poly liner.

Analytical Report 322200

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: **322200**
Oxy USA
Project Address: Covington A Fed # 9

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 322200. 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. 322200 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

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Sample Cross Reference 322200



Elke Environmental, Inc., Odessa, TX

Oxy USA

Sample Id	Matrix	Date Collected	Sample Depth	Lab Sample Id
SB-1 @ 15'	S	Jan-08-09 10:11	15 ft	322200-001
SB-2 @ 10'	S	Jan-08-09 10:58	10 ft	322200-002
SB-3 @ 10'	S	Jan-08-09 11:47	10 ft	322200-003



Certificate of Analysis Summary 322200

Elke Environmental, Inc., Odessa, TX

Project Name: Oxy USA



Project Id:

Contact: Logan Anderson

Project Location: Covington A Fed # 9

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

Report Date: 13-JAN-09

Project Manager: Brent Barron, II

<i>Analysis Requested</i>	<i>Lab Id:</i>	322200-001	322200-002	322200-003			
	<i>Field Id:</i>	SB-1 @ 15'	SB-2 @ 10'	SB-3 @ 10'			
	<i>Depth:</i>	15 ft	10 ft	10 ft			
	<i>Matrix:</i>	SOIL	SOIL	SOIL			
	<i>Sampled:</i>	Jan-08-09 10:11	Jan-08-09 10:58	Jan-08-09 11:47			
Anions by EPA 300	<i>Extracted:</i>						
	<i>Analyzed:</i>	Jan-12-09 16:19	Jan-12-09 16:19	Jan-12-09 16:19			
	<i>Units/RL:</i>	mg/kg RL	mg/kg RL	mg/kg RL			
Chloride		131 5.29	116 5.23	144 5.12			
Percent Moisture	<i>Extracted:</i>						
	<i>Analyzed:</i>	Jan-12-09 11:30	Jan-12-09 11:30	Jan-12-09 11:30			
	<i>Units/RL:</i>	% RL	% RL	% RL			
Percent Moisture		5.50 1.00	4.42 1.00	2.38 1.00			
TPH By SW8015 Mod	<i>Extracted:</i>	Jan-12-09 13:00	Jan-12-09 13:00	Jan-12-09 13:00			
	<i>Analyzed:</i>	Jan-12-09 17:22	Jan-12-09 17:45	Jan-12-09 18:08			
	<i>Units/RL:</i>	mg/kg RL	mg/kg RL	mg/kg RL			
C6-C12 Gasoline Range Hydrocarbons		ND 15.9	ND 15.7	ND 15.4			
C12-C28 Diesel Range Hydrocarbons		ND 15.9	ND 15.7	ND 15.4			
C28-C35 Oil Range Hydrocarbons		ND 15.9	ND 15.7	ND 15.4			
Total TPH		ND 15.9	ND 15.7	ND 15.4			

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.

Since 1990 Houston - Dallas - San Antonio - Austin - Tampa - Miami - Latin America - Atlanta - Corpus Christi


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.

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	Phone	Fax
4143 Greenbriar Dr, Stafford, Tx 77477	(281) 240-4200	(281) 240-4280
9701 Harry Hines Blvd , Dallas, TX 75220	(214) 902 0300	(214) 351-9139
5332 Blackberry Drive, San Antonio TX 78238	(210) 509-3334	(210) 509-3335
2505 North Falkenburg Rd, Tampa, FL 33619	(813) 620-2000	(813) 620-2033
5757 NW 158th St, Miami Lakes, FL 33014	(305) 823-8500	(305) 823-8555
12600 West I-20 East, Odessa, TX 79765	(432) 563-1800	(432) 563-1713
842 Cantwell Lane, Corpus Christi, TX 78408	(361) 884-0371	(361) 884-9116



Form 2 - Surrogate Recoveries

Project Name: Oxy USA

Work Orders : 322200,

Project ID:

