

NM1

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C-118

YEAR(S):

1991-1995

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

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

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

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

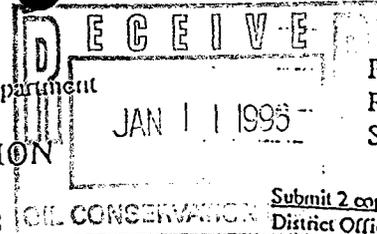
DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088

Santa Fe, New Mexico 87504-2088

TREATING PLANT OPERATOR'S MONTHLY REPORT



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

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

Report of Controlled Recovery Inc. Month & year DECEMBER 1995

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

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) | | |
|--|------------------------------|---------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 4402.82 |
| TOTAL ALL PLANTS | | 4402.82 |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 309.42 |
| TOTAL ALL PLANTS | | 309.42 |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) | | |
| FROM | TO | BARRELS |
| Controlled Recovery Inc. | MIDLAND JADCO OIL PURCHASING | 656.70 |
| | PETROLITE | 603.26 |
| | WATER | 1700.00 |
| | SOLIDS | 230.40 |
| TOTAL ALL PLANTS | | 3190.36 |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 1521.88 |
| TOTAL ALL PLANTS | | 1521.88 |

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

Donna I. Roach / OFFICE MANAGER

(505) 222-2577

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

PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS

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

State of New Mexico

Energy, Minerals and Natural Resources Department

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

DISTRICT I

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

DISTRICT II

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

DISTRICT III

1000 Rio Brazos Rd, Aztec, NM 87410

RECEIVED

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

TREATING PLANT OPERATOR'S MONTHLY REPORT

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

Report of Controlled Recovery Inc. Month & year NOVEMBER 1995

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

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) | | |
|--|--|------------------------------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 7313.24 |
| TOTAL ALL PLANTS | | |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 304.92 |
| TOTAL ALL PLANTS | | |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) | | |
| FROM | TO | BARRELS |
| Controlled Recovery Inc. TRANSFERED FROM TREATING PLANT TRANSFERED FROM TREATING PLANT | PETROSOURCE LTD DISPOSAL AREA - WATER DISPOSAL AREA - SOLIDS | 1069.74 1800.00 345.60 |
| TOTAL ALL PLANTS | | 3215.34 |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 4402.82 |
| TOTAL ALL PLANTS | | 4402.82 |

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

Donna L. Roach DONNA L. ROACH / OFFICE MANAGER

(505)-393-1079

OIL CONSERVATION DIVISION

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

PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS

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

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

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

(806) 592-3765
 Telephone No.

ORIGINATION OF WASTE:

Operations Center Midland, Texas

RRC No. _____

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

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

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

CERTIFICATION:

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

[Signature]
 Signature of Generator's Authorized Agent

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

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name MALCO TRUCKING CO.
 Address P.O. Box 14787
 City/State Odessa, TX 79668-4787

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

CERTIFICATION:

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

[Signature]
 Signature of Transporter's Agent

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

PART III:

RECLAMATION SITE:

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

CERTIFICATION:

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

[Signature]
 Signature of Facility Agent

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

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

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

(906) 592-3765
 Telephone No.

ORIGINATION OF WASTE:

Operations Center Midland, TX

RRC No. _____

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

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | | | |
|---|-----------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste | _____ | Oily Waste | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids | _____ | Plant Waste Water | _____ | Storm Water Run-off | _____ |
| Drilled Pit Liquids | _____ | Produced Sand | _____ | Used Containers | _____ |
| Filter Elements | _____ | Produced Water | _____ | Used Containers | _____ |
| General Refuse | _____ | Rinsate | _____ | Used Lube Oils | _____ |
| H2S Scavengers/Sweetening | _____ | Scale | _____ | Completion Solids | _____ |
| <u>BS&W/Crude</u> (Tank Bottoms) | <u>79</u> | Sludge (Water) | _____ | Completion Liquids | _____ |
| | | Sludge (Petroleum) | _____ | Other | _____ |

CERTIFICATION:

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

[Signature]
 Signature of Generator's Authorized Agent

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

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name Maleo Trucking Co.
 Address P.O. Box 14787
 City/State ODESSA, TX 79768-4787

915-366-4080
 Telephone No.
31

Truck No. _____

CERTIFICATION:

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

[Signature]
 Signature of Transporter's Agent

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

PART III:

RECLAMATION SITE:

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

CERTIFICATION:

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

[Signature]
 Signature of Facility Agent

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

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I: Generator Arco Pipeline
 Address Pl. B-11460 Telephone No. (806) 592 3765
 City/State Dallas, TX 75223

ORIGINATION OF WASTE:

Operations Center Middle, TX RRC No. _____
 Property Name Russell Station
(Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | |
|---|--------------|-------------------------|-------|
| Commercial/Site Waste | _____ | Oily Waste | _____ |
| Drilled Solids | _____ | Plant Waste Water | _____ |
| Drilled Pit Liquids | _____ | Produced Sand | _____ |
| Filter Elements | _____ | Produced Water | _____ |
| General Refuse | _____ | Rinsate | _____ |
| H2S Scavengers/Sweetening | _____ | Scale | _____ |
| BS&W/Crude (Tank Bottoms) | <u>76.50</u> | Sludge (Water) | _____ |
| | | Sludge (Petroleum) | _____ |
| | | Spill Clean-up & Debris | _____ |
| | | Storm Water Run-off | _____ |
| | | Used Containers | _____ |
| | | Used Containers | _____ |
| | | Used Lube Oils | _____ |
| | | Completion Solids | _____ |
| | | Completion Liquids | _____ |
| | | Other | _____ |

CERTIFICATION: The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.
[Signature] Signature of Generator's Authorized Agent 11-28-95 2:00 PM Date and Time of Shipment

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

Name Malco Trucking Co. Telephone No. 915-566-4080
 Address P.O. Box 14787
 City/State Odessa, TX 79768-4787
 Truck No. _____

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the destination below.
[Signature] Signature of Transporter's Agent 11-28-95 1:40 PM Date and Time Received

PART III: RECLAMATION SITE:

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

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.
[Signature] Signature of Facility Agent 11-28-95 11:00 AM Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator Arco Pipeline
 Address P.O. Box 960
 City/State Deer Park City, TX 79323

(506) 597-3765
 Telephone No.

ORIGINATION OF WASTE:

Operations Center Midland, TX

RRC No. _____

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

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

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

CERTIFICATION:

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

[Signature]
 Signature of Generator's Authorized Agent

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

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name MALCO Trucking Co.
 Address P.O. Box 14787
 City/State ODESSA, TX 79768-4787

915-366-4080
 Telephone No.

Truck No. _____

CERTIFICATION:

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

[Signature]
 Signature of Transporter's Agent

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

PART III:

RECLAMATION SITE:

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

CERTIFICATION:

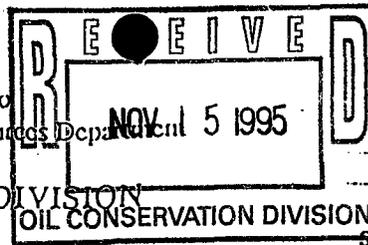
I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]
 Signature of Facility Agent

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department



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

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

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

TREATING PLANT OPERATOR'S MONTHLY REPORT

Report of Controlled Recovery Inc. Month & year OCTOBER 1995
Address P.O. Box 369 Hobbs, NM 88241-0369

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) | | |
|--|------------------|---------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 8885.05 |
| TOTAL ALL PLANTS | | 8885.05 |

| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) | | |
|--|------------------|---------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 2709.17 |
| TOTAL ALL PLANTS | | 2709.17 |

| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) | | |
|---|------------------------|---------|
| FROM | TO | BARRELS |
| Controlled Recovery Inc. | PETROLITE | 1214.00 |
| CONTROLLED RECOVERY INC. | PETRO SOURCE LTD | 1794.18 |
| TRANSFERRED FROM TREATING PLANT | DISPOSAL AREA - WATER | 1100.00 |
| TRANSFERRED FROM TREATING PLANT | DISPOSAL AREA - SOLIDS | 172.80 |
| TOTAL ALL PLANTS | | 4280.98 |

| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) | | |
|--|------------------|---------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 7313.24 |
| TOTAL ALL PLANTS | | 7313.24 |

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

Donna L. Roach DONNA L. ROACH / OFFICE MANAGER

(505)-393-1079

OIL CONSERVATION DIVISION

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

PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS

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

NON-HAZARDOUS WASTE MANIFEST

Manifest No **1934**

PART I: DISPOSAL

Onsite
 Offsite

LOCATION

Facility
 Lease
 Well

Drilling
 Workover/Completion

Generator: Prine Pipeline Co.
Address _____
City/State _____

Telephone No. _____

FOR OFFICE USE ONLY
FLAC _____

ORIGINATION OF WASTE

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

Field 47797

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

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

Signature of Generator's Authorized Agent

10-25-95
Date and Time of Shipment

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

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

(915) 366-4080
Telephone No.
20411
Truck License No.
Trailer License No. _____

Estimated Transportation Cost _____

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

Signature of Transporter's Agent

10-25-95
Date and Time Received

PART III: DISPOSAL SITE:

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

Method of Disposal _____
Estimated Disposal Fee _____

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

Signature of Facility Agent

10-25-95
Date and Time Received

NON-HAZARDOUS WASTE MANIFEST

Manifest No 1935

PART I: DISPOSAL

- Onsite
Offsite

LOCATION

- Facility
Lease
Well

- Drilling
Workover/Completion

Generator: P. P. ...

Address

City/State

Telephone No.

FOR OFFICE USE ONLY
FLAC

ORIGINATION OF WASTE

Operations Center

Property Name Crown ST #24

Field 497497

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

Table with 4 columns: Asbestos, Commercial/Site Waste, Drilled Solids, Drilled Pit Liquids, Filter Elements, General Refuse, H2S Scavengers/Sweetening, Oily Waste, Plant Waste Water-Trans, Produced Sand, Produced Water-Trans, Rinsate, Scale, Sludge (water), Sludge (petroleum), Sludge (chemical), Spill Clean-up & Debris, Storm Water Runoff, Used Containers, Used Lube Oils, Workover/Compl. Solids, Workover/Compl. Liquids, Other. Includes handwritten entry 'TANK BOTTOM' under Other.

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

Signature of Generator's Authorized Agent

Date and Time of Shipment

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

Name MALCO TRUCKING INC.

Address 2800 W. 42nd.

City/State Odessa, TX 79764

(915) 366-4080

Telephone No.

2067-6004

Truck License No.

Trailer License No.

Estimated Transportation Cost

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

Signature of Transporter's Agent

Date and Time Received

PART III: DISPOSAL SITE:

Name CONTROLLED RECOVERY INC

Address CRI

City/State CONTROLLED RECOVERY, INC.

P.O. BOX 369

HOBBS, N.M. 88241

Method of Disposal

Estimated Disposal Fee

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

Signature of Facility Agent

Date and Time Received 10-25-85 11:20 AM

NON-HAZARDOUS WASTE MANIFEST

Manifest No. **1936**

PART I: DISPOSAL

Onsite
 Offsite

LOCATION

Facility
 Lease
 Well

Drilling
 Workover/Completion

Generator: PRIDE Pipeline Co.

Address _____

City/State _____

Telephone No. _____

FOR OFFICE USE ONLY
FLAC _____

ORIGINATION OF WASTE

Operations Center _____

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

Field 44777

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

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

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

Signature of Generator's Authorized Agent

Date and Time of Shipment

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

Name MALCO TRUCKING INC.

(915) 366-4080

Address 2800 W. 42nd.

204 113
Telephone No.

City/State Odessa, TX 79764

Truck License No.

Trailer License No.

Estimated Transportation Cost _____

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

Signature of Transporter's Agent

10-26-95
Date and Time Received

PART III: DISPOSAL SITE:

Name CONTROLLED RECOVERY, INC.

Address CRI

City/State CONTROLLED RECOVERY, INC.

P.O. BOX 369

Method of Disposal HOBBS, N.M. 88241

Estimated Disposal Fee _____

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

Signature of Facility Agent

10-26-95
Date and Time Received

WASTE MANIFESTATION TICKET

PART I:

Generator
Address
City/State

Prime Pipeline Company
ODESSA, TEXAS

()
Telephone No.

ORIGINATION OF WASTE:

Operations Center ODESSA
Property Name STATION #42
(Well, Tank Battery, Plant, Facility)

RRC No. 497497

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU. FT., LBS., UNITS, ETC.) | | | |
|--|-------|-------------------------|-------|
| Commercial/Site Waste | _____ | Oily Waste | _____ |
| Drilled Solids | _____ | Plant Waste Water | _____ |
| Drilled Pit Liquids | _____ | Produced Sand | _____ |
| Filter Elements | _____ | Produced Water | _____ |
| General Refuse | _____ | Rinsate | _____ |
| H2S Scavengers/Sweetening | _____ | Scale | _____ |
| BS&W/Crude (Tank Bottoms) | _____ | Sludge (Water) | _____ |
| | | Sludge (Petroleum) | _____ |
| | | Spill Clean-up & Debris | _____ |
| | | Storm Water Run-off | _____ |
| | | Used Containers | _____ |
| | | Used Containers | _____ |
| | | Used Lube Oils | _____ |
| | | Completion Solids | _____ |
| | | Completion Liquids | _____ |
| | | Other | _____ |

CERTIFICATION:

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

Signature of Generator's Authorized Agent

10/24/95
Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name Malco Trucking INC.
Address _____
City/State ODESSA, TEXAS

Telephone No. _____
Truck No. _____

CERTIFICATION:

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

Signature of Transporter's Agent

10/24/95
Date and Time Received

PART III:

RECLAMATION SITE:

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

CERTIFICATION:

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

Signature of Facility Agent

Date and Time Received

NON-HAZARDOUS WASTE MANIFEST

Manifest No 1932

PART I: DISPOSAL

- Onsite
Offsite

LOCATION

- Facility
Lease
Well

- Drilling
Workover/Completion

Generator: PRIME Pipeline Co.
Address
City/State: HOUSTON, TEXAS

Telephone No.

FOR OFFICE USE ONLY
FLAC

ORIGINATION OF WASTE

Operations Center: Odessa
Property Name: ... (Well, Tank Battery, Plant, Facility)

Field: 417277

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

Table with 4 columns listing waste types and amounts. Includes entries like 'Tank Bottoms' with '1005 BCS'.

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

Signature of Generator's Authorized Agent
Date and Time of Shipment: 10-24-95

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

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

(915) 366-4080
Telephone No.
2011113
Truck License No.

Estimated Transportation Cost

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

Signature of Transporter's Agent
Date and Time Received: 10-24-95

PART III: DISPOSAL SITE:

Name: CONTROLLED RECOVERY, INC
Address: CRI
City/State: CONTROLLED RECOVERY, INC.
P.O. BOX 369
Method of Disposal: HOBBS, N.M. 88241

Estimated Disposal Fee

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

Signature of Facility Agent
Date and Time Received: 10-24-95

NON-HAZARDOUS WASTE MANIFEST

Manifest No 1933

PART I: DISPOSAL

Onsite Offsite

LOCATION

Facility Lease Well

Drilling Workover/Completion

Generator: Prince Pipeline

Address

City/State

Telephone No.

FOR OFFICE USE ONLY FLAC

ORIGINATION OF WASTE

Operations Center

Property Name Field (Well, Tank Battery, Plant, Facility)

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

Table with 4 columns: Waste Type, Amount, Waste Type, Amount. Includes rows for Asbestos, Oily Waste, Spill Clean-up & Debris, etc.

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

Signature of Generator's Authorized Agent

Date and Time of Shipment 10-24-95

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

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

Telephone No. (915) 366-4080 Truck License No. 20H 543 Trailer License No.

Estimated Transportation Cost

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

Signature of Transporter's Agent

Date and Time Received 10-24-95

PART III: DISPOSAL SITE:

Name CRI Address CONTROLLED RECOVERY, INC. P.O. BOX 369 City/State HOBBS, N.M. 88241

Method of Disposal

Estimated Disposal Fee

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

Signature of Facility Agent

Date and Time Received 10-23-95

NON-HAZARDOUS WASTE MANIFEST

Manifest N^o 2685

PART I: DISPOSAL

- Onsite
- Offsite

LOCATION

- Facility
- Lease
- Well

- Drilling
- Workover/Completion

Generator: Meridian Oil
 Address _____
 City/State: Odessa, Texas

Telephone No. _____
 FOR OFFICE USE ONLY
 FLAC _____

ORIGINATION OF WASTE

Operations Center: Crowl
 Property Name: M.L. Baker Field: 00914
(Well, Tank Battery, Plant, Facility)

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

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

E. D. Pounds
 Signature of Generator's Authorized Agent
 Date and Time of Shipment: 10-23-90

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

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

Telephone No. (915) 366-4080
 Truck License No. 15
 Trailer License No. Bill

Estimated Transportation Cost _____

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

Signature of Transporter's Agent _____
 Date and Time Received _____

PART III: DISPOSAL SITE:

Name: C.R.I.
 Address: CRI
 City/State: Wade **CONTROLLED RECOVERY, INC.**
P.O. BOX 369
HOBBS, N.M. 88241

Method of Disposal _____
 Estimated Disposal Fee _____

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

[Signature]
 Signature of Facility Agent
 Date and Time Received: 10-23-90 5:30P

NON-HAZARDOUS WASTE MANIFEST

Manifest No 2684

PART I: DISPOSAL

- Onsite
Offsite

LOCATION

- Facility
Lease
Well

- Drilling
Workover/Completion

Generator: Meridian Oil

Address

City/State Crane TX

Telephone No.

FOR OFFICE USE ONLY

FLAC

ORIGINATION OF WASTE

Operations Center Crane TX

Property Name Cheney (Well, Tank Battery, Plant, Facility)

Field 00860

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

Table with 4 columns listing waste types and amounts: Asbestos, Commercial/Site Waste, Drilled Solids, Drilled Pit Liquids, Filter Elements, General Refuse, H2S Scavengers/Sweetening, Oily Waste, Plant Waste Water-Trans, Produced Sand, Produced Water-Trans, Rinsate, Scale, Sludge (water), Sludge (petroleum) 8.5, Sludge (chemical), Spill Clean-up & Debris, Storm Water Runoff, Used Containers, Used Lube Oils, Workover/Compl. Solids, Workover/Compl. Liquids, Other.

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

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

10-23-85 Date and Time of Shipment

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

Name MALCO TRUCKING INC.

Address 2800 W. 42nd.

City/State Odessa, TX 79764

(915) 366-4080

Telephone No.

Truck License No.

Trailer License No.

alon

Estimated Transportation Cost

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

Signature of Transporter's Agent

Date and Time Received

PART III: DISPOSAL SITE:

Name C.R.I. CRI

Address CONTROLLED RECOVERY, INC.

City/State Hobbs B.O. BOX 369 HOBBS, N.M. 88241

Method of Disposal

Estimated Disposal Fee

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

Signature of Facility Agent

10-23-85 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator
Address
City/State

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

(915) 563-0274
Telephone No.

ORIGINATION OF WASTE:

Operations Center Midland, Tex

RRC No. 00921

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

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | |
|---|-----------------------------|-------------------------|-----------------------------|
| Commercial/Site Waste | <u> </u> | Oily Waste | <u> </u> |
| Drilled Solids | <u> </u> | Plant Waste Water | <u> </u> |
| Drilled Pit Liquids | <u> </u> | Produced Sand | <u> </u> |
| Filter Elements | <u> </u> | Produced Water | <u> </u> |
| General Refuse | <u> </u> | Rinsate | <u> </u> |
| H2S Scavengers/Sweetening | <u> </u> | Scale | <u> </u> |
| BS&W/Crude (Tank Bottoms) | <u>135 BBLs.</u> | Sludge (Water) | <u> </u> |
| | | Sludge (Petroleum) | <u> </u> |
| | | Spill Clean-up & Debris | <u> </u> |
| | | Storm Water Run-off | <u> </u> |
| | | Used Containers | <u> </u> |
| | | Used Containers | <u> </u> |
| | | Used Lube Oils | <u> </u> |
| | | Completion Solids | <u> </u> |
| | | Completion Liquids | <u> </u> |
| | | Other | <u> </u> |

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

Steve D. Walker
Signature of Generator's Authorized Agent

10-17-95 7:00
Date and Time of Shipment

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

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

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

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

Tommy notes
Signature of Transporter's Agent

10-17-95 7:00
Date and Time Received

PART III: RECLAMATION SITE:

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

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

D. Parson
Signature of Facility Agent

10-17-95 4:55 p.m.
Date and Time Received

NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

PART I:

Generator Meridian Oil
 Address 112 W. HWY 329 HCR 65 BOX 58 (915) 563-0274
 City/State ~~CRANE~~, ~~CRANE~~ CRANE, TEX 79731 Telephone No.

ORIGINATION OF WASTE:

Operations Center Midland, TEX. RRC No. 00943
 Property Name J. F. LANE (ODOM) BTTY.
(Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | |
|---|-----------------------------|-------------------------|-----------------------------|
| Commercial/Site Waste | <u> </u> | Oily Waste | <u> </u> |
| Drilled Solids | <u> </u> | Plant Waste Water | <u> </u> |
| Drilled Pit Liquids | <u> </u> | Produced Sand | <u> </u> |
| Filter Elements | <u> </u> | Produced Water | <u> </u> |
| General Refuse | <u> </u> | Rinsate | <u> </u> |
| H2S Scavengers/Sweetening | <u> </u> | Scale | <u> </u> |
| BS&W/Crude (Tank Bottoms) | <u>125 BBLs.</u> | Sludge (Water) | <u> </u> |
| | | Sludge (Petroleum) | <u> </u> |
| | | Spill Clean-up & Debris | <u> </u> |
| | | Storm Water Run-off | <u> </u> |
| | | Used Containers | <u> </u> |
| | | Used Containers | <u> </u> |
| | | Used Lube Oils | <u> </u> |
| | | Completion Solids | <u> </u> |
| | | Completion Liquids | <u> </u> |
| | | Other | <u> </u> |

CERTIFICATION: The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.
Steve D. Walker Signature of Generator's Authorized Agent 10-10-95 11:30 Date and Time of Shipment

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

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

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the destination below.
Tammy POTES Signature of Transporter's Agent 10-10-95 11:30 Date and Time Received

PART III: RECLAMATION SITE:

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

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.
[Signature] Signature of Facility Agent 10-12-95 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

PART I:

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

ORIGINATION OF WASTE:

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

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | |
|---|-----------------------------|-------------------------|-----------------------------|
| Commercial/Site Waste | <u> </u> | Oily Waste | <u> </u> |
| Drilled Solids | <u> </u> | Plant Waste Water | <u> </u> |
| Drilled Pit Liquids | <u> </u> | Produced Sand | <u> </u> |
| Filter Elements | <u> </u> | Produced Water | <u> </u> |
| General Refuse | <u> </u> | Rinsate | <u> </u> |
| H2S Scavengers/Sweetening | <u> </u> | Scale | <u> </u> |
| BS&W/Crude (Tank Bottoms) | <u>70 BBLs.</u> | Sludge (Water) | <u> </u> |
| | | Sludge (Petroleum) | <u> </u> |
| | | Spill Clean-up & Debris | <u> </u> |
| | | Storm Water Run-off | <u> </u> |
| | | Used Containers | <u> </u> |
| | | Used Containers | <u> </u> |
| | | Used Lube Oils | <u> </u> |
| | | Completion Solids | <u> </u> |
| | | Completion Liquids | <u> </u> |
| | | Other | <u> </u> |

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

Steve D. Walker _____
 Signature of Generator's Authorized Agent Date and Time of Shipment

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

Name Rowland Trucking 505-394-2581
 Address P.O. Box 99 Telephone No.
 City/State EUNICE, N.M. 88231 4/
 Truck No.

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

Alfred Aronson _____
 Signature of Transporter's Agent 10-10-95
 Date and Time Received

PART III: RECLAMATION SITE:

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

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

 Signature of Facility Agent Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator Meridian Oil
 Address 1112 W. Hwy. 329 HCR 65 Box 58 (915) 563-0274
 City/State CRANE, TEX. 79931 Telephone No.

ORIGINATION OF WASTE:

Operations Center Midland, Tex. RRC No. 00943
 Property Name J. F. LANE (ODOM) BTTY.
 (Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | |
|---|-----------------------------|-------------------------|-----------------------------|
| Commercial/Site Waste | <u> </u> | Oily Waste | <u> </u> |
| Drilled Solids | <u> </u> | Plant Waste Water | <u> </u> |
| Drilled Pit Liquids | <u> </u> | Produced Sand | <u> </u> |
| Filter Elements | <u> </u> | Produced Water | <u> </u> |
| General Refuse | <u> </u> | Rinsate | <u> </u> |
| H2S Scavengers/Sweetening | <u> </u> | Scale | <u> </u> |
| BS&W/Crude | <u>55 BBLs</u> | Sludge (Water) | <u> </u> |
| (Tank Bottoms) | | Sludge (Petroleum) | <u> </u> |
| | | Spill Clean-up & Debris | <u> </u> |
| | | Storm Water Run-off | <u> </u> |
| | | Used Containers | <u> </u> |
| | | Used Containers | <u> </u> |
| | | Used Lube Oils | <u> </u> |
| | | Completion Solids | <u> </u> |
| | | Completion Liquids | <u> </u> |
| | | Other | <u> </u> |

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

Steve D. Walker _____
 Signature of Generator's Authorized Agent Date and Time of Shipment

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

Name Rowland Trucking 505-394-2581
 Address P.O. Box 99 Telephone No.
 City/State Ennice, N.M. 88231 81
 Truck No.

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

Alfred Anderson _____
 Signature of Transporter's Agent 10-10-95
 Date and Time Received

PART III: RECLAMATION SITE:

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

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

 Signature of Facility Agent Date and Time Received

NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

PART I:

Generator
Address
City/State

MERIDIAN OIL
1112 W. Hwy. 329 HCR 65 Box 58
CRANE, TEX. 79731

(915) 563-0274
Telephone No.

ORIGINATION OF WASTE:

Operations Center Midland, TEX.

RRC No. 00933

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

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

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

CERTIFICATION:

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

Steve D. Walker
Signature of Generator's Authorized Agent

10-11-95 2:30
Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

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

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

CERTIFICATION:

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

Tommy Motes
Signature of Transporter's Agent

10-11-95 2:30
Date and Time Received

PART III:

RECLAMATION SITE:

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

CERTIFICATION:

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

[Signature]
Signature of Facility Agent

10/11/95
Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

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

ORIGINATION OF WASTE:

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

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | |
|---|-----------------------------|-------------------------|-----------------------------|
| Commercial/Site Waste | <u> </u> | Oily Waste | <u> </u> |
| Drilled Solids | <u> </u> | Plant Waste Water | <u> </u> |
| Drilled Pit Liquids | <u> </u> | Produced Sand | <u> </u> |
| Filter Elements | <u> </u> | Produced Water | <u> </u> |
| General Refuse | <u> </u> | Rinsate | <u> </u> |
| H2S Scavengers/Sweetening | <u> </u> | Scale | <u> </u> |
| BS&W/Crude | <u>125 BBLs.</u> | Sludge (Water) | <u> </u> |
| (Tank Bottoms) | | Sludge (Petroleum) | <u> </u> |
| | | Spill Clean-up & Debris | <u> </u> |
| | | Storm Water Run-off | <u> </u> |
| | | Used Containers | <u> </u> |
| | | Used Containers | <u> </u> |
| | | Used Lube Oils | <u> </u> |
| | | Completion Solids | <u> </u> |
| | | Completion Liquids | <u> </u> |
| | | Other | <u> </u> |

CERTIFICATION: The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.
Steve D. Walker Signature of Generator's Authorized Agent 10-11-95 7:30 Date and Time of Shipment

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

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

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the destination below.
Tony Metes Signature of Transporter's Agent 10-11-95 7:30 Date and Time Received

PART III: RECLAMATION SITE:

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

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.
Drason Signature of Facility Agent 10-11-95 11:05 am Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator American Exploration
 Address _____
 City/State _____

() _____
 Telephone No. _____

ORIGINATION OF WASTE:

Operations Center _____

RRC No. _____

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

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

CERTIFICATION:

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

Arnie Rojas
 Signature of Generator's Authorized Agent

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

PART II:

TRANSPORTER: (To be completed in full by Transporter)

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

505-393-1016
 Telephone No.

 Truck No.

CERTIFICATION:

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

[Signature]
 Signature of Transporter's Agent

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

PART III:

RECLAMATION SITE:

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

CERTIFICATION:

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

[Signature]
 Signature of Facility Agent

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

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator American Exploration
 Address _____
 City/State _____

() _____
 Telephone No. _____

ORIGINATION OF WASTE:

Operations Center _____

RRC No. _____

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

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | |
|---|----------------|-------------------------|-------|
| Commercial/Site Waste | _____ | Oily Waste | _____ |
| Drilled Solids | _____ | Plant Waste Water | _____ |
| Drilled Pit Liquids | _____ | Produced Sand | _____ |
| Filter Elements | _____ | Produced Water | _____ |
| General Refuse | _____ | Rinsate | _____ |
| H2S Scavengers/Sweetening | _____ | Scale | _____ |
| BS&W/Crude | <u>50 bbl.</u> | Sludge (Water) | _____ |
| (Tank Bottoms) | _____ | Sludge (Petroleum) | _____ |
| | | Spill Clean-up & Debris | _____ |
| | | Storm Water Run-off | _____ |
| | | Used Containers | _____ |
| | | Used Containers | _____ |
| | | Used Lube Oils | _____ |
| | | Completion Solids | _____ |
| | | Completion Liquids | _____ |
| | | Other | _____ |

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

[Signature]
 Signature of Generator's Authorized Agent

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

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

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

505-398-1016
 Telephone No.

Truck No. _____

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

[Signature]
 Signature of Transporter's Agent

10-10-95 1:00pm
 Date and Time Received

PART III: RECLAMATION SITE:

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

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

[Signature]
 Signature of Facility Agent

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

NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

PART I:

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

(915) 563-0274
 Telephone No.

ORIGINATION OF WASTE:

Operations Center MIDLAND, TEX.

RRC No. 00921

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

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | |
|---|------------------|--------------------|-------------------------|
| Commercial/Site Waste | | Oily Waste | Spill Clean-up & Debris |
| Drilled Solids | | Plant Waste Water | Storm Water Run-off |
| Drilled Pit Liquids | | Produced Sand | Used Containers |
| Filter Elements | | Produced Water | Used Containers |
| General Refuse | | Rinsate | Used Lube Oils |
| H2S Scavengers/Sweetening | | Scale | Completion Solids |
| BS&W/Crude | <u>125 EBLS.</u> | Sludge (Water) | Completion Liquids |
| (Tank Bottoms) | | Sludge (Petroleum) | Other |

CERTIFICATION:

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

Steve D. Walker
 Signature of Generator's Authorized Agent

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

PART II:

TRANSPORTER: (To be completed in full by Transporter)

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

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

CERTIFICATION:

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

Tonny mtes
 Signature of Transporter's Agent

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

PART III:

RECLAMATION SITE:

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

CERTIFICATION:

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

[Signature]
 Signature of Facility Agent

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

NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

PART I:

Generator
Address
City/State

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

(915) 563-0274
Telephone No.

ORIGINATION OF WASTE:

Operations Center Midland, Tex.

RRC No. 00933

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

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

| | | | | | |
|------------------------------|-----------------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste | _____ | Oily Waste | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids | _____ | Plant Waste Water | _____ | Storm Water Run-off | _____ |
| Drilled Pit Liquids | _____ | Produced Sand | _____ | Used Containers | _____ |
| Filter Elements | _____ | Produced Water | _____ | Used Containers | _____ |
| General Refuse | _____ | Rinsate | _____ | Used Lube Oils | _____ |
| H2S Scavengers/Sweetening | _____ | Scale | _____ | Completion Solids | _____ |
| BS&W/Crude (Tank Bottoms) | <u>92 BBLs.</u> | Sludge (Water) | _____ | Completion Liquids | _____ |
| | | Sludge (Petroleum) | _____ | Other | _____ |

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

Steve D. Walker
Signature of Generator's Authorized Agent

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

PART II:

TRANSPORTER: (To be completed in full by Transporter)

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

505-394-2581
Telephone No.
52
Truck No.

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

Tony Hotes
Signature of Transporter's Agent

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

PART III:

RECLAMATION SITE:

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

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

[Signature]
Signature of Facility Agent

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

NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

PART I:

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

ORIGINATION OF WASTE:

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

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | |
|---|-----------------|-------------------------|--|
| Commercial/Site Waste | | Oily Waste | |
| Drilled Solids | | Plant Waste Water | |
| Drilled Pit Liquids | | Produced Sand | |
| Filter Elements | | Produced Water | |
| General Refuse | | Rinsate | |
| H2S Scavengers/Sweetening | | Scale | |
| BS&W/Crude | <u>125 BBLs</u> | Sludge (Water) | |
| (Tank Bottoms) | | Sludge (Petroleum) | |
| | | Spill Clean-up & Debris | |
| | | Storm Water Run-off | |
| | | Used Containers | |
| | | Used Containers | |
| | | Used Lube Oils | |
| | | Completion Solids | |
| | | Completion Liquids | |
| | | Other | |

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

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

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

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

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

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

PART III: RECLAMATION SITE:

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

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

[Signature] 10295 245 P
Signature of Facility Agent Date and Time Received

NON-HAZARDOUS WASTE MANIFEST

Manifest No 2661

PART I: DISPOSAL

- Onsite
Offsite

LOCATION

- Facility
Lease
Well

- Drilling
Workover/Completion

Generator: Meridian Oil

Address

City/State Crane TX

Telephone No.

FOR OFFICE USE ONLY

FLAC

ORIGINATION OF WASTE

Operations Center CRANE TX

Property Name AS. Burleson A

Field 03172

(Well, Tank Battery, Plant, Facility)

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

Table with 4 columns listing waste types and amounts. Includes Asbestos, Oily Waste, Spill Clean-up & Debris, etc. with handwritten values like 100 for Sludge (petroleum).

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

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

Date and Time of Shipment 10-2-95

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

Name MALCO TRUCKING INC.