Lab Batch #: 746298

Sample: 322199-001 S / MS

Batch: 1 Matrix: Soil

Units: mg/kg

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

Lab Batch #: 746298

Sample: 322200-001 / SMP

Batch: 1 Matrix: Soil

Units: mg/kg

SURROGATE RECOVERY STUDY					
TPH By SW8015 Mod	Amount Found [A]	True Amount [B]	Recovery %R [D]	Control Limits %R	Flags
Analytes					
1-Chlorooctane	99.4	100	99	70-135	
o-Terphenyl	50.3	50.0	101	70-135	

Lab Batch #: 746298

Sample: 322200-002 / SMP

Batch: 1 Matrix: Soil

Units: mg/kg

SURROGATE RECOVERY STUDY					
TPH By SW8015 Mod	Amount Found [A]	True Amount [B]	Recovery %R [D]	Control Limits %R	Flags
Analytes					
1-Chlorooctane	101	100	101	70-135	
o-Terphenyl	50.7	50.0	101	70-135	

Lab Batch #: 746298

Sample: 322200-003 / SMP

Batch: 1 Matrix: Soil

Units: mg/kg

SURROGATE RECOVERY STUDY					
TPH By SW8015 Mod	Amount Found [A]	True Amount [B]	Recovery %R [D]	Control Limits %R	Flags
Analytes					
1-Chlorooctane	100	100	100	70-135	
o-Terphenyl	49.8	50.0	100	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 : 322200,

Project ID:

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	

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 #: 322200

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 #: 322200

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 #: 322200

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
Chloride	341	205	529	92	80-120	

Matrix Spike Percent Recovery [D] = 100*(C-A)/B
 Relative Percent Difference [E] = 200*(C-A)/(C+B)
 All Results are based on MDL and Validated for QC Purposes



Form 3 - S / MSD Recoveries



Project Name: Oxy USA

Work Order #: 322200

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 #: 322200

Lab Batch #: 746220
Date Analyzed: 01/12/2009
QC- Sample ID: 322199-001 D
Reporting Units: mg/kg

Date Prepared: 01/12/2009
Batch #: 1

Project ID:
Analyst: LATCOR
Matrix: Soil

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
QC- Sample ID: 322201-001 D
Reporting Units: %

Date Prepared: 01/12/2009
Batch #: 1

Analyst: WRU
Matrix: Soil

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 EIKE ENO
 Date/ Time 1/9/01 17:02
 Lab ID # 50220
 Initials AL

Sample Receipt Checklist

			Client Initials
1 Temperature of container/ cooler?	<input checked="" type="checkbox"/> Yes	No	57.5 °C
2 Shipping container in good condition?	<input checked="" type="checkbox"/> Yes	No	
3 Custody Seals intact on shipping container/ cooler?	<input checked="" type="checkbox"/> Yes	No	Not Present
4 Custody Seals intact on sample bottles/ container?	<input checked="" type="checkbox"/> Yes	No	Not Present
5 Chain of Custody present?	<input checked="" type="checkbox"/> Yes	No	
6 Sample instructions complete of Chain of Custody?	<input checked="" type="checkbox"/> Yes	No	
7 Chain of Custody signed when relinquished/ received?	<input checked="" type="checkbox"/> Yes	No	
8 Chain of Custody agrees with sample label(s)?	<input checked="" type="checkbox"/> Yes	No	ID written on Cont / Lid
9 Container label(s) legible and intact?	<input checked="" type="checkbox"/> Yes	No	Not Applicable
10 Sample matrix/ properties agree with Chain of Custody?	<input checked="" type="checkbox"/> Yes	No	
11 Containers supplied by ELOT?	<input checked="" type="checkbox"/> Yes	No	
12 Samples in proper container/ bottle?	<input checked="" type="checkbox"/> Yes	No	See Below
13 Samples properly preserved?	<input checked="" type="checkbox"/> Yes	No	See Below
14 Sample bottles intact?	<input checked="" type="checkbox"/> Yes	No	
15 Preservations documented on Chain of Custody?	<input checked="" type="checkbox"/> Yes	No	
16 Containers documented on Chain of Custody?	<input checked="" type="checkbox"/> Yes	No	
17 Sufficient sample amount for indicated test(s)?	<input checked="" type="checkbox"/> Yes	No	See Below
18 All samples received within sufficient hold time?	<input checked="" type="checkbox"/> Yes	No	See Below
19 Subcontract of sample(s)?	<input checked="" type="checkbox"/> Yes	No	Not Applicable
20 VOC samples have zero headspace?	<input checked="" type="checkbox"/> Yes	No	Not Applicable