Address 2800 W. 42nd.

City/State Odessa, TX 79764

Telephone No. (915) 366-4080

Truck License No. 14

Trailer License No.

Estimated Transportation Cost

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

Signature of Transporter's Agent

Date and Time Received

PART III: DISPOSAL SITE:

Name CRI

Address CONTROLLED RECOVERY, INC.

City/State Odessa P.O. BOX 369 HOBBS, N.M. 98241

Method of Disposal

Estimated Disposal Fee

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

Signature of Facility Agent

Date and Time Received 10295 630+

NON-HAZARDOUS WASTE MANIFEST

Manifest **NO 2683**

PART I:

DISPOSAL

- Onsite
- Offsite

LOCATION

- Facility
- Lease
- Well

- Drilling
- Workover/Completion

Generator: Meridian Oil
 Address _____
 City/State: Crowl

Telephone No. _____
FOR OFFICE USE ONLY
 FLAC _____

ORIGINATION OF WASTE

Operations Center _____
 Property Name: J E LANE A
(Well, Tank Battery, Plant, Facility)

Field: 00958

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

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

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

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

10-2-95
 Date and Time of Shipment

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

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

(915) 366-4080
Telephone No.

Truck License No.

Trailer License No.

Estimated Transportation Cost _____

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

Curtis L. Dixon
 Signature of Transporter's Agent

10-2-95
 Date and Time Received

PART III: DISPOSAL SITE:

Name: CRI **CRI CONTROLLED RECOVERY, INC.**
 Address: _____
 City/State: Hobb's New Mexico
P.O. BOX 363 HOBB'S NEW MEXICO

Method of Disposal _____
 Estimated Disposal Fee _____

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

[Signature]
 Signature of Facility Agent

10295 900
 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

PART I:

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

ORIGINATION OF WASTE:

Operations Center: Midland, TEX. RRC No. 06485
 Property Name: REESE 16 - BTTY.
(Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | |
|---|-----------------|-------------------------|--|
| Commercial/Site Waste | | Oily Waste | |
| Drilled Solids | | Plant Waste Water | |
| Drilled Pit Liquids | | Produced Sand | |
| Filter Elements | | Produced Water | |
| General Refuse | | Rinsate | |
| H2S Scavengers/Sweetening | | Scale | |
| BS&W/Crude | <u>125 BBLs</u> | Sludge (Water) | |
| (Tank Bottoms) | | Sludge (Petroleum) | |
| | | Spill Clean-up & Debris | |
| | | Storm Water Run-off | |
| | | Used Containers | |
| | | Used Containers | |
| | | Used Lube Oils | |
| | | Completion Solids | |
| | | Completion Liquids | |
| | | Other | |

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

Steve D. Walker Signature of Generator's Authorized Agent
10-3-95-0730 Date and Time of Shipment

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

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

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

Tony notes Signature of Transporter's Agent
10-3-95-0730 Date and Time Received

PART III: RECLAMATION SITE:

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

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

[Signature] Signature of Facility Agent
10-3-95 11245 Date and Time Received

NON-HAZARDOUS WASTE MANIFESTATION TICKET

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

ORIGINATION OF WASTE:

Operations Center Midland, TEX RRC No. 06485
 Property Name REESE 16 BTTY.
(Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | |
|---|------------------|--------------------|-------------------------|
| Commercial/Site Waste | | Oily Waste | Spill Clean-up & Debris |
| Drilled Solids | | Plant Waste Water | Storm Water Run-off |
| Drilled Pit Liquids | | Produced Sand | Used Containers |
| Filter Elements | | Produced Water | Used Containers |
| General Refuse | | Rinsate | Used Lube Oils |
| H2S Scavengers/Sweetening | | Scale | Completion Solids |
| BS&W/Crude | <u>125 BGLs.</u> | Sludge (Water) | Completion Liquids |
| (Tank Bottoms) | | Sludge (Petroleum) | Other |

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

Steve D. Walker 10-2-95 - 0730
Signature of Generator's Authorized Agent Date and Time of Shipment

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

Name Rowland Trucking 505-394-2581
 Address P.O. Box 99 Telephone No.
 City/State EUNICE, N.M. 88231 42
Truck No.

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

Bill Lee 10-2-95 - 0730
Signature of Transporter's Agent Date and Time Received

PART III: RECLAMATION SITE:

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

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

[Signature] 10-3-95 11:45
Signature of Facility Agent Date and Time Received

NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

PART I:

Generator MERLIANO J Co.
 Address _____
 City/State _____

() _____
 Telephone No.

ORIGINATION OF WASTE:

Operations Center _____
 Property Name J.F. LANE "A"
(Well, Tank Battery, Plant, Facility)

RRC No. 00958

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | | | |
|---|------------|--------------------|--|-------------------------|--|
| Commercial/Site Waste | | Oily Waste | | Spill Clean-up & Debris | |
| Drilled Solids | | Plant Waste Water | | Storm Water Run-off | |
| Drilled Pit Liquids | | Produced Sand | | Used Containers | |
| Filter Elements | | Produced Water | | Used Containers | |
| General Refuse | | Rinsate | | Used Lube Oils | |
| H2S Scavengers/Sweetening | | Scale | | Completion Solids | |
| BS&W/Crude | <u>100</u> | Sludge (Water) | | Completion Liquids | |
| (Tank Bottoms) | | Sludge (Petroleum) | | Other | |

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

 Signature of Generator's Authorized Agent

10-3-95
 Date and Time of Shipment

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

Name Malco Trucking
 Address 2800 W. 47th
 City/State ODESSA TEXAS

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

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

 Signature of Transporter's Agent

10-3-95
 Date and Time Received

PART III: RECLAMATION SITE:

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

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

 Signature of Facility Agent

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

NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

PART I:

Generator MERIDIAN OIL CO
 Address _____
 City/State CRANE, TEXAS

() _____
 Telephone No.

ORIGINATION OF WASTE: 958

Operations Center _____

RRC No. 00958

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

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | |
|---|--------------------------|-------------------------------|--|
| Commercial/Site Waste _____ | Oily Waste _____ | Spill Clean-up & Debris _____ | |
| Drilled Solids _____ | Plant Waste Water _____ | Storm Water Run-off _____ | |
| Drilled Pit Liquids _____ | Produced Sand _____ | Used Containers _____ | |
| Filter Elements _____ | Produced Water _____ | Used Containers _____ | |
| General Refuse _____ | Rinsate _____ | Used Lube Oils _____ | |
| H2S Scavengers/Sweetening _____ | Scale _____ | Completion Solids _____ | |
| BS&W/Crude <u>100</u> (Tank Bottoms) | Sludge (Water) _____ | Completion Liquids _____ | |
| | Sludge (Petroleum) _____ | Other _____ | |

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

[Signature]
 Signature of Generator's Authorized Agent

10-3-95
 Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name Malco Trucking INC
 Address 2800 W. 42nd
 City/State ODESSA, TX.

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

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

[Signature]
 Signature of Transporter's Agent

10-3-95
 Date and Time Received

PART III:

RECLAMATION SITE:

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

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

[Signature]
 Signature of Facility Agent

10-3-95
 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

PART I:

Generator Midland Oil
 Address 112 W. Hwy. 329 HCR 65 Box 58
 City/State CRANE, TEX. 79721

(915) 563-0274
 Telephone No.

ORIGINATION OF WASTE:

Operations Center Midland, Tex.

RRC No. 00950

Property Name BAKER "C" BTTY.
 (Well, Tank Battery, Plant, Facility)

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

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

Steve D. Walker
 Signature of Generator's Authorized Agent

10-3-95
 Date and Time of Shipment

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

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

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

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

Tommy Motes
 Signature of Transporter's Agent

10-3-95
 Date and Time Received

PART III: RECLAMATION SITE:

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

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

[Signature]
 Signature of Facility Agent

10395 830 P
 Date and Time Received

NON-HAZARDOUS WASTE MANIFESTATION TICKET

PART I:

Generator
Address
City/State

MERIDIAN OIL
1112 W. Hwy. 329 HCR 65 Box 58
CRANE, TEX. 79731

(915) 563-0274
Telephone No.

ORIGINATION OF WASTE:

Operations Center Midland, Tex.

RRC No. 00862

Property Name ESTEP "A"

(Well, Tank Battery, Plant, Facility)

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

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

CERTIFICATION:

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

Steve D. Walker
Signature of Generator's Authorized Agent

10-3-95
Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

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

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

CERTIFICATION:

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

Tony notes
Signature of Transporter's Agent

10-3-95
Date and Time Received

PART III:

RECLAMATION SITE:

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

CERTIFICATION:

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

[Signature]
Signature of Facility Agent

10395 830 P
Date and Time Received

NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

PART I:

Generator Meridian Oil
 Address 1112 W. Hwy. 329 HCR 66 Box 58 (915) 563-0294
 City/State _____ Telephone No. _____

ORIGINATION OF WASTE:

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

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | |
|---|--------------------------|-------------------------------|--|
| Commercial/Site Waste _____ | Oily Waste _____ | Spill Clean-up & Debris _____ | |
| Drilled Solids _____ | Plant Waste Water _____ | Storm Water Run-off _____ | |
| Drilled Pit Liquids _____ | Produced Sand _____ | Used Containers _____ | |
| Filter Elements _____ | Produced Water _____ | Used Containers _____ | |
| General Refuse _____ | Rinsate _____ | Used Lube Oils _____ | |
| H2S Scavengers/Sweetening _____ | Scale _____ | Completion Solids _____ | |
| BS&W/Crude <u>5 Bbls.</u> | Sludge (Water) _____ | Completion Liquids _____ | |
| (Tank Bottoms) _____ | Sludge (Petroleum) _____ | Other _____ | |

CERTIFICATION: The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.
Steve D. Walker _____ 10-3-95 -
 Signature of Generator's Authorized Agent Date and Time of Shipment

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

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

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the destination below.
Tommy notes _____ 10-3-95
 Signature of Transporter's Agent Date and Time Received

PART III: RECLAMATION SITE:

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

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.
 _____ 10-3-95 830 P
 Signature of Facility Agent Date and Time Received

NON-HAZARDOUS WASTE MANIFEST RUN TICKET

PART I:

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

(915) 563-0274
 Telephone No.

ORIGINATION OF WASTE:

Operations Center Midland, TEX.

RRC No. 00934

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

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | |
|---|------------------|-------------------------|--|
| Commercial/Site Waste | | Oily Waste | |
| Drilled Solids | | Plant Waste Water | |
| Drilled Pit Liquids | | Produced Sand | |
| Filter Elements | | Produced Water | |
| General Refuse | | Rinsate | |
| H2S Scavengers/Sweetening | | Scale | |
| BS&W/Crude (Tank Bottoms) | <u>125 BBLs.</u> | Sludge (Water) | |
| | | Sludge (Petroleum) | |
| | | Spill Clean-up & Debris | |
| | | Storm Water Run-off | |
| | | Used Containers | |
| | | Used Containers | |
| | | Used Lube Oils | |
| | | Completion Solids | |
| | | Completion Liquids | |
| | | Other | |

CERTIFICATION:

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

Steve D. Walker
 Signature of Generator's Authorized Agent

10-4-95 - 0900
 Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

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

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

CERTIFICATION:

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

Tommynotes
 Signature of Transporter's Agent

10-4-95 - 0900
 Date and Time Received

PART III:

RECLAMATION SITE:

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

CERTIFICATION:

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

[Signature]
 Signature of Facility Agent

10-4-95 12:32
 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST RUN TICKET

PART I:

Generator Meadow Oil
 Address _____
 City/State Crone

() _____
 Telephone No.

ORIGINATION OF WASTE:

Operations Center Crone

RRC No. 00958

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

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | |
|---|--------------------------|-------------------------------|--|
| Commercial/Site Waste _____ | Oily Waste _____ | Spill Clean-up & Debris _____ | |
| Drilled Solids _____ | Plant Waste Water _____ | Storm Water Run-off _____ | |
| Drilled Pit Liquids _____ | Produced Sand _____ | Used Containers _____ | |
| Filter Elements _____ | Produced Water _____ | Used Containers _____ | |
| General Refuse _____ | Rinsate _____ | Used Lube Oils _____ | |
| H2S Scavengers/Sweetening _____ | Scale _____ | Completion Solids _____ | |
| BS&W/Crude <u>100</u> (Tank Bottoms) | Sludge (Water) _____ | Completion Liquids _____ | |
| | Sludge (Petroleum) _____ | Other _____ | |

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

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

10-4-95
 Date and Time of Shipment

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

Name Muleo
 Address _____
 City/State Odessa

Telephone No. _____
4
 Truck No.

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

 Signature of Transporter's Agent

 Date and Time Received

PART III: RECLAMATION SITE:

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

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

[Signature]
 Signature of Facility Agent

10495 300+
 Date and Time Received

TRANSPORTER'S MANIFEST

MANIFEST # #1

SHIPPING FACILITY NAME & ADDRESS:

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

LOCATION OF MATERIAL:

RED DOG #1

TRANSPORTER NAME & ADDRESS:

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

DESCRIPTION OF WASTE:

BS & W
RECYCLABLE MATERIAL

QUANTITY:

130

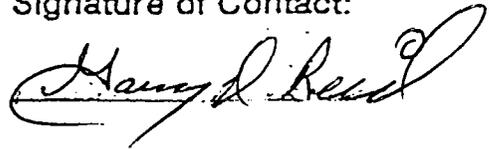
Facility Contact:

GARY D. REID

Date:

10/6/95

Signature of Contact:



NAME OF TRANSPORTER: (Driver)

T. D. LEWIS

Date:

10-6-95

Signature of Driver:



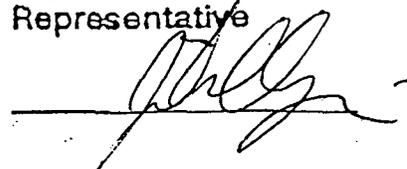
DISPOSAL SITE:

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

Date:

10695

Signature of CRI Representative



NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

PART I:

Generator Meredith Oil
 Address _____
 City/State Dallas CRANE

() _____
 Telephone No. _____

ORIGINATION OF WASTE:

Operations Center CRANE TX.

RRC No. 00891

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

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | |
|---|------------|-------------------------|--|
| Commercial/Site Waste | | Oily Waste | |
| Drilled Solids | | Plant Waste Water | |
| Drilled Pit Liquids | | Produced Sand | |
| Filter Elements | | Produced Water | |
| General Refuse | | Rinsate | |
| H2S Scavengers/Sweetening | | Scale | |
| BS&W/Crude | <u>100</u> | Sludge (Water) | |
| (Tank Bottoms) | | Sludge (Petroleum) | |
| | | Spill Clean-up & Debris | |
| | | Storm Water Run-off | |
| | | Used Containers | |
| | | Used Containers | |
| | | Used Lube Oils | |
| | | Completion Solids | |
| | | Completion Liquids | |
| | | Other | |

CERTIFICATION:

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

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

10-4-95
 Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name Males
 Address _____
 City/State Oklahoma

Telephone No. _____
15

Truck No. _____

CERTIFICATION:

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

 Signature of Transporter's Agent

 Date and Time Received

PART III:

RECLAMATION SITE:

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

CERTIFICATION:

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

D. Brown
 Signature of Facility Agent

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

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

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

(915) 563-0274
 Telephone No.

ORIGINATION OF WASTE:

Operations Center Midland, Tex.

RRC No. 00876

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

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | |
|---|--------------------------|-------------------------|--------------------------|
| Commercial/Site Waste | <input type="checkbox"/> | Oily Waste | <input type="checkbox"/> |
| Drilled Solids | <input type="checkbox"/> | Plant Waste Water | <input type="checkbox"/> |
| Drilled Pit Liquids | <input type="checkbox"/> | Produced Sand | <input type="checkbox"/> |
| Filter Elements | <input type="checkbox"/> | Produced Water | <input type="checkbox"/> |
| General Refuse | <input type="checkbox"/> | Rinsate | <input type="checkbox"/> |
| H2S Scavengers/Sweetening | <input type="checkbox"/> | Scale | <input type="checkbox"/> |
| BS&W/Crude | <u>36 BBLs.</u> | Sludge (Water) | <input type="checkbox"/> |
| (Tank Bottoms) | | Sludge (Petroleum) | <input type="checkbox"/> |
| | | Spill Clean-up & Debris | <input type="checkbox"/> |
| | | Storm Water Run-off | <input type="checkbox"/> |
| | | Used Containers | <input type="checkbox"/> |
| | | Used Containers | <input type="checkbox"/> |
| | | Used Lube Oils | <input type="checkbox"/> |
| | | Completion Solids | <input type="checkbox"/> |
| | | Completion Liquids | <input type="checkbox"/> |
| | | Other | <input type="checkbox"/> |

CERTIFICATION:

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

Steve D. Walker
 Signature of Generator's Authorized Agent

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

PART II:

TRANSPORTER: (To be completed in full by Transporter)

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

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

CERTIFICATION:

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

Tomy notes
 Signature of Transporter's Agent

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

PART III:

RECLAMATION SITE:

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

CERTIFICATION:

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

[Signature]
 Signature of Facility Agent

10/4/95 900 P
 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

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

(915) 563-0274
 Telephone No.

ORIGINATION OF WASTE:

Operations Center Midland, Tex.

RRC No. 00934

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

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | |
|---|----------------|--------------------|-------------------------|
| Commercial/Site Waste | | Oily Waste | Spill Clean-up & Debris |
| Drilled Solids | | Plant Waste Water | Storm Water Run-off |
| Drilled Pit Liquids | | Produced Sand | Used Containers |
| Filter Elements | | Produced Water | Used Containers |
| General Refuse | | Rinsate | Used Lube Oils |
| H2S Scavengers/Sweetening | | Scale | Completion Solids |
| BS&W/Crude | <u>89 BBLs</u> | Sludge (Water) | Completion Liquids |
| (Tank Bottoms) | | Sludge (Petroleum) | Other |

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

Steve D. Walker
 Signature of Generator's Authorized Agent

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

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

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

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

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

Tomy notes
 Signature of Transporter's Agent

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

PART III: RECLAMATION SITE:

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

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

[Signature]
 Signature of Facility Agent

10495 900P
 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

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

ORIGINATION OF WASTE:

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

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | |
|---|-----------------------------|-------------------------|-----------------------------|
| Commercial/Site Waste | <u> </u> | Oily Waste | <u> </u> |
| Drilled Solids | <u> </u> | Plant Waste Water | <u> </u> |
| Drilled Pit Liquids | <u> </u> | Produced Sand | <u> </u> |
| Filter Elements | <u> </u> | Produced Water | <u> </u> |
| General Refuse | <u> </u> | Rinsate | <u> </u> |
| H2S Scavengers/Sweetening | <u> </u> | Scale | <u> </u> |
| BS&W/Crude (Tank Bottoms) | <u>125 BBLs.</u> | Sludge (Water) | <u> </u> |
| | | Sludge (Petroleum) | <u> </u> |
| | | Spill Clean-up & Debris | <u> </u> |
| | | Storm Water Run-off | <u> </u> |
| | | Used Containers | <u> </u> |
| | | Used Containers | <u> </u> |
| | | Used Lube Oils | <u> </u> |
| | | Completion Solids | <u> </u> |
| | | Completion Liquids | <u> </u> |
| | | Other | <u> </u> |

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

Steven D. Walker Signature of Generator's Authorized Agent 10-5-95 - 0730 Date and Time of Shipment

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

Name Rowland Trucking Telephone No. 505-394-2581
 Address P.O. Box 99
 City/State Edmore N.M. 88231 42
 Truck No.

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

Bill Pyles Signature of Transporter's Agent 10-5-95 - 0730 Date and Time Received

PART III: RECLAMATION SITE:

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

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

[Signature] Signature of Facility Agent 10-5-95 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

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

ORIGINATION OF WASTE:

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

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | |
|---|-------------------|-------------------------|-------------------|
| Commercial/Site Waste | <u> </u> | Oily Waste | <u> </u> |
| Drilled Solids | <u> </u> | Plant Waste Water | <u> </u> |
| Drilled Pit Liquids | <u> </u> | Produced Sand | <u> </u> |
| Filter Elements | <u> </u> | Produced Water | <u> </u> |
| General Refuse | <u> </u> | Rinsate | <u> </u> |
| H2S Scavengers/Sweetening | <u> </u> | Scale | <u> </u> |
| BS&W/Crude (Tank Bottoms) | <u>14 BBLs.</u> | Sludge (Water) | <u> </u> |
| | | Sludge (Petroleum) | <u> </u> |
| | | Spill Clean-up & Debris | <u> </u> |
| | | Storm Water Run-off | <u> </u> |
| | | Used Containers | <u> </u> |
| | | Used Containers | <u> </u> |
| | | Used Lube Oils | <u> </u> |
| | | Completion Solids | <u> </u> |
| | | Completion Liquids | <u> </u> |
| | | Other | <u> </u> |

CERTIFICATION: The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.
Steve D. Walker Signature of Generator's Authorized Agent 10-5-95-0810 Date and Time of Shipment

PART II: TRANSPORTER: (To be completed in full by Transporter)
 Name Rowland Trucking Telephone No. 505-394-2581
 Address P.O. Box 99
 City/State Ennice, N.M. 88231 Telephone No. 57
 Truck No. _____

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the destination below.
Tony Pates Signature of Transporter's Agent 10-5-95-0810 Date and Time Received

PART III: RECLAMATION SITE:
 Name Controlled Recovery, Inc./Inland Products
 Address P.O. Box 369
 City/State Hobbs, NM 88241

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.
[Signature] Signature of Facility Agent 10595 1230 P Date and Time Received

NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

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

ORIGINATION OF WASTE:

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

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | |
|---|-----------------------------|-------------------------|-----------------------------|
| Commercial/Site Waste | <u> </u> | Oily Waste | <u> </u> |
| Drilled Solids | <u> </u> | Plant Waste Water | <u> </u> |
| Drilled Pit Liquids | <u> </u> | Produced Sand | <u> </u> |
| Filter Elements | <u> </u> | Produced Water | <u> </u> |
| General Refuse | <u> </u> | Rinsate | <u> </u> |
| H2S Scavengers/Sweetening | <u> </u> | Scale | <u> </u> |
| BS&W/Crude (Tank Bottoms) | <u>111 BBLs.</u> | Sludge (Water) | <u> </u> |
| | | Sludge (Petroleum) | <u> </u> |
| | | Spill Clean-up & Debris | <u> </u> |
| | | Storm Water Run-off | <u> </u> |
| | | Used Containers | <u> </u> |
| | | Used Containers | <u> </u> |
| | | Used Lube Oils | <u> </u> |
| | | Completion Solids | <u> </u> |
| | | Completion Liquids | <u> </u> |
| | | Other | <u> </u> |

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

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

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

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

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

Tony nates Signature of Transporter's Agent 10-5-95-0810 Date and Time Received

PART III: RECLAMATION SITE:

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

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

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

NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

PART I: Generator Meridian Oil
 Address _____
 City/State Crane Tex

() _____
 Telephone No.

ORIGINATION OF WASTE:

Operations Center Crane

RRC No. 00911

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

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | |
|---|--------------------------|-------------------------------|
| Commercial/Site Waste _____ | Oily Waste _____ | Spill Clean-up & Debris _____ |
| Drilled Solids _____ | Plant Waste Water _____ | Storm Water Run-off _____ |
| Drilled Pit Liquids _____ | Produced Sand _____ | Used Containers _____ |
| Filter Elements _____ | Produced Water _____ | Used Containers _____ |
| General Refuse _____ | Rinsate _____ | Used Lube Oils _____ |
| H2S Scavengers/Sweetening _____ | Scale _____ | Completion Solids _____ |
| BS&W/Crude <u>100</u> | Sludge (Water) _____ | Completion Liquids _____ |
| (Tank Bottoms) _____ | Sludge (Petroleum) _____ | Other _____ |

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

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

10-5-85
 Date and Time of Shipment

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

Name Malco
 Address _____
 City/State Odessa

Telephone No. _____
15
 Truck No.

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

 Signature of Transporter's Agent

 Date and Time Received

PART III: RECLAMATION SITE:

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

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

[Signature]
 Signature of Facility Agent

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

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

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

(915) 563-0274
 Telephone No.

ORIGINATION OF WASTE:

Operations Center Midland, Tex

RRC No. 00933

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

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

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

Steve D. Walker
 Signature of Generator's Authorized Agent

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

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

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

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

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

Tammy notes
 Signature of Transporter's Agent

10-6-95-0730
 Date and Time Received

PART III: RECLAMATION SITE:

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

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

Parson
 Signature of Facility Agent

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

NON-HAZARDOUS WASTE MANIFEST (RUN TICKET)

PART I:

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

(915) 563-0274
 Telephone No.

ORIGINATION OF WASTE:

Operations Center Midland, TEX.

RRC No. 00993

Property Name SANGER "A" BTTY.
 (Well, Tank Battery, Plant, Facility)

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

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

Steve D. Walker
 Signature of Generator's Authorized Agent

10-6-95-
 Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

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

505-394-2581
 Telephone No.
731
 Truck No.

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

Richard B. Batcher
 Signature of Transporter's Agent

10-6-95-
 Date and Time Received

PART III:

RECLAMATION SITE:

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

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

D. L. Lora
 Signature of Facility Agent

10-6-95 10:45 a.m.
 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

PART I:

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

ORIGINATION OF WASTE:

Operations Center Midland, TEX. RRC No. 00946
 Property Name Richard King
 (Well, Tank Battery, Plant, Facility)

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

CERTIFICATION: The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.
Steve P. Walker Signature of Generator's Authorized Agent 10-6-95- Date and Time of Shipment

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

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

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the destination below.
Alfred Anderson Signature of Transporter's Agent 10-6-95 Date and Time Received

PART III: RECLAMATION SITE:

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

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.
[Signature] Signature of Facility Agent 10-6-95 10:45 a.m. Date and Time Received

NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

PART I:

Generator Meridian Oil
 Address 112 W. Hwy, 329 HCR 65 BOX 58
 City/State CRANE, TEX. 79731
 Telephone No. (915) 563-0274

ORIGINATION OF WASTE:

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

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | |
|---|-----------------|-------------------------|--|
| Commercial/Site Waste | | Oily Waste | |
| Drilled Solids | | Plant Waste Water | |
| Drilled Pit Liquids | | Produced Sand | |
| Filter Elements | | Produced Water | |
| General Refuse | | Rinsate | |
| H2S Scavengers/Sweetening | | Scale | |
| BS&W/Crude | <u>125 BBLs</u> | Sludge (Water) | |
| (Tank Bottoms) | | Sludge (Petroleum) | |
| | | Spill Clean-up & Debris | |
| | | Storm Water Run-off | |
| | | Used Containers | |
| | | Used Containers | |
| | | Used Lube Oils | |
| | | Completion Solids | |
| | | Completion Liquids | |
| | | Other | |

CERTIFICATION:

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

Steve D. Walker Signature of Generator's Authorized Agent
 Date and Time of Shipment 10-6-95- 7:30 AM

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name Rowland Trucking Telephone No. 505-394-2581
 Address _____
 City/State Edmire N.M. Truck No. 42

CERTIFICATION:

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

Bill Blos Signature of Transporter's Agent
 Date and Time Received 10-6-95-

PART III:

RECLAMATION SITE:

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

CERTIFICATION:

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

[Signature] Signature of Facility Agent
 Date and Time Received 10 6 95 11 30 A

NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

PART I:

Generator Meridian Oil
 Address _____
 City/State Crone

() _____
 Telephone No. _____

ORIGINATION OF WASTE:

Operations Center Crone

RRC No. 00958

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

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | | | |
|---|--------------------------|-------------------------------|--|--|--|
| Commercial/Site Waste _____ | Oily Waste _____ | Spill Clean-up & Debris _____ | | | |
| Drilled Solids _____ | Plant Waste Water _____ | Storm Water Run-off _____ | | | |
| Drilled Pit Liquids _____ | Produced Sand _____ | Used Containers _____ | | | |
| Filter Elements _____ | Produced Water _____ | Used Containers _____ | | | |
| General Refuse _____ | Rinsate _____ | Used Lube Oils _____ | | | |
| H2S Scavengers/Sweetening _____ | Scale _____ | Completion Solids _____ | | | |
| BS&W/Crude _____ | Sludge (Water) _____ | Completion Liquids _____ | | | |
| (Tank Bottoms) <u>100 J</u> | Sludge (Petroleum) _____ | Other _____ | | | |

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

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

10-6-95
 Date and Time of Shipment

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

Name Malco
 Address _____
 City/State Odessa

Telephone No. _____
6
 Truck No. _____

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

[Signature]
 Signature of Transporter's Agent

 Date and Time Received

PART III: RECLAMATION SITE:

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

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

[Signature]
 Signature of Facility Agent

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

NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

PART I:

Generator Meridian Oil
 Address _____
 City/State Crow

() _____
 Telephone No. _____

ORIGINATION OF WASTE:

Operations Center Crow #1

RRC No. 00903

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

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | |
|---|--------------------|-------------------------|--|
| Commercial/Site Waste | Oily Waste | Spill Clean-up & Debris | |
| Drilled Solids | Plant Waste Water | Storm Water Run-off | |
| Drilled Pit Liquids | Produced Sand | Used Containers | |
| Filter Elements | Produced Water | Used Containers | |
| General Refuse | Rinseate | Used Lube Oils | |
| H2S Scavengers/Sweetening | Scale | Completion Solids | |
| BS&W/Crude | Sludge (Water) | Completion Liquids | |
| (Tank Bottoms) <u>100</u> | Sludge (Petroleum) | Other | |

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

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

10-6-95
 Date and Time of Shipment

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

Name Mulca
 Address _____
 City/State Obasa

Telephone No. _____
15
 Truck No.

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

 Signature of Transporter's Agent

 Date and Time Received

PART III: RECLAMATION SITE:

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

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

D. Larson
 Signature of Facility Agent

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

NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

PART I:

Generator Meridian Oil
 Address 1112 W. 7th St. 329 HCR 65 Box 58 (915) 563-0274
 City/State CRANE, TEX. 79731 Telephone No.

ORIGINATION OF WASTE:

Operations Center Midland, TEX. RRC No. 00933
 Property Name ROGERS "4" B.T.T.Y.
(Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | |
|---|--------------------------|-------------------------------|--|
| Commercial/Site Waste _____ | Oily Waste _____ | Spill Clean-up & Debris _____ | |
| Drilled Solids _____ | Plant Waste Water _____ | Storm Water Run-off _____ | |
| Drilled Pit Liquids _____ | Produced Sand _____ | Used Containers _____ | |
| Filter Elements _____ | Produced Water _____ | Used Containers _____ | |
| General Refuse _____ | Rinsate _____ | Used Lube Oils _____ | |
| H2S Scavengers/Sweetening _____ | Scale _____ | Completion Solids _____ | |
| BS&W/Crude <u>125 BARRELS</u> | Sludge (Water) _____ | Completion Liquids _____ | |
| (Tank Bottoms) | Sludge (Petroleum) _____ | Other _____ | |

CERTIFICATION:

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

Steve D. Walker Signature of Generator's Authorized Agent
10-6-95-2:00 Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

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

CERTIFICATION:

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

Tony notes Signature of Transporter's Agent
10-6-95 2:00 Date and Time Received

PART III:

RECLAMATION SITE:

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

CERTIFICATION:

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

[Signature] Signature of Facility Agent
10-6-95 6:30 f Date and Time Received

NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

PART I: Generator Mordian Oil
 Address _____
 City/State Crane Telephone No. _____

ORIGINATION OF WASTE:

Operations Center Crane IHO RRC No. 00911
 Property Name Ricker C
(Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | |
|---|--------------------------|-------------------------------|--|
| Commercial/Site Waste _____ | Oily Waste _____ | Spill Clean-up & Debris _____ | |
| Drilled Solids _____ | Plant Waste Water _____ | Storm Water Run-off _____ | |
| Drilled Pit Liquids _____ | Produced Sand _____ | Used Containers _____ | |
| Filter Elements _____ | Produced Water _____ | Used Containers _____ | |
| General Refuse _____ | Rinsate _____ | Used Lube Oils _____ | |
| H2S Scavengers/Sweetening _____ | Scale _____ | Completion Solids _____ | |
| BS&W/Crude <u>100</u> | Sludge (Water) _____ | Completion Liquids _____ | |
| <small>(Tank Bottoms)</small> | Sludge (Petroleum) _____ | Other _____ | |

CERTIFICATION: The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.
E. P. Pound 10-6-95
Signature of Generator's Authorized Agent Date and Time of Shipment

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

Name Mello 3664080
 Address _____ Telephone No.
 City/State Odessa 5
Truck No.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the destination below.
Curtis P. Dixon 10-6-95
Signature of Transporter's Agent Date and Time Received

PART III: RECLAMATION SITE:

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

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.
[Signature] 10695 630P
Signature of Facility Agent Date and Time Received

NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

PART I: Generator Moridian Oil
 Address _____
 City/State Crane

() _____
 Telephone No. _____

ORIGINATION OF WASTE:

Operations Center Crane
 Property Name Pickett B
(Well, Tank Battery, Plant, Facility)

RRC No. 00903

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU FT., LBS., UNITS, ETC.) | | | |
|---|--------------------------|-------------------------------|--|
| Commercial/Site Waste _____ | Oily Waste _____ | Spill Clean-up & Debris _____ | |
| Drilled Solids _____ | Plant Waste Water _____ | Storm Water Run-off _____ | |
| Drilled Pit Liquids _____ | Produced Sand _____ | Used Containers _____ | |
| Filter Elements _____ | Produced Water _____ | Used Containers _____ | |
| General Refuse _____ | Rinsate _____ | Used Lube Oils _____ | |
| H2S Scavengers/Sweetening _____ | Scale _____ | Completion Solids _____ | |
| BS&W/Crude <u>100</u> | Sludge (Water) _____ | Completion Liquids _____ | |
| (Tank Bottoms) | Sludge (Petroleum) _____ | Other _____ | |

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

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

10-6-95
 Date and Time of Shipment

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

Name Malco
 Address _____
 City/State Odessa TX

Telephone No. _____
14
 Truck No.