Variance Documentation

Contact _____ 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

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

M. Frando

NON-HAZARDOUS WASTE MANIFEST NO **067790** 1. PAGE OF 2. TRAILER NO.

G E N E R A T O R	3. COMPANY NAME OKY USA	4. ADDRESS 102 S. Main Street	5. PICK-UP DATE 3/27/2008
	PHONE NO.	CITY STATE ZIP Carlsbad NM 88220	6. TNRCC I.D. NO.

N E R A T O R	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.						
d.	Wt 41840					

12. COMMENTS OR SPECIAL INSTRUCTIONS: COVINGTON & FEDERAL #0 BATTERY	13. WASTE PROFILE NO. 708504
--	--

14. IN CASE OF EMERGENCY OR SPILL, CONTACT		
NAME Kim Staughter	PHONE NO. 575-867-4048	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:	EMERGENCY PHONE:

18. TRANSPORTER (1): Acknowledgment of receipt of material	19. TRANSPORTER (2): Acknowledgment of receipt of material
PRINTED/TYPED NAME Rafael Lopez	PRINTED/TYPED NAME _____
SIGNATURE <i>Rafael Lopez</i> DATE 3/27/2008	SIGNATURE _____ DATE _____

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

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 <i>[Signature]</i>	CELL NO.	DATE 3/27/2008	TIME 2:30
--	----------	--------------------------	---------------------

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

Baltazar Franco

NON-HAZARDOUS WASTE MANIFEST NO **067793** 1. PAGE OF 2. TRAILER NO. **87**

G	3. COMPANY NAME OXY USA	4. ADDRESS 102 S. Main Street	5. PICK-UP DATE 3/30/2006
	PHONE NO.	CITY STATE ZIP Carlsbad NM 88720	6. TNRCC I.D. NO.

E	7. NAME OR DESCRIPTION OF WASTE SHIPPED:		8. CONTAINERS No.	9. TOTAL QUANTITY	10. UNIT Wt/Vol.	11. TEXAS WASTE ID #
	a. Non-Regulated, Non-Hazardous Waste		1	CM		
	b.					

R	12. COMMENTS OR SPECIAL INSTRUCTIONS: COMINGTON A FEDERAL #0 BATTERY		13. WASTE PROFILE NO. 708504
	14. IN CASE OF EMERGENCY OR SPILL, CONTACT NAME: Win Slaughter PHONE NO: 575-397-4045 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
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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:		EMERGENCY PHONE:		
18. TRANSPORTER (1): Acknowledgment of receipt of material		19. TRANSPORTER (2): Acknowledgment of receipt of material		
PRINTED/TYPED NAME Baltazar Franco		PRINTED/TYPED NAME		
SIGNATURE Baltazar Franco DATE 3/30/2006		SIGNATURE DATE		

D I S P O S I T I O N	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 3/30/2006	TIME 9:15

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

Baltazar Farm

NON-HAZARDOUS WASTE MANIFEST NO **067814** 1. PAGE OF 2. TRAILER NO. **7**

G	3. COMPANY NAME OXY USA	4. ADDRESS 102 S. Main Street	5. PICK-UP DATE 3/31/2008
	PHONE NO.	CITY STATE ZIP Carlsbad NM 88270	6. TNRC ID NO.