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

Lin Hollis
 Signature of Transporter's Agent

 Date and Time Received

PART III: RECLAMATION SITE:

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

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

[Signature]
 Signature of Facility Agent

10 695
 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

PART I: Generator Meredith Oil
 Address _____
 City/State Crowl Tex

() _____
 Telephone No. _____

ORIGINATION OF WASTE:

Operations Center Crowl Tex 11007T

RRC No. 00913

Property Name Richer
 (Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | | | |
|---|------------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste | _____ | Oily Waste | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids | _____ | Plant Waste Water | _____ | Storm Water Run-off | _____ |
| Drilled Pit Liquids | _____ | Produced Sand | _____ | Used Containers | _____ |
| Filter Elements | _____ | Produced Water | _____ | Used Containers | _____ |
| General Refuse | _____ | Rinsate | _____ | Used Lube Oils | _____ |
| H2S Scavengers/Sweetening | _____ | Scale | _____ | Completion Solids | _____ |
| BS&W/Crude (Tank Bottoms) | <u>100</u> | Sludge (Water) | _____ | Completion Liquids | _____ |
| | | Sludge (Petroleum) | _____ | Other | _____ |

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

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

10-7-95
 Date and Time of Shipment

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

Name Males
 Address _____
 City/State Odessa Tex

Telephone No. _____
5
 Truck No. _____

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

Curtis L. Dejean
 Signature of Transporter's Agent

10-7-95
 Date and Time Received

PART III: RECLAMATION SITE:

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

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

[Signature]
 Signature of Facility Agent

10795 1035 A
 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

PART I: Generator: Meridian Oil
 Address: 112 W. Hwy. 329 HCR 65 Box 59 Telephone No. (915) 563-0274
 City/State: CRANE, TEX. 79731

ORIGINATION OF WASTE:

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

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | |
|---|------------------|--------------------|-------------------------|
| Commercial/Site Waste | | Oily Waste | Spill Clean-up & Debris |
| Drilled Solids | | Plant Waste Water | Storm Water Run-off |
| Drilled Pit Liquids | | Produced Sand | Used Containers |
| Filter Elements | | Produced Water | Used Containers |
| General Refuse | | Rinsate | Used Lube Oils |
| H2S Scavengers/Sweetening | | Scale | Completion Solids |
| BS&W/Crude | <u>125 BBLs.</u> | Sludge (Water) | Completion Liquids |
| (Tank Bottoms) | | Sludge (Petroleum) | Other |

CERTIFICATION: The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.
Steve D. Walker Signature of Generator's Authorized Agent 10-7-95 8:30 Date and Time of Shipment

PART II: TRANSPORTER: (To be completed in full by Transporter)
 Name: Rowland Trucking Telephone No. 505-394-2581
 Address: P.O. Box 99
 City/State: Eunice, N.M. 88231 57
Truck No.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the destination below.
Tonny notes Signature of Transporter's Agent 10-7-95 7:30 Date and Time Received

PART III: RECLAMATION SITE:
 Name: Controlled Recovery, Inc./Inland Products
 Address: P.O. Box 369
 City/State: Hobbs, NM 88241

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.
[Signature] Signature of Facility Agent 10 7 95 1145 A Date and Time Received

NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

PART I: Generator Mexican Oil
 Address _____
 City/State Crow

() _____
 Telephone No. _____

ORIGINATION OF WASTE:

Operations Center Crow Tex

RRC No. 00913

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

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | | | |
|---|--------------------------|-------------------------------|--|--|--|
| Commercial/Site Waste _____ | Oily Waste _____ | Spill Clean-up & Debris _____ | | | |
| Drilled Solids _____ | Plant Waste Water _____ | Storm Water Run-off _____ | | | |
| Drilled Pit Liquids _____ | Produced Sand _____ | Used Containers _____ | | | |
| Filter Elements _____ | Produced Water _____ | Used Containers _____ | | | |
| General Refuse _____ | Rinsate _____ | Used Lube Oils _____ | | | |
| H2S Scavengers/Sweetening _____ | Scale _____ | Completion Solids _____ | | | |
| BS&W/Crude <u>100</u> | Sludge (Water) _____ | Completion Liquids _____ | | | |
| (Tank Bottoms) _____ | Sludge (Petroleum) _____ | Other _____ | | | |

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

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

10-7-95
 Date and Time of Shipment

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

Name Melco
 Address _____
 City/State _____

Telephone No. _____
615
 Truck No. _____

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

Wm. Collins
 Signature of Transporter's Agent

 Date and Time Received

PART III: RECLAMATION SITE:

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

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

[Signature]
 Signature of Facility Agent

10 795 1200 N
 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

PART I:

Generator Meridian Oil
 Address _____
 City/State Crowl

() _____
 Telephone No. _____

ORIGINATION OF WASTE:

Operations Center Crowl TX # 51007
 Property Name Phillip-High Tower
(Well, Tank Battery, Plant, Facility)

RRC No. 03665

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | |
|---|------------|-------------------------|-------|
| Commercial/Site Waste | _____ | Oily Waste | _____ |
| Drilled Solids | _____ | Plant Waste Water | _____ |
| Drilled Pit Liquids | _____ | Produced Sand | _____ |
| Filter Elements | _____ | Produced Water | _____ |
| General Refuse | _____ | Rinsate | _____ |
| H2S Scavengers/Sweetening | _____ | Scale | _____ |
| BS&W/Crude | <u>100</u> | Sludge (Water) | _____ |
| (Tank Bottoms) | _____ | Sludge (Petroleum) | _____ |
| | | Spill Clean-up & Debris | _____ |
| | | Storm Water Run-off | _____ |
| | | Used Containers | _____ |
| | | Used Containers | _____ |
| | | Used Lube Oils | _____ |
| | | Completion Solids | _____ |
| | | Completion Liquids | _____ |
| | | Other | _____ |

CERTIFICATION:

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

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

10-7-95
 Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name Malco
 Address _____
 City/State Odessa, TX

Telephone No. _____
 Truck No. 6

CERTIFICATION:

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

Liz Hollis
 Signature of Transporter's Agent

 Date and Time Received

PART III:

RECLAMATION SITE:

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

CERTIFICATION:

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

[Signature]
 Signature of Facility Agent

10 795 1200 N
 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

PART I:

Generator: Meridian Oil
 Address: _____
 City/State: Crowl TX

() _____
 Telephone No.

ORIGINATION OF WASTE:

Operations Center: Crowl TX

RRC No. 00913

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

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | | | |
|---|------------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste | _____ | Oily Waste | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids | _____ | Plant Waste Water | _____ | Storm Water Run-off | _____ |
| Drilled Pit Liquids | _____ | Produced Sand | _____ | Used Containers | _____ |
| Filter Elements | _____ | Produced Water | _____ | Used Containers | _____ |
| General Refuse | _____ | Rinsate | _____ | Used Lube Oils | _____ |
| H2S Scavengers/Sweetening | _____ | Scale | _____ | Completion Solids | _____ |
| BS&W/Crude (Tank Bottoms) | <u>100</u> | Sludge (Water) | _____ | Completion Liquids | _____ |
| | | Sludge (Petroleum) | _____ | Other | _____ |

CERTIFICATION:

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

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

10-7-95
 Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name: Malco
 Address: _____
 City/State: Obsia

Telephone No. _____
14

Truck No. _____

CERTIFICATION:

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

Alan Dume
 Signature of Transporter's Agent

_____ Date and Time Received

PART III:

RECLAMATION SITE:

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

CERTIFICATION:

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

[Signature]
 Signature of Facility Agent

10795 1250 P
 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST

Manifest No. **2666**

PART I: DISPOSAL

- Onsite
- Offsite

LOCATION

- Facility
- Lease
- Well

- Drilling
- Workover/Completion

Generator: Meridian Oil
 Address: _____
 City/State: Crane, Tex

Telephone No. _____
FOR OFFICE USE ONLY
 FLAC _____

ORIGINATION OF WASTE

Operations Center: Crane Tex
 Property Name: A.S. Barleson
(Well, Tank Battery, Plant, Facility)

Field: 03172

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | |
|---|--|-----------------------------------|--|
| Asbestos _____ | Oily Waste () _____ | Spill Clean-up & Debris () _____ | |
| Commercial/Site Waste _____ | Plant Waste Water-Trans _____ | Storm Water Runoff _____ | |
| Drilled Solids () _____ | Produced Sand _____ | Used Containers () _____ | |
| Drilled Pit Liquids () _____ | Produced Water-Trans () _____ | Used Lube Oils () _____ | |
| Filter Elements (1) _____ | Rinsate () _____ | Workover/Compl. Solids _____ | |
| (2) _____ | Scale () _____ | Workover/Compl. Liquids _____ | |
| (3) _____ | Sludge (water) () _____ | Other _____ | |
| General Refuse _____ | Sludge (petroleum) <u>BS</u> () _____ | | |
| H ₂ S Scavengers/Sweetening () _____ | Sludge (chemical) () _____ | | |

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

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

10-7-95
 Date and Time of Shipment

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

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

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

Estimated Transportation Cost _____

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

James S. Lundy
 Signature of Transporter's Agent

Date and Time Received _____

PART III: DISPOSAL SITE:

Name: **CRI**
CONTROLLED RECOVERY, INC.
 Address: **P.O. BOX 369**
 City/State: **HOBBS, N.M. 88241**

Method of Disposal _____
 Estimated Disposal Fee _____

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

[Signature]
 Signature of Facility Agent

10795 410 P
 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST RETURN TICKET

PART I:

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

ORIGINATION OF WASTE:

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

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

CERTIFICATION:

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

Steve D. Walker Signature of Generator's Authorized Agent
 Date and Time of Shipment 10-7-95 2:30

PART II:

TRANSPORTER: (To be completed in full by Transporter)

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

CERTIFICATION:

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

Tony Bates Signature of Transporter's Agent
 Date and Time Received 10-7-95 2:30

PART III:

RECLAMATION SITE:

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

CERTIFICATION:

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

[Signature] Signature of Facility Agent
 Date and Time Received 10 7 95 800 P

NON-HAZARDOUS WASTE MANIFESTATION TICKET

PART I:

Generator
Address
City/State

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

(915) 563-0274

Telephone No.

ORIGINATION OF WASTE:

Operations Center Midland, Tex.

RRC No. 00993

Property Name SANGER "A" BTTY.

(Well, Tank Battery, Plant, Facility)

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

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

CERTIFICATION:

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

Steve D. Walker
Signature of Generator's Authorized Agent

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

PART II:

TRANSPORTER: (To be completed in full by Transporter)

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

505-394-2581
Telephone No.
57

Truck No.

CERTIFICATION:

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

Tommy Hotes
Signature of Transporter's Agent

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

PART III:

RECLAMATION SITE:

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

CERTIFICATION:

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

[Signature]
Signature of Facility Agent

10 7 95 800 P
Date and Time Received

NON-HAZARDOUS WASTE MANIFESTATION TICKET

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

ORIGINATION OF WASTE:

Operations Center Midland, Tex. RRC No. 00946
 Property Name Richard King BTTY.
 (Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | |
|---|--------------------|-------------------------|--|
| Commercial/Site Waste | Oily Waste | Spill Clean-up & Debris | |
| Drilled Solids | Plant Waste Water | Storm Water Run-off | |
| Drilled Pit Liquids | Produced Sand | Used Containers | |
| Filter Elements | Produced Water | Used Containers | |
| General Refuse | Rinsate | Used Lube Oils | |
| H2S Scavengers/Sweetening | Scale | Completion Solids | |
| BS&W/Crude | Sludge (Water) | Completion Liquids | |
| (Tank Bottoms) <u>10 BBLs.</u> | Sludge (Petroleum) | Other | |

CERTIFICATION: The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.
Steve D. Walker Signature of Generator's Authorized Agent
10-7-95 2:30 Date and Time of Shipment

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

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

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the destination below.
Tommy Signature of Transporter's Agent
10-7-95 2:30 Date and Time Received

PART III: RECLAMATION SITE:

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

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.
Bill Signature of Facility Agent
10-7-95 8:00 P Date and Time Received

NON-HAZARDOUS WASTE MANIFEST

Manifest No 2667

PART I: DISPOSAL

- Onsite
Offsite

LOCATION

- Facility
Lease
Well

- Drilling
Workover/Completion

Generator: Morrison Oil

Address

City/State: Crane, TX

Telephone No.

FOR OFFICE USE ONLY
FLAC

ORIGINATION OF WASTE

Operations Center: Crane

Property Name: A.S. Burleson Field: 03172

(Well, Tank Battery, Plant, Facility)

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

Table with 3 columns listing waste types and amounts. Includes Asbestos, Oily Waste, Spill Clean-up & Debris, etc. Handwritten '100' is present in the Sludge (petroleum) row.

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

Signature of Generator's Authorized Agent: E.P. Bourde Date and Time of Shipment: 10-7-95

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

Name: MALCO TRUCKING INC.

Address: 2800 W. 42nd.

City/State: Odessa, TX 79764

(915) 366-4080 Telephone No.
527-074 Trailer License No.

Estimated Transportation Cost

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

Signature of Transporter's Agent: [Signature] Date and Time Received: 10-8-95

PART III: DISPOSAL SITE:

Name: CRI

Address: CONTROLLED RECOVERY, INC.

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

Method of Disposal

Estimated Disposal Fee

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

Signature of Facility Agent: [Signature] Date and Time Received: 10 8 95 920 A

NON-HAZARDOUS WASTE MANIFEST

Manifest No 2665

PART I: DISPOSAL

- Onsite
Offsite

LOCATION

- Facility
Lease
Well

- Drilling
Workover/Completion

Generator: Meridian Oil
Address
City/State: Crowl, Tex

Telephone No.

FOR OFFICE USE ONLY
FLAC

ORIGINATION OF WASTE

Operations Center: Crowl, Tex
Property Name: A.S. Burleson A
(Well, Tank Battery, Plant, Facility)

Field: 03172

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

Table with 3 columns listing waste types and amounts. Includes entries for Oily Waste, Plant Waste Water-Trans, Produced Sand, etc. Total amount for Sludge (petroleum) is 100.

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

Signature of Generator's Authorized Agent: E.P. Pouch
Date and Time of Shipment: 10-2-95

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

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

(915) 366-4080

Telephone No.
Truck License No.
Trailer License No.

Estimated Transportation Cost

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

Signature of Transporter's Agent
Date and Time Received

PART III: DISPOSAL SITE:

Name: CRI
Address: CONTROLLED RECOVERY, INC.
P.O. BOX 369
City/State: HOSBS, N.M. 88241

Method of Disposal

Estimated Disposal Fee

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

Signature of Facility Agent
Date and Time Received: 10/2/95 1000A

NON-HAZARDOUS WASTE MANIFEST

Manifest No. 2669

PART I: DISPOSAL

- Onsite
- Offsite

LOCATION

- Facility
- Lease
- Well

- Drilling
- Workover/Completion

Generator: Meridian Oil

Address _____

City/State: Crowe Tex

Telephone No. _____

FOR OFFICE USE ONLY
FLAC _____

ORIGINATION OF WASTE

Operations Center: Crowe Tex

Property Name: Burleson

Field: 00881

(Well, Tank Battery, Plant, Facility)

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

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

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

E. P. Pounce

Signature of Generator's Authorized Agent

10-7-95

Date and Time of Shipment

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

Name: MALCO TRUCKING INC.

(915) 366-4080

Address: 2800 W. 42nd.

Telephone No.

City/State: Odessa, TX 79764

15
Truck License No.

Trailer License No.

Estimated Transportation Cost: 250

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

William Collins

Signature of Transporter's Agent

10/8/95

Date and Time Received

PART III: DISPOSAL SITE:

Name: CRI

Address: CONTROLLED RECOVERY, INC.

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

Method of Disposal _____

Estimated Disposal Fee _____

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

[Signature]

Signature of Facility Agent

10 895 945A

Date and Time Received

NON-HAZARDOUS WASTE MANIFEST

Manifest No **2668**

PART I: DISPOSAL

Onsite
 Offsite

LOCATION

Facility
 Lease
 Well

Drilling
 Workover/Completion

Generator: Meridian Oil
Address: _____
City/State: Crane Tex

Telephone No. _____

FOR OFFICE USE ONLY
FLAC _____

ORIGINATION OF WASTE

Operations Center: Crane Tex
Property Name: Burlesow
(Well, Tank Battery, Plant, Facility)

Field: 00881

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

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

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

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

10-8-95
Date and Time of Shipment

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

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

(915) 366-4080
Telephone No.

Truck License No.

Trailer License No.

Estimated Transportation Cost: _____

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

[Signature]
Signature of Transporter's Agent

10-8-95
Date and Time Received

PART III: DISPOSAL SITE:

Name: CRI
CONTROLLED RECOVERY, INC.
Address: P.O. BOX 369
City/State: HOBBS, N.M. 88241

Method of Disposal: _____
Estimated Disposal Fee: _____

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

[Signature]
Signature of Facility Agent

10895 1045H
Date and Time Received

ION-HAZARDOUS WASTE MANIFEST

Manifest No 2664

PART I: DISPOSAL

- Onsite
Offsite

LOCATION

- Facility
Lease
Well

- Drilling
Workover/Completion

Generator: Meridian Oil
Address
City/State: Crown, Tex

Telephone No.