E	7. NAME OR DESCRIPTION OF WASTE SHIPPED:	8. CONTAINERS		9. TOTAL QUANTITY	10. UNIT Wt/Vol.	11. TEXAS WASTE ID #
		No.	Type			
N	a. Non-Regulated, Non-Hazardous Waste	1	CM			
E	b.					
R	c.					
A	d. ① 36,440 ② 34,320					

12. COMMENTS OR SPECIAL INSTRUCTIONS: CONVICTION A FEDERAL #6 BATTERY	13. WASTE PROFILE NO. 70854
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14. IN CASE OF EMERGENCY OR SPILL, CONTACT		
NAME <i>Mrs. Slaughter</i>	PHONE NO. 270-887-4048	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:

18. TRANSPORTER (1): Acknowledgment of receipt of material	19. TRANSPORTER (2): Acknowledgment of receipt of material
PRINTED/TYPED NAME Baltazar Franco	PRINTED/TYPED NAME _____
SIGNATURE <i>Baltazar Franco</i> DATE 3/31/2008	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 <i>[Signature]</i>	CELL NO.	DATE 3/31/2008	TIME 9:30
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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

Diamond

NON-HAZARDOUS WASTE MANIFEST NO **067795** 1. PAGE OF 2. TRAILER NO. 01

G E N E R A T O R	3. COMPANY NAME OXY USA PHONE NO.	4. ADDRESS 102 E. Main Street CITY STATE ZIP Carlsbad NM 88220	5. PICK-UP DATE 3/30/2009
	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 #
a. Non-Regulated, Non-Hazardous Waste	1	CM			
b.					
c. 3 @ 31,810					
d. 1 @ 29,000 @ 32,820					

12. COMMENTS OR SPECIAL INSTRUCTIONS: COVINGTON A FEDERAL #9 BATTERY	13. WASTE PROFILE NO. 708884
--	--

14. IN CASE OF EMERGENCY OR SPILL, CONTACT		
NAME Ken 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
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16. TRANSPORTER (1) NAME: ELKE ENVIRONMENTAL, INC. TEXAS I.D. NO. IN CASE OF EMERGENCY CONTACT: KELTON BEARD EMERGENCY PHONE:	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 <u>Ken Slaughter</u> SIGNATURE <u>Ken Slaughter</u> DATE <u>3/30/2009</u>	19. TRANSPORTER (2): Acknowledgment of receipt of material PRINTED/TYPED NAME _____ SIGNATURE _____ DATE _____
--	---

D F 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
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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 	CELL NO.	DATE 3/30/2009	TIME 9:40
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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

576
9807

NON-HAZARDOUS WASTE MANIFEST NO. **067791** 1. PAGE OF 2. TRAILER NO. **9807**

G E	3. COMPANY NAME OXY USA	4. ADDRESS 102 S. Main Street	5. PICK-UP DATE 3/27/2009
	PHONE NO.	CITY STATE ZIP Carlsbad NM 88220	6. TNRCC I.D. NO.

N E R	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.						
d.	WM 30720					

12. COMMENTS OR SPECIAL INSTRUCTIONS: MOVING ON A FEDERAL #0 BATTERY	13. WASTE PROFILE NO. 700664
--	--

14. IN CASE OF EMERGENCY OR SPILL, CONTACT		
NAME Ken Slaughter	PHONE NO. 575-887-1048	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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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:	EMERGENCY PHONE:

18. TRANSPORTER (1): Acknowledgment of receipt of material	19. TRANSPORTER (2): Acknowledgment of receipt of material
PRINTED/TYPED NAME Sergio Holguin	PRINTED/TYPED NAME
SIGNATURE <i>[Signature]</i> DATE 3/27/2009	SIGNATURE DATE

D I S P O S I T 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 3/27/2009	TIME 2:40
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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

571
9407

NON-HAZARDOUS WASTE MANIFEST NO **067813** 1. PAGE OF 2. TRAILER NO. 9407

G E N E R A T O R	3. COMPANY NAME OXY USA	4. ADDRESS 102 S. Main Street	5. PICK-UP DATE 3/31/2009
	PHONE NO.	CITY STATE ZIP Carlsbad NM 88220	6. TNRC 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.					
c.					
d. ① 37,860 ② 38,240					

12. COMMENTS OR SPECIAL INSTRUCTIONS: COVINGTON A FEDERAL #8 BATTERY	13. WASTE PROFILE NO. 708594
--	--

14. IN CASE OF EMERGENCY OR SPILL, CONTACT		
NAME Win Slaughter	PHONE NO. 575-507-4048	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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16. TRANSPORTER (1) NAME: ELKE ENVIRONMENTAL, INC. TEXAS I.D. NO. IN CASE OF EMERGENCY CONTACT: NELTON BEARD EMERGENCY PHONE:	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 Bobby Aguiar Jr SIGNATURE <i>Bobby Aguiar Jr</i> DATE 3/31/2009	19. TRANSPORTER (2): Acknowledgment of receipt of material PRINTED/TYPED NAME _____ SIGNATURE _____ DATE _____
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D F I A S C P I O L S I T A T I O N 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>Wanda Lopez</i>	CELL NO.	DATE 3/31/2009	TIME 9:00
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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

54L

NON-HAZARDOUS WASTE MANIFEST NO **067796** 1. PAGE OF 2. TRAILER NO. **9407**

G	3. COMPANY NAME OAY USA	4. ADDRESS 103 S. Main Street	5. PICK-UP DATE 3/30/2009
	PHONE NO.	CITY STATE ZIP Carlsbad NM 88220	6. TNRCC I.D. NO.

E	7. NAME OR DESCRIPTION OF WASTE SHIPPED:	8. CONTAINERS		9. TOTAL QUANTITY	10. UNIT Wt/Vol.	11. TEXAS WASTE ID #
		No.	Type			
N	a. Non-Regulated, Non Hazardous Waste	1	DM			
E	b.					
R	d. ③ 33,600 ① 31,720 ② 31,180					

12. COMMENTS OR SPECIAL INSTRUCTIONS: COMINGTON A FEDERAL #9 BATTERY	13. WASTE PROFILE NO. 708094
--	--

14. IN CASE OF EMERGENCY OR SPILL, CONTACT		
NAME Kim Slaughter	PHONE NO 575-897-4048	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:	EMERGENCY PHONE:	
18. TRANSPORTER (1): Acknowledgment of receipt of material	19. TRANSPORTER (2): Acknowledgment of receipt of material	
PRINTED/TYPED NAME Bobby Beard	PRINTED/TYPED NAME _____	
SIGNATURE Bobby Beard DATE 3/30/2009	SIGNATURE _____ DATE _____	

D I S P O S I T A T I O N	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 3/30/2009	TIME 9:45
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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

5015

NON-HAZARDOUS WASTE MANIFEST	NO 067788	1. PAGE <u> </u> OF <u> </u>	2. TRAILER NO. <u> 51 </u>
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G E N E R A T O R	3. COMPANY NAME OKY USA	4. ADDRESS 102 S Main Street	5. PICK-UP DATE 3/27/2006
	PHONE NO.	CITY STATE ZIP	6. TNRCC I.D. NO.

N E R A T O R	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	5	GM			
	b.					
	c.					

12. COMMENTS OR SPECIAL INSTRUCTIONS: COMINGTON • FEDERAL #8 BATTERY	13. WASTE PROFILE NO. 70354
--	---------------------------------------

14. IN CASE OF EMERGENCY OR SPILL, CONTACT		
NAME Kim 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) NAME: ELKE ENVIRONMENTAL, INC. TEXAS I.D. NO. IN CASE OF EMERGENCY CONTACT: Kelton Beard EMERGENCY PHONE:	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 <u>Maria A. Blc</u> SIGNATURE <u>[Signature]</u> DATE <u>3/27/2006</u>	19. TRANSPORTER (2): Acknowledgment of receipt of material PRINTED/TYPED NAME _____ SIGNATURE _____ DATE _____
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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>[Signature]</u>	CELL NO.	DATE 3/27/2006	TIME 12:30
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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