FOR OFFICE USE ONLY
FLAC

ORIGINATION OF WASTE

Operations Center: Crown, Tex
Property Name: A.S. Burleson "A"
(Well, Tank Battery, Plant, Facility)

Field: 03172

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

Table with 4 columns listing waste types and amounts. Includes entries for Asbestos, Oily Waste, Spill Clean-up & Debris, etc. Sludge (petroleum) is listed as 100.

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

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

Date and Time of Shipment: 10-7-94

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

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

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

Estimated Transportation Cost

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

Signature of Transporter's Agent: Jim Hollis

Date and Time Received

PART III: DISPOSAL SITE:

Name: CRI CONTROLLED RECOVERY, INC.
Address: P.O. BOX 369
City/State: HOBBS, N.M. 88241

Method of Disposal
Estimated Disposal Fee

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

Signature of Facility Agent

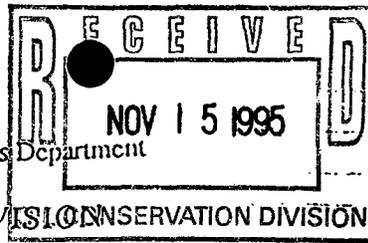
Date and Time Received: 10/8/95

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

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

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department



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

OIL CONSERVATION DIVISION
P.O. Box 2088

Santa Fe, New Mexico 87504-2088

TREATING PLANT OPERATOR'S MONTHLY REPORT

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

Report of Controlled Recovery Inc. Month & year SEPTEMBER 1995

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

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) | | |
|--|------------------|----------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 9,617.85 |
| TOTAL ALL PLANTS | | 9,617.85 |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 2112.80 |
| TOTAL ALL PLANTS | | 2112.80 |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) | | |
| FROM | TO | BARRELS |
| Controlled Recovery Inc. TRANSFERRED FROM OIL TREATING PLANT | WATER | 2500.00 |
| PLANT TO DISPOSAL AREA | SOLIDS | 345.60 |
| TOTAL ALL PLANTS | | 2845.60 |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 8885.05 |
| TOTAL ALL PLANTS | | 8885.05 |

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

Donna L. Roach
DONNA L. ROACH / OFFICE MANAGER

(505)-393-1079

OIL CONSERVATION DIVISION

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

PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS

| PERMIT NUMBER | LEASE OPERATOR | LEASE NAME | GROSS VOLUME SEDIMENT OIL | NET BBLs. P.L. OIL RECOVERED |
|--------------------------|---|---|--|------------------------------|
| H-18194 | TRANSPORTER: AA OILFIELD TOTAL | A.A. OILFIELD SERVICE STATE AB SWD #1 | <u>150.00</u> 150.00 | 0.00 |
| TEXAS | TRANSPORTER: ANDREWS BUTANE TOTAL | BERGSTEIN ANDREWS YARD | <u>200.00</u> 200.00 | 0.00 |
| A-8827 H-18362 | TRANSPORTER: DEVON ENERGY DEVON ENERGY TOTAL | I & W INC. KEEL B 76 67 & 84 KEEL A & B | 100.00 <u>80.00</u> 180.00 | 0.00 |
| WATER | TRANSPORTER: OXY USA TOTAL | LUCKY WELL SERVICE TRACT B | <u>90.00</u> 90.00 | 0.00 |
| TEXAS | TRANSPORTER: MERIDIAN OIL CO. TOTAL | MALCO TRUCKING VARIOUS LEASES | <u>3082.00</u> 3082.00 | 687.25 |
| TEXAS A-8833 TEXAS | TRANSPORTER: MERIDIAN OIL CO. ROWLAND TRUCKING SCURLOCK PERMIAN TOTAL | ROWLAND TRUCKING CO. VARIOUS LEASES CRW SWD PHIBRO | 3352.26 130.00 <u>30.00</u> 3512.26 | 1424.93 |
| | TOTAL GROSS BARRELS | | 7214.26 | |
| | TOTAL NET BARRELS | | | 2112.18 |

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I: Generator ANDREWS-Butane Route Disposal
 Address P.O. Box ~~335~~ 98189 (915) 524-4405
 City/State ANDREWS, TX 79401 Telephone No.
LUBBOCK 79499-8189

ORIGINATION OF WASTE:

Operations Center ANDREWS, TX RRC No. 08-361
 Property Name Andrews Butane Disposal
 (Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU. FT., LBS., UNITS, ETC.) | | | |
|--|--------------|-------------------------|-------|
| Commercial/Site Waste | _____ | Oily Waste | _____ |
| Drilled Solids | _____ | Plant Waste Water | _____ |
| Drilled Pit Liquids | _____ | Produced Sand | _____ |
| Filter Elements | _____ | Produced Water | _____ |
| General Refuse | _____ | Rinsate | _____ |
| H2S Scavengers/Sweetening | _____ | Scale | _____ |
| <u>BS&W/Crude</u> | <u>X 100</u> | Sludge (Water) | _____ |
| (Tank Bottoms) | | Sludge (Petroleum) | _____ |
| | | Spill Clean-up & Debris | _____ |
| | | Storm Water Run-off | _____ |
| | | Used Containers | _____ |
| | | Used Containers | _____ |
| | | Used Lube Oils | _____ |
| | | Completion Solids | _____ |
| | | Completion Liquids | _____ |
| | | Other | _____ |

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

X [Signature]
 Signature of Generator's Authorized Agent

X SEPT 18, 95 4:00
 Date and Time of Shipment

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

Name Bergstein Environmental, Inc 806-790-3503
 Address P.O. Box 10701 Telephone No.
 City/State Lubbock, TX 79408 X _____
 Truck No.

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

X [Signature]
 Signature of Transporter's Agent

X 9-18-95 4:05
 Date and Time Received

PART III: RECLAMATION SITE:

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

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

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I: Generator ANDREWS Butane Route Disposal
 Address P.O. Box ~~205~~ 98189 (915) 524-4405
 City/State ANDREWS, TX ~~0824~~ Telephone No.
 ORIGINATION OF WASTE: Lubbock 79499-8189

Operations Center ANDREWS, TX RRC No. 08-3616

Property Name Andrews Butane Disposal
 (Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU. FT., LBS., UNITS, ETC.) | | | |
|--|--------------|-------------------------|-------|
| Commercial/Site Waste | _____ | Oily Waste | _____ |
| Drilled Solids | _____ | Plant Waste Water | _____ |
| Drilled Pit Liquids | _____ | Produced Sand | _____ |
| Filter Elements | _____ | Produced Water | _____ |
| General Refuse | _____ | Rinsate | _____ |
| H2S Scavengers/Sweetening | _____ | Scale | _____ |
| <u>BS&W/Crude</u> | <u>x 100</u> | Sludge (Water) | _____ |
| (Tank Bottoms) | | Sludge (Petroleum) | _____ |
| | | Spill Clean-up & Debris | _____ |
| | | Storm Water Run-off | _____ |
| | | Used Containers | _____ |
| | | Used Containers | _____ |
| | | Used Lube Oils | _____ |
| | | Completion Solids | _____ |
| | | Completion Liquids | _____ |
| | | Other | _____ |

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

X [Signature] Signature of Generator's Authorized Agent
X Sept 29, 530 AM Date and Time of Shipment

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

Name Bergstein Environmental, Inc 806-790-3503
 Address P.O. Box 10701 Telephone No.
 City/State Lubbock, TX 79408 X #264
 Truck No.

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

X [Signature] Signature of Transporter's Agent
X 9-29-95 5:30 Date and Time Received

PART III: RECLAMATION SITE:

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

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I: Generator ANDREWS-Butane Route Disposal
 Address P.O. Box ~~35~~ 78189 (915) 524-4405
 City/State ~~ANDREWS, TX 79224~~ Telephone No.
LUBBOCK 79499-8189

ORIGINATION OF WASTE:

Operations Center ANDREWS, TX RRC No. 08-361
 Property Name Andrews Butane Disposal
 (Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU FT, LBS, UNITS, ETC.) | | | |
|---|--------------|-------------------------|-------|
| Commercial/Site Waste | _____ | Oily Waste | _____ |
| Drilled Solids | _____ | Plant Waste Water | _____ |
| Drilled Pit Liquids | _____ | Produced Sand | _____ |
| Filter Elements | _____ | Produced Water | _____ |
| General Refuse | _____ | Rinsate | _____ |
| H ₂ S Scavengers/Sweetening | _____ | Scale | _____ |
| <u>BS&W/Crude</u> | <u>X 100</u> | Sludge (Water) | _____ |
| (Tank Bottoms) | | Sludge (Petroleum) | _____ |
| | | Spill Clean-up & Debris | _____ |
| | | Storm Water Run-off | _____ |
| | | Used Containers | _____ |
| | | Used Containers | _____ |
| | | Used Lube Oils | _____ |
| | | Completion Solids | _____ |
| | | Completion Liquids | _____ |
| | | Other | _____ |

CERTIFICATION: The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.
 X [Signature] Signature of Generator's Authorized Agent
 X SEPT 18, 95 4:05 Date and Time of Shipment

PART II: TRANSPORTER: (To be completed in full by Transporter)
 Name Bergstein Environmental, Inc 806-790-3503
 Address P.O. Box 10701 Telephone No.
 City/State Lubbock, TX 79408
 X _____ Truck No.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the destination below.
 X Rolph Cortinas Signature of Transporter's Agent
 X 9-18-95 4:05 Date and Time Received

PART III: RECLAMATION SITE:
 Name Controlled Recovery, Inc./Inland Products
 Address P.O. Box 369
 City/State Hobbs, NM 88241

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

NON-HAZAROUS WASTE MANIFEST/RETURN TICKET

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

ORIGINATION OF WASTE:

Operations Center MIDLAND, TX RRC No. 925
 Property Name JF LANE
 (Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU. FT., LBS., UNITS, ETC.) | | | |
|--|-----------|---------------------------------|-------------------------|
| Commercial/Site Waste | | Oily Waste | Spill Clean-up & Debris |
| Drilled Solids | | Plant Waste Water | Storm Water Run-off |
| Drilled Pit Liquids | | Produced Sand | Used Containers |
| Filter Elements | | <u>Produced Water</u> <u>86</u> | Used Containers |
| General Refuse | | Rinsate | Used Lube Oils |
| H2S Scavengers/Sweetening | | Scale | Completion Solids |
| BS&W/Crude | <u>36</u> | Sludge (Water) | Completion Liquids |
| (Tank Bottoms) | | Sludge (Petroleum) | Other |
| <i>TOTAL of 122 BBLs.</i> | | | |

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

Don Lisdale 9-11-95 5:30pm
 Signature of Generator's Authorized Agent Date and Time of Shipment

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

Name Malco Trucking 915-366-4080
 Address P.O. Box 14787 Telephone No.
 City/State ODESSA, TX 79768-4787
Truck No.

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

Curtis J. Dixon 9-12-95 5:30pm
 Signature of Transporter's Agent Date and Time Received

PART III: RECLAMATION SITE:

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

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

John Phillips 9-12-95 1:40 AM
 Signature of Facility Agent Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator
Address
City/State

MERIDIAN
1112 W. Hwy. 329 HCR 65 Box 58
CEANE, TX 79731

(915) 563-0274
Telephone No.

ORIGINATION OF WASTE:

Operations Center MIDLAND, TX

RRC No. 925

Property Name JF LANE
(Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU-FT., LBS., UNITS, ETC.) | | | |
|---|-----------|-------------------------|-----------|
| Commercial/Site Waste | | Oily Waste | |
| Drilled Solids | | Plant Waste Water | |
| Drilled Pit Liquids | | Produced Sand | |
| Filter Elements | | <u>Produced Water</u> | <u>86</u> |
| General Refuse | | Rinsate | |
| H2S Scavengers/Sweetening | | Scale | |
| BS&W/Crude (Tank Bottoms) | <u>36</u> | Sludge (Water) | |
| | | Sludge (Petroleum) | |
| | | Spill Clean-up & Debris | |
| | | Storm Water Run-off | |
| | | Used Containers | |
| | | Used Containers | |
| | | Used Lube Oils | |
| | | Completion Solids | |
| | | Completion Liquids | |
| | | Other | |
| <u>TOTAL of 122 BBLs.</u> | | | |

CERTIFICATION:

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

[Signature]
Signature of Generator's Authorized Agent

9-11-95 5:00 PM
Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name Malco Trucking
Address P.O. Box 14787
City/State ODESSA, TX 79768-4787

915-366-4080
Telephone No.

Truck No.

CERTIFICATION:

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

[Signature]
Signature of Transporter's Agent

9-11-95 5:30 PM
Date and Time Received

PART III:

RECLAMATION SITE:

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

CERTIFICATION:

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

[Signature]
Signature of Facility Agent

9-13-95 11:15 AM
Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

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

ORIGINATION OF WASTE:

Operations Center Midland, TX RRC No. 869
 Property Name J. F. LANE (Odem)
 (Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | |
|---|-----------------------------|-------------------------|-----------------------------|
| Commercial/Site Waste | <u> </u> | Oily Waste | <u> </u> |
| Drilled Solids | <u> </u> | Plant Waste Water | <u> </u> |
| Drilled Pit Liquids | <u> </u> | Produced Sand | <u> </u> |
| Filter Elements | <u> </u> | Produced Water | <u> </u> |
| General Refuse | <u> </u> | Rinsate | <u> </u> |
| H2S Scavengers/Sweetening | <u> </u> | Scale | <u> </u> |
| BS&W/Crude | <u> </u> | Sludge (Water) | <u> </u> |
| (Tank Bottoms) | <u>125 Bbls.</u> | Sludge (Petroleum) | <u> </u> |
| | | Spill Clean-up & Debris | <u> </u> |
| | | Storm Water Run-off | <u> </u> |
| | | Used Containers | <u> </u> |
| | | Used Containers | <u> </u> |
| | | Used Lube Oils | <u> </u> |
| | | Completion Solids | <u> </u> |
| | | Completion Liquids | <u> </u> |
| | | Other | <u> </u> |

CERTIFICATION: The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.
[Signature] Signature of Generator's Authorized Agent 9-12-95 8:30 AM Date and Time of Shipment

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

Name Rowland Trucking Telephone No. 505-394-2581
 Address P.O. Box 99
 City/State EUNICE, NM 88231 42 Truck No.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the destination below.
[Signature] Signature of Transporter's Agent 9-12-95 11:55 AM Date and Time Received

PART III: RECLAMATION SITE:

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

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.
[Signature] Signature of Facility Agent 9-12-95 12:15 PM Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator Meridian
 Address 1112 W. Hwy. 329 HCR 6 5 Box 58
 City/State CRANE, TX 79731

(915) 563-0274
 Telephone No.

ORIGINATION OF WASTE:

Operations Center Midland, TX
 Property Name J. F. LANE B
(Well, Tank Battery, Plant, Facility)

RRC No. 870

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

| | | | |
|------------------------------|---------------|-------------------------|--|
| Commercial/Site Waste | | Oily Waste | |
| Drilled Solids | | Plant Waste Water | |
| Drilled Pit Liquids | | Produced Sand | |
| Filter Elements | | Produced Water | |
| General Refuse | | Rinsate | |
| H2S Scavengers/Sweetening | | Scale | |
| BS&W/Crude (Tank Bottoms) | <u>121.13</u> | Sludge (Water) | |
| | | Sludge (Petroleum) | |
| | | Spill Clean-up & Debris | |
| | | Storm Water Run-off | |
| | | Used Containers | |
| | | Used Containers | |
| | | Used Lube Oils | |
| | | Completion Solids | |
| | | Completion Liquids | |
| | | Other | |

CERTIFICATION:

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

Don J. Jiles
 Signature of Generator's Authorized Agent

9-13-95 7:30 AM
 Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name Rowland Trucking Co.
 Address P.O. Box 99
 City/State Eunice, NM 88231

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

CERTIFICATION:

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

Bill Jyles
 Signature of Transporter's Agent

9-13-95 11:05 AM
 Date and Time Received

PART III:

RECLAMATION SITE:

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

CERTIFICATION:

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

Jim Oates
 Signature of Facility Agent

9-13-95 11:15 AM
 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator Meridian
Address 1112 W. Hwy 329 HCR 65 Box 58 (919) 563-0274
City/State CRANE, TX 79731 Telephone No.

ORIGINATION OF WASTE:

Operations Center Midland, TX RRC No. 972
Property Name J. H. Shirk "C" A/C #1
 (Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | | | |
|---|---------------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste | _____ | Oily Waste | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids | _____ | Plant Waste Water | _____ | Storm Water Run-off | _____ |
| Drilled Pit Liquids | _____ | Produced Sand | _____ | Used Containers | _____ |
| Filter Elements | _____ | Produced Water | _____ | Used Containers | _____ |
| General Refuse | _____ | Rinsate | _____ | Used Lube Oils | _____ |
| H2S Scavengers/Sweetening | _____ | Scale | _____ | Completion Solids | _____ |
| BS&W/Crude | <u>121.13</u> | Sludge (Water) | _____ | Completion Liquids | _____ |
| (Tank Bottoms) | | Sludge (Petroleum) | _____ | Other | _____ |

CERTIFICATION:

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

Don J. Shirk Signature of Generator's Authorized Agent
9-13-95 8:15 Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name Bowland Trucking Co. 505-394-2581
Address P.O. Box 99 Telephone No.
City/State Eunice, NM 88231 57
 Truck No.

CERTIFICATION:

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

Tommy Motes Signature of Transporter's Agent
9-13-95 11:10 AM Date and Time Received

PART III:

RECLAMATION SITE:

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

CERTIFICATION:

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

James Fort Signature of Facility Agent
9-13-95 11:35 AM Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator Rowland Trucking
 Address _____
 City/State Enrico NM

(394) 2581
 Telephone No.

ORIGINATION OF WASTE:

Operations Center Meridian

RRC No. 00960

Property Name JF Lane "C" #1
 (Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | |
|---|--------------------------|-------------------------------|--|
| Commercial/Site Waste _____ | Oily Waste _____ | Spill Clean-up & Debris _____ | |
| Drilled Solids _____ | Plant Waste Water _____ | Storm Water Run-off _____ | |
| Drilled Pit Liquids _____ | Produced Sand _____ | Used Containers _____ | |
| Filter Elements _____ | Produced Water _____ | Used Containers _____ | |
| General Refuse _____ | Rinsate _____ | Used Lube Oils _____ | |
| H2S Scavengers/Sweetening _____ | Scale _____ | Completion Solids _____ | |
| BS&W/Crude _____ | Sludge (Water) _____ | Completion Liquids _____ | |
| (Tank Bottoms) <input checked="" type="checkbox"/> | Sludge (Petroleum) _____ | Other _____ | |

CERTIFICATION:

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

Bill Blenman
 Signature of Generator's Authorized Agent

9-14-95
 Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name _____
 Address _____
 City/State Enrico N.M. 88231

³²⁵
394-2581
 Telephone No.
42
 Truck No.

CERTIFICATION:

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

[Signature]
 Signature of Transporter's Agent

9-14-95
 Date and Time Received

PART III:

RECLAMATION SITE:

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

CERTIFICATION:

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

Bill Blenman
 Signature of Facility Agent

9-14-95-12:00
 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I: Generator Rowland Trucking
 Address _____
 City/State EVNICE N.M.

(394) 2581
 Telephone No.

ORIGINATION OF WASTE:

Operations Center Meridian
 Property Name JF LANE "C" # 1
(Well, Tank Battery, Plant, Facility)

RRC No. 00960

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

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

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

Bill Fleming
 Signature of Generator's Authorized Agent

9-14-95
 Date and Time of Shipment

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

Name _____
 Address _____
 City/State EVNICE NM 88231

505-394-2591
 Telephone No.
57
 Truck No.

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

Tommy notes
 Signature of Transporter's Agent

 Date and Time Received

PART III: RECLAMATION SITE:

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

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

Jesse [Signature]
 Signature of Facility Agent

9-14-95 12:30
 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator Merridno Oil
 Address _____
 City/State CRANE TX

() _____
 Telephone No.

ORIGINATION OF WASTE:

Operations Center CRANE, TEXAS

RRC No. 00971

Property Name J.H. Shirk Dry
 (Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | |
|---|--------------------------|-------------------------------|--|
| Commercial/Site Waste _____ | Oily Waste _____ | Spill Clean-up & Debris _____ | |
| Drilled Solids _____ | Plant Waste Water _____ | Storm Water Run-off _____ | |
| Drilled Pit Liquids _____ | Produced Sand _____ | Used Containers _____ | |
| Filter Elements _____ | Produced Water _____ | Used Containers _____ | |
| General Refuse _____ | Rinsate _____ | Used Lube Oils _____ | |
| H2S Scavengers/Sweetening _____ | Scale _____ | Completion Solids _____ | |
| BS&W/Crude _____ | Sludge (Water) _____ | Completion Liquids _____ | |
| (Tank Bottoms) <input checked="" type="checkbox"/> | Sludge (Petroleum) _____ | Other _____ | |

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

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

9-14-95 11 AM
 Date and Time of Shipment

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

Name MAICO TRUCKING
 Address _____
 City/State _____

815 366 4080
 Telephone No.
11
 Truck No.

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

E. P. Pounds
 Signature of Transporter's Agent

9-14-95 3:30
 Date and Time Received

PART III: RECLAMATION SITE:

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

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

Jean Deltz
 Signature of Facility Agent

9-14-95 3:30
 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I: Generator MERRIDIAN Oil
 Address CRANE TX () _____
 City/State _____ Telephone No. _____

ORIGINATION OF WASTE:

Operations Center CRANE Tex RRC No. 00971
 Property Name AH SHINK "B"
 (Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | | | |
|---|--------------------------|-------------------------------|--|--|--|
| Commercial/Site Waste _____ | Oily Waste _____ | Spill Clean-up & Debris _____ | | | |
| Drilled Solids _____ | Plant Waste Water _____ | Storm Water Run-off _____ | | | |
| Drilled Pit Liquids _____ | Produced Sand _____ | Used Containers _____ | | | |
| Filter Elements _____ | Produced Water _____ | Used Containers _____ | | | |
| General Refuse _____ | Rinsate _____ | Used Lube Oils _____ | | | |
| H2S Scavengers/Sweetening _____ | Scale _____ | Completion Solids _____ | | | |
| BS&W/Crude _____ | Sludge (Water) _____ | Completion Liquids _____ | | | |
| (Tank Bottoms) <u>120 BBLs</u> | Sludge (Petroleum) _____ | Other _____ | | | |

CERTIFICATION: The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.
E. P. Pounds _____ 9-14-95 10 AM
 Signature of Generator's Authorized Agent Date and Time of Shipment

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

Name Malco Trucking 915 366 4080
 Address _____ Telephone No. _____
 City/State Odessa, Tex 5
 Truck No. _____

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the destination below.
Curtis L. Dixon _____ 9-14-95 2:30
 Signature of Transporter's Agent Date and Time Received

PART III: RECLAMATION SITE:

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

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.
James [Signature] _____ 9-14-95 1:30
 Signature of Facility Agent Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator MERIDIAN OIL
 Address CRANE TX
 City/State _____

() _____
 Telephone No.

ORIGINATION OF WASTE:

Operations Center CRANE TX

RRC No. 00968

Property Name AA REESE BY
 (Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU FT., LBS, UNITS, ETC.) | | | | | |
|--|--------------------------|-------------------------------|--|--|--|
| Commercial/Site Waste _____ | Oily Waste _____ | Spill Clean-up & Debris _____ | | | |
| Drilled Solids _____ | Plant Waste Water _____ | Storm Water Run-off _____ | | | |
| Drilled Pit Liquids _____ | Produced Sand _____ | Used Containers _____ | | | |
| Filter Elements _____ | Produced Water _____ | Used Containers _____ | | | |
| General Refuse _____ | Rinsate _____ | Used Lube Oils _____ | | | |
| H2S Scavengers/Sweetening _____ | Scale _____ | Completion Solids _____ | | | |
| BS&W/Crude _____ | Sludge (Water) _____ | Completion Liquids _____ | | | |
| (Tank Bottoms) <u>100 BBL</u> | Sludge (Petroleum) _____ | Other _____ | | | |

CERTIFICATION:

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

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

9-15-95
 Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name Malco Trucking
 Address _____
 City/State Odessa

915 3664080
 Telephone No.
15
 Truck No.

CERTIFICATION:

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

E. P. Pounds
 Signature of Transporter's Agent

 Date and Time Received

PART III:

RECLAMATION SITE:

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

CERTIFICATION:

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

[Signature]
 Signature of Facility Agent

9095 730P
 Date and Time Received



THE REPRODUCTION OF

THE

FOLLOWING

DOCUMENT (S)

CANNOT BE IMPROVED

DUE TO

THE CONDITION OF

THE ORIGINAL

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator Meridian Oil
 Address Crow Top
 City/State _____

() _____
 Telephone No.

ORIGINATION OF WASTE:

Operations Center Meridian Oil

RRC No. 00961

Property Name J.F. Lane C BTY
(Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU. FT., LBS., UNITS, ETC.) | | | |
|--|--------------------|-------------------|--------------------------|
| Commercial/ Site Waste | Oily Waste | Plant Waste Water | Spill, Clean-up & Debris |
| Drilled Solids | Produced Sand | Produced Water | Storm Water Run-off |
| Drilled Pit Liquids | Produced Water | Rinsate | Used Containers |
| Filter Elements | Scale | Sludge (Water) | Used Containers |
| General Refuse | Sludge (Petroleum) | Other | Used Lube Oils |
| H2S Scavenger/ Strengthening | | | Completion Solids |
| BS&W/ Crude | | | Completion Liquids |
| Tank Bottoms | | | |

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

[Signature]
 Signature of Generator/ Facility Agent

9-14-95 3:30 PM
 Date and Time of Shipment

RECEIVED BY TRANSPORTER: (To be completed in full by Transporter)

[Signature]
 Signature of Transporter

 Transporter No.

RECEIVED BY REGULATORY AGENCY: (To be completed in full by Regulatory Agency)

[Signature]
 Signature of Regulatory Agency

 Date and Time Received

PART II: REGULATORY AGENCY:

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

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

[Signature]
 Signature of Facility Agent

9-14-95- 8:00 PM
 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator MERIDIAN OIL
 Address ~~McClary~~
 City/State Crown Tex

() _____
 Telephone No.

ORIGINATION OF WASTE:

Operations Center Crown

RRC No. 00971

Property Name J.H. Shirk B
 (Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | |
|---|-------------------------------------|-------------------------|--|
| Commercial/Site Waste | | Oily Waste | |
| Drilled Solids | | Plant Waste Water | |
| Drilled Pit Liquids | | Produced Sand | |
| Filter Elements | | Produced Water | |
| General Refuse | | Rinsate | |
| H2S Scavengers/Sweetening | | Scale | |
| BS&W/Crude (Tank Bottoms) | <input checked="" type="checkbox"/> | Sludge (Water) | |
| | | Sludge (Petroleum) | |
| | | Spill Clean-up & Debris | |
| | | Storm Water Run-off | |
| | | Used Containers | |
| | | Used Containers | |
| | | Used Lube Oils | |
| | | Completion Solids | |
| | | Completion Liquids | |
| | | Other | |

CERTIFICATION:

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

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

9-16-95
 Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name Mobil
 Address _____
 City/State Oklahoma

915 366 4080
 Telephone No.

Truck No.

CERTIFICATION:

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

E. P. Powell
 Signature of Transporter's Agent

9-16-95
 Date and Time Received

PART III:

RECLAMATION SITE:

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

CERTIFICATION:

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

[Signature]
 Signature of Facility Agent

9-16-95 330 P
 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator
Address
City/State

Rowland Trucking

Edmundo N.M.

(394) 2581
Telephone No.

ORIGINATION OF WASTE:

Operations Center Meridian

RRC No. 00924

Property Name LANE A Pech
(Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | |
|---|-------------------------------------|-------------------------|--------------------------|
| Commercial/Site Waste | <input type="checkbox"/> | Oily Waste | <input type="checkbox"/> |
| Drilled Solids | <input type="checkbox"/> | Plant Waste Water | <input type="checkbox"/> |
| Drilled Pit Liquids | <input type="checkbox"/> | Produced Sand | <input type="checkbox"/> |
| Filter Elements | <input type="checkbox"/> | Produced Water | <input type="checkbox"/> |
| General Refuse | <input type="checkbox"/> | Rinsate | <input type="checkbox"/> |
| H2S Scavengers/Sweetening | <input type="checkbox"/> | Scale | <input type="checkbox"/> |
| BS&W/Crude (Tank Bottoms) | <input checked="" type="checkbox"/> | Sludge (Water) | <input type="checkbox"/> |
| | | Sludge (Petroleum) | <input type="checkbox"/> |
| | | Spill Clean-up & Debris | <input type="checkbox"/> |
| | | Storm Water Run-off | <input type="checkbox"/> |
| | | Used Containers | <input type="checkbox"/> |
| | | Used Containers | <input type="checkbox"/> |
| | | Used Lube Oils | <input type="checkbox"/> |
| | | Completion Solids | <input type="checkbox"/> |
| | | Completion Liquids | <input type="checkbox"/> |
| | | Other | <input type="checkbox"/> |

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

Signature of Generator's Authorized Agent

Date and Time of Shipment

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

Name Terry Torres
Address _____
City/State _____

57
Telephone No.

Truck No.

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

Signature of Transporter's Agent

Date and Time Received

PART III: RECLAMATION SITE:

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

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

[Signature]
Signature of Facility Agent

9-18-95 11:20
Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator Meridian Oil
 Address CRANE Twp
 City/State _____

() _____
 Telephone No.

ORIGINATION OF WASTE:

Operations Center CRANE Twp

RRC No. 00971

Property Name JH-SHINK 'B'
 (Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU-FT., LBS., UNITS, ETC.) | | | |
|---|--------------------------|-------------------------------|--|
| Commercial/Site Waste _____ | Oily Waste _____ | Spill Clean-up & Debris _____ | |
| Drilled Solids _____ | Plant Waste Water _____ | Storm Water Run-off _____ | |
| Drilled Pit Liquids _____ | Produced Sand _____ | Used Containers _____ | |
| Filter Elements _____ | Produced Water _____ | Used Containers _____ | |
| General Refuse _____ | Rinsate _____ | Used Lube Oils _____ | |
| H2S Scavengers/Sweetening _____ | Scale _____ | Completion Solids _____ | |
| BS&W/Crude _____ | Sludge (Water) _____ | Completion Liquids _____ | |
| (Tank Bottoms) <u>HOBB'S</u> | Sludge (Petroleum) _____ | Other _____ | |

CERTIFICATION:

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

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

9-18-95 8:30 AM
 Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name Malco Trucking
 Address _____
 City/State O Jetta, Tex

915 3664080
 Telephone No.
5
 Truck No.

CERTIFICATION:

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

E. P. Pounder
 Signature of Transporter's Agent

9-18-95
 Date and Time Received

PART III:

RECLAMATION SITE:

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

CERTIFICATION:

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

[Signature]
 Signature of Facility Agent

9-18-95 1200 P
 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator Meridian
 Address 112 W Hwy 929 Agr. 60 Box 58
 City/State CRANE TX.

(915) 563-0274
 Telephone No.

ORIGINATION OF WASTE:

Operations Center Midland TX.

RRC No. 00974

Property Name JF Sheink
 (Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU FT., LBS., UNITS, ETC.) | | | |
|---|-------------------|-------------------------|-------------------|
| Commercial/Site Waste | <u> </u> | Oily Waste | <u> </u> |
| Drilled Solids | <u> </u> | Plant Waste Water | <u> </u> |
| Drilled Pit Liquids | <u> </u> | Produced Sand | <u> </u> |
| Filter Elements | <u> </u> | Produced Water | <u> </u> |
| General Refuse | <u> </u> | Rinsate | <u> </u> |
| H2S Scavengers/Sweetening | <u> </u> | Scale | <u> </u> |
| BS&W/Crude (Tank Bottoms) | <u>125</u> | Sludge (Water) | <u> </u> |
| | | Sludge (Petroleum) | <u> </u> |
| | | Spill Clean-up & Debris | <u> </u> |
| | | Storm Water Run-off | <u> </u> |
| | | Used Containers | <u> </u> |
| | | Used Containers | <u> </u> |
| | | Used Lube Oils | <u> </u> |
| | | Completion Solids | <u> </u> |
| | | Completion Liquids | <u> </u> |
| | | Other | <u> </u> |

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

 Signature of Generator's Authorized Agent

 Date and Time of Shipment

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

Name Tony notes
 Address _____
 City/State _____

Telephone No.

57

Truck No.

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

 Signature of Transporter's Agent

 Date and Time Received

PART III: RECLAMATION SITE:

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

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

[Signature]
 Signature of Facility Agent

9-19-95 - 12:00
 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator Meridional
 Address 112 Hwy 29 HCR 68 Box 58
 City/State CRAVE TX. 79751

(915) 563-0274
 Telephone No.

ORIGINATION OF WASTE:

Operations Center midland Texas

RRC No. 005670

Property Name Jw Robbins 19 R
 (Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | |
|---|-------------------|-------------------------|-------------------|
| Commercial/Site Waste | <u> </u> | Oily Waste | <u> </u> |
| Drilled Solids | <u> </u> | Plant Waste Water | <u> </u> |
| Drilled Pit Liquids | <u> </u> | Produced Sand | <u> </u> |
| Filter Elements | <u> </u> | Produced Water | <u> </u> |
| General Refuse | <u> </u> | Rinsate | <u> </u> |
| H2S Scavengers/Sweetening | <u> </u> | Scale | <u> </u> |
| BS&W/Crude (Tank Bottoms) | <u>125</u> | Sludge (Water) | <u> </u> |
| | | Sludge (Petroleum) | <u> </u> |
| | | Spill Clean-up & Debris | <u> </u> |
| | | Storm Water Run-off | <u> </u> |
| | | Used Containers | <u> </u> |
| | | Used Containers | <u> </u> |
| | | Used Lube Oils | <u> </u> |
| | | Completion Solids | <u> </u> |
| | | Completion Liquids | <u> </u> |
| | | Other | <u> </u> |

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

 Signature of Generator's Authorized Agent

 Date and Time of Shipment

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

Name _____
 Address _____
 City/State _____

 Telephone No.

42

 Truck No.

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

Bill Lyle
 Signature of Transporter's Agent

9-19-95

 Date and Time Received

PART III: RECLAMATION SITE:

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

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

June [Signature]
 Signature of Facility Agent

9-19-95 12:00

 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I: Generator Meridian Oil
 Address _____
 City/State CRANE Twp Telephone No. _____

ORIGINATION OF WASTE:
 Operations Center CRANE Twp RRC No. 00844
 Property Name JW Bobbitts C
 (Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | |
|---|----------------|-------------------------|--|
| Commercial/Site Waste | | Oily Waste | |
| Drilled Solids | | Plant Waste Water | |
| Drilled Pit Liquids | | Produced Sand | |
| Filter Elements | | Produced Water | |
| General Refuse | | Rinsate | |
| H2S Scavengers/Sweetening | | Scale | |
| BS&W/Crude | <u>100 Bbl</u> | Sludge (Water) | |
| (Tank Bottoms) | | Sludge (Petroleum) | |
| | | Spill Clean-up & Debris | |
| | | Storm Water Run-off | |
| | | Used Containers | |
| | | Used Containers | |
| | | Used Lube Oils | |
| | | Completion Solids | |
| | | Completion Liquids | |
| | | Other | |

CERTIFICATION: The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.
E. P. Pound Signature of Generator's Authorized Agent
9-19-95 Date and Time of Shipment

PART II: TRANSPORTER: (To be completed in full by Transporter)
 Name Melio
 Address _____
 City/State Odessa Telephone No. 915 3664080
 Truck No. 5

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the destination below.
E. P. Pound Signature of Transporter's Agent
 Date and Time Received _____

PART III: RECLAMATION SITE:
 Name Controlled Recovery, Inc./Inland Products
 Address P.O. Box 369
 City/State Hobbs, NM 88241

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.
[Signature] Signature of Facility Agent
9/19/95 1000 P Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/TUN TICKET

PART I: Generator Meridian Oil
 Address CRANE TEXAS () _____
 City/State _____ Telephone No. _____

ORIGINATION OF WASTE:

Operations Center CRANE TEXAS : 21 : 31 JUL
 RRC No. 00967

Property Name AA Reese
 (Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | |
|---|------------|--------------------|-------------------------|
| Commercial/Site Waste | | Oily Waste | Spill Clean-up & Debris |
| Drilled Solids | _____ | Plant Waste Water | Storm Water Run-off |
| Drilled Pit Liquids | _____ | Produced Sand | Used Containers |
| Filter Elements | _____ | Produced Water | Used Containers |
| General Refuse | _____ | Rinsate | Used Lube Oils |
| H2S Scavengers/Sweetening | _____ | Scale | Completion Solids |
| BS&W/Crude | <u>100</u> | Sludge (Water) | Completion Liquids |
| (Tank Bottoms) | | Sludge (Petroleum) | Other |

CERTIFICATION: The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.
E. P. Pound 9-19-95
 Signature of Generator's Authorized Agent Date and Time of Shipment

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

Name Malco Trucking 915 3864080
 Address _____ Telephone No.
 City/State Opessa 15
Truck No.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the destination below.
E. P. Pound 9-19-95
 Signature of Transporter's Agent Date and Time Received

PART III: RECLAMATION SITE:

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

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.
[Signature] 91995 930 P
 Signature of Facility Agent Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator MERIDIAN
 Address 112 W. Hwy. 829 HGA 65 Box 69
 City/State UTAH TX

(915) 563 0274
 Telephone No.

ORIGINATION OF WASTE:

Operations Center MIDLAND TX.

RRC No. 00865

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

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

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

CERTIFICATION:

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

Bill Blenise
 Signature of Generator's Authorized Agent

9-19-95
 Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name Rowland Trucking
 Address P.O. Box 99
 City/State Edwice NM

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

CERTIFICATION:

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

Tommy notes
 Signature of Transporter's Agent

9-19-95
 Date and Time Received

PART III:

RECLAMATION SITE:

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

CERTIFICATION:

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

[Signature]
 Signature of Facility Agent

91995 915F
 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator MERIDIAN OIL
 Address _____
 City/State CRANE TEX Telephone No. _____

ORIGINATION OF WASTE:

Operations Center CRANE TEX RRC No. 00864
 Property Name AA Reese Q
(Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | | | |
|---|--------------------------|-------------------------------|--|--|--|
| Commercial/Site Waste _____ | Oily Waste _____ | Spill Clean-up & Debris _____ | | | |
| Drilled Solids _____ | Plant Waste Water _____ | Storm Water Run-off _____ | | | |
| Drilled Pit Liquids _____ | Produced Sand _____ | Used Containers _____ | | | |
| Filter Elements _____ | Produced Water _____ | Used Containers _____ | | | |
| General Refuse _____ | Rinsate _____ | Used Lube Oils _____ | | | |
| H2S Scavengers/Sweetening _____ | Scale _____ | Completion Solids _____ | | | |
| BS&W/Crude <u>110</u> | Sludge (Water) _____ | Completion Liquids _____ | | | |
| <small>(Tank Bottoms)</small> | Sludge (Petroleum) _____ | Other _____ | | | |

CERTIFICATION: The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.
E. P. Pounds Signature of Generator's Authorized Agent
9-20-95 Date and Time of Shipment

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

Name Melco Telephone No. 915 366 4080
 Address _____
 City/State Odessa Truck No. 15

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the destination below.
E. P. Pounds Signature of Transporter's Agent
 _____ Date and Time Received

PART III: RECLAMATION SITE:

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

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.
Dawson Signature of Facility Agent
9-20-95 5:05 p.m. Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator Meridian
 Address 1112 W Hwy 329 HCR-65 Box 58
 City/State CRANE TX

(915) 563-0274
 Telephone No.

ORIGINATION OF WASTE:

Operations Center Midland TX

RRC No. 00974

Property Name JH Sherk D
 (Well, Tank Battery, Plant, Facility)

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

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

CERTIFICATION:

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

Bill Blenins
 Signature of Generator's Authorized Agent

9-20-95
 Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name _____
 Address _____
 City/State Elmire N.M.

505
394-2581
 Telephone No.
40
 Truck No.

CERTIFICATION:

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

Bill Blenins
 Signature of Transporter's Agent

9-20-95
 Date and Time Received

PART III:

RECLAMATION SITE:

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

CERTIFICATION:

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

Blason
 Signature of Facility Agent

9-20-95
 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator Meridian
 Address 112 W Hwy. 329 HCR 65 Box 58
 City/State CRANE TX

(915) 563-0274
 Telephone No.

ORIGINATION OF WASTE:

Operations Center Midland TX

RRC No. 00865

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

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | |
|---|------------|-------------------------|-------|
| Commercial/Site Waste | _____ | Oily Waste | _____ |
| Drilled Solids | _____ | Plant Waste Water | _____ |
| Drilled Pit Liquids | _____ | Produced Sand | _____ |
| Filter Elements | _____ | Produced Water | _____ |
| General Refuse | _____ | Rinsate | _____ |
| H2S Scavengers/Sweetening | _____ | Scale | _____ |
| BS&W/Crude | <u>125</u> | Sludge (Water) | _____ |
| (Tank Bottoms) | | Sludge (Petroleum) | _____ |
| | | Spill Clean-up & Debris | _____ |
| | | Storm Water Run-off | _____ |
| | | Used Containers | _____ |
| | | Used Containers | _____ |
| | | Used Lube Oils | _____ |
| | | Completion Solids | _____ |
| | | Completion Liquids | _____ |
| | | Other | _____ |

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

Bill Fleming
 Signature of Generator's Authorized Agent

9-20-95
 Date and Time of Shipment

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

Name _____
 Address _____
 City/State EVANS N.M.

505-374-2581
 Telephone No.
57
 Truck No.

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

Tommy Motes
 Signature of Transporter's Agent

9-20-95
 Date and Time Received

PART III: RECLAMATION SITE:

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

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

[Signature]
 Signature of Facility Agent

9-20-95
 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator Meridian Oil
 Address Crane TX
 City/State _____

() _____
 Telephone No. _____

ORIGINATION OF WASTE:

Operations Center Crane TX

RRC No. 00967

Property Name AA Reese
 (Well, Tank Battery, Plant, Facility)

after hours

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU FT., LBS., UNITS, ETC.) | | | | | |
|---|--------------------------|-------------------------------|--|--|--|
| Commercial/Site Waste _____ | Oily Waste _____ | Spill Clean-up & Debris _____ | | | |
| Drilled Solids _____ | Plant Waste Water _____ | Storm Water Run-off _____ | | | |
| Drilled Pit Liquids _____ | Produced Sand _____ | Used Containers _____ | | | |
| Filter Elements _____ | Produced Water _____ | Used Containers _____ | | | |
| General Refuse _____ | Rinsate _____ | Used Lube Oils _____ | | | |
| H2S Scavengers/Sweetening _____ | Scale _____ | Completion Solids _____ | | | |
| BS&W/Crude <u>110</u> | Sludge (Water) _____ | Completion Liquids _____ | | | |
| (Tank Bottoms) _____ | Sludge (Petroleum) _____ | Other _____ | | | |

CERTIFICATION:

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

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

9-21-95
 Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name Malco Trucking
 Address _____
 City/State Odessa

915 366 4080
 Telephone No. _____
9
 Truck No.

CERTIFICATION:

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

E. P. Pounds
 Signature of Transporter's Agent

 Date and Time Received

PART III:

RECLAMATION SITE:

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

CERTIFICATION:

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

D. Starni
 Signature of Facility Agent

9-21-95 6:40pm
 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator Meridium Oil
 Address _____
 City/State Crown

() _____
 Telephone No. _____

ORIGINATION OF WASTE:

Operations Center Crown
 Property Name J H Shirk
(Well, Tank Battery, Plant, Facility)

RRC No. 00891

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU FT., LBS., UNITS, ETC.) | | | | | |
|---|--------------------|-------------------------|--|--|--|
| Commercial/Site Waste | Oily Waste | Spill Clean-up & Debris | | | |
| Drilled Solids | Plant Waste Water | Storm Water Run-off | | | |
| Drilled Pit Liquids | Produced Sand | Used Containers | | | |
| Filter Elements | Produced Water | Used Containers | | | |
| General Refuse | Rinsate | Used Lube Oils | | | |
| H2S Scavengers/Sweetening | Scale | Completion Solids | | | |
| BS&W/Crude | Sludge (Water) | Completion Liquids | | | |
| (Tank Bottoms) <u>110</u> | Sludge (Petroleum) | Other | | | |

CERTIFICATION: The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.
E. P. Pounds Signature of Generator's Authorized Agent 9-21-95 Date and Time of Shipment

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

Name Malco Trucking Telephone No. 915 3664080
 Address _____
 City/State Olney Truck No. 4

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the destination below.
E. Pounds Signature of Transporter's Agent _____ Date and Time Received

PART III: RECLAMATION SITE:

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

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.
D. [Signature] Signature of Facility Agent 9-21-95 9:00 P.M. Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator Murphy Oil
 Address _____
 City/State Crone TX

() _____
 Telephone No.

ORIGINATION OF WASTE:

Operations Center Crone TX

RRC No. 00864

Property Name AA Recce Co
 (Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | | | |
|---|------------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste | _____ | Oily Waste | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids | _____ | Plant Waste Water | _____ | Storm Water Run-off | _____ |
| Drilled Pit Liquids | _____ | Produced Sand | _____ | Used Containers | _____ |
| Filter Elements | _____ | Produced Water | _____ | Used Containers | _____ |
| General Refuse | _____ | Rinsate | _____ | Used Lube Oils | _____ |
| H2S Scavengers/Sweetening | _____ | Scale | _____ | Completion Solids | _____ |
| BS&W/Crude (Tank Bottoms) | <u>100</u> | Sludge (Water) | _____ | Completion Liquids | _____ |
| | | Sludge (Petroleum) | _____ | Other | _____ |

CERTIFICATION:

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

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

9-20-95
 Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name Malco Trucking
 Address _____
 City/State Odessa

915 366 4080
 Telephone No.

 Truck No.

CERTIFICATION:

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

E. P. Pounds
 Signature of Transporter's Agent

 Date and Time Received

PART III:

RECLAMATION SITE:

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

CERTIFICATION:

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

[Signature]
 Signature of Facility Agent

92095 1030P
 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator Meridian Oil
 Address Crown Tex
 City/State _____

() _____
 Telephone No. _____

ORIGINATION OF WASTE:

Operations Center Crown J# MIT

RRC No. 00844

Property Name J.W. Robbin C
(Well, Tank Battery, Plant, Facility)

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

| | | |
|---------------------------------|--------------------------|-------------------------------|
| Commercial/Site Waste _____ | Oily Waste _____ | Spill Clean-up & Debris _____ |
| Drilled Solids _____ | Plant Waste Water _____ | Storm Water Run-off _____ |
| Drilled Pit Liquids _____ | Produced Sand _____ | Used Containers _____ |
| Filter Elements _____ | Produced Water _____ | Used Containers _____ |
| General Refuse _____ | Rinsate _____ | Used Lube Oils _____ |
| H2S Scavengers/Sweetening _____ | Scale _____ | Completion Solids _____ |
| BS&W/Crude <u>110</u> | Sludge (Water) _____ | Completion Liquids _____ |
| (Tank Bottoms) _____ | Sludge (Petroleum) _____ | Other _____ |

CERTIFICATION:

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

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

9-21-95
 Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name Malco Trucking
 Address _____
 City/State _____

915 366 4080
 Telephone No. _____
6
 Truck No.

CERTIFICATION:

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

E. P. Pound
 Signature of Transporter's Agent

 Date and Time Received

PART III:

RECLAMATION SITE:

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

CERTIFICATION:

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

[Signature]
 Signature of Facility Agent

9-21-93 6:10 PM
 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator Maidland
 Address 112 W Hwy 329 HCR-15 Box 58
 City/State CRANE TEXAS

(PIS) 565-0224
 Telephone No.

ORIGINATION OF WASTE:

Operations Center Maidland Tx

RRC No 05670

Property Name Jw. Robbins A&B
 (Well, Tank Battery, Plant, Facility)

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

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

CERTIFICATION:

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

Bill Blum
 Signature of Generator's Authorized Agent

9-21-95 6:45 AM
 Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name Rowland Trucking
 Address Box 99
 City/State Doniphan NM

894-2581
 Telephone No.
57
 Truck No.

CERTIFICATION:

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

Tommy notes
 Signature of Transporter's Agent

 Date and Time Received

PART III:

RECLAMATION SITE:

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

CERTIFICATION:

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

[Signature]
 Signature of Facility Agent

92195 1115 A
 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator Meridian
 Address 1112 W Hwy 329 Hc 65 Box 58
 City/State CRANE TX

(915) 562-0274
 Telephone No.

ORIGINATION OF WASTE:

Operations Center MIDLAND TX
 Property Name JW Robbins A46
 (Well, Tank Battery, Plant, Facility)

RRC No. 05670

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

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

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

Bill Clements
 Signature of Generator's Authorized Agent

9-21-95 6:15 AM
 Date and Time of Shipment

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

Name Rowland Trucking
 Address Box 99
 City/State Emme NM

894-2581
 Telephone No.
42
 Truck No.

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

Bill [Signature]
 Signature of Transporter's Agent

9-21-95
 Date and Time Received

PART III: RECLAMATION SITE:

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

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

[Signature]
 Signature of Facility Agent

92195-1115A
 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator Meridian
 Address 112 W. Hwy. 829 HCR-65 Box 59
 City/State _____

(915) 563-0221
 Telephone No.

ORIGINATION OF WASTE:

Operations Center MIDLAND TX

RRC No. 00990

Property Name JF BAYTEL LANC
(Well, Tank Battery, Plant, Facility)

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

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

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

Bill Steiner
 Signature of Generator's Authorized Agent

9-21-95 3:00 PM
 Date and Time of Shipment

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

Name Rowland Trucking
 Address PO BOX 99
 City/State ENFICE NM-88231

394 2591
 Telephone No.
57
 Truck No.

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

Tammy Motes
 Signature of Transporter's Agent

9-21-95
 Date and Time Received

PART III: RECLAMATION SITE:

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

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

[Signature]
 Signature of Facility Agent

9-21-95 9:00 p.m.
 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator Meridian Oil
 Address _____
 City/State Crane

() _____
 Telephone No.

ORIGINATION OF WASTE:

Operations Center Crane

RRC No. 00891

Property Name J.H. Shirk
 (Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU. FT., LBS., UNITS, ETC.) | | | | | |
|--|------------|--------------------|--|-------------------------|--|
| Commercial/Site Waste | | Oily Waste | | Spill Clean-up & Debris | |
| Drilled Solids | | Plant Waste Water | | Storm Water Run-off | |
| Drilled Pit Liquids | | Produced Sand | | Used Containers | |
| Filter Elements | | Produced Water | | Used Containers | |
| General Refuse | | Rinsate | | Used Lube Oils | |
| H2S Scavengers/Sweetening | | Scale | | Completion Solids | |
| BS&W/Crude | <u>110</u> | Sludge (Water) | | Completion