Chaos
0512

NON-HAZARDOUS WASTE MANIFEST NO **067792** 1. PAGE OF 2. TRAILER NO

G E N E R A T O R	3. COMPANY NAME OXY USA PHONE NO.	4. ADDRESS 102 S. Main Street CITY: Carlsbad STATE: NM ZIP: 88220	5. PICK-UP DATE 3/27/2009			
	7. NAME OR DESCRIPTION OF WASTE SHIPPED: a. Non-Regulated, Non-Hazardous Waste b. c. d. Lot 33,880		8. CONTAINERS No. 1 Type CM	9. TOTAL QUANTITY	10. UNIT Wt/Vol	11. TEXAS WASTE ID #
A T T R I B U T E S	12. COMMENTS OR SPECIAL INSTRUCTIONS: COVINGTON A FEDERAL #8 BATTERY		13. WASTE PROFILE NO. 752504			
	14. IN CASE OF EMERGENCY OR SPILL, CONTACT					
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:		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: Christian Medina SIGNATURE: <i>[Signature]</i> DATE: 3/27/2009		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	
	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 <i>[Signature]</i>		CELL NO.	DATE 3/27/2009	TIME 2:45		

GENERATOR: COPIES 1 & 6

DISPOSAL SITE: COPIES 2 & 3

TRANSPORTERS: COPIES 4 & 5

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

Chaps
0512

NON-HAZARDOUS WASTE MANIFEST NO **067794** 1. PAGE OF 2. TRAILER NO. **0512**

G E N E R A T O R	3. COMPANY NAME OKY USA	4. ADDRESS 102 S. Main Street	5. PICK-UP DATE # 3/30/2009
	PHONE NO.	CITY STATE ZIP Carlsbad NM 88220	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.					
c. ③ 30,880					
d. ① 34,820 ② 34,460					

12. COMMENTS OR SPECIAL INSTRUCTIONS: COVINGTON A FEDERAL #9 BATTERY	13. WASTE PROFILE NO. 708594
--	--

14. IN CASE OF EMERGENCY OR SPILL, CONTACT		
NAME Ken Slagter	PHONE NO. 575-857-4048	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
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T R A N S P O R T E R S	16. TRANSPORTER (1)	17. TRANSPORTER (2)
	NAME: ELFE ENVIRONMENTAL, INC.	NAME:
	TEXAS I.D. NO.	TEXAS I.D. NO.
	IN CASE OF EMERGENCY CONTACT: KELTON BEARD	IN CASE OF EMERGENCY CONTACT:

18. TRANSPORTER (1): Acknowledgment of receipt of material	19. TRANSPORTER (2): Acknowledgment of receipt of material
PRINTED/TYPED NAME Christian Hider	PRINTED/TYPED NAME _____
SIGNATURE [Signature] DATE 3/30/2009	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 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 3/30/2009	TIME
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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

Chad
0512

NON-HAZARDOUS WASTE MANIFEST

NO **067815** 1. PAGE OF 2. TRAILER NO. 0512

G E N E R A T O R	3. COMPANY NAME OXY USA	4. ADDRESS 102 S. Main Street	5. PICK-UP DATE 3/31/2009		
	PHONE NO.	CITY STATE ZIP Carlsbad NM 88220	6. TNRCC I.D. NO.		
N E R A T O R	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.				
A T T R I B U T E S	12. COMMENTS OR SPECIAL INSTRUCTIONS: COMINGTON A FEDERAL #6 BATTERY		13. WASTE PROFILE NO. 706504		
	14. IN CASE OF EMERGENCY OR SPILL, CONTACT				

14. NAME Ken Slaughter	PHONE NO. 575-297-4048	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:		EMERGENCY PHONE:
18. TRANSPORTER (1): Acknowledgment of receipt of material		19. TRANSPORTER (2): Acknowledgment of receipt of material
PRINTED/TYPED NAME <u>Christian Molina</u>		PRINTED/TYPED NAME _____
SIGNATURE <u>[Signature]</u> DATE <u>3/31/2009</u>		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 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 3/31/2009	TIME 9:30
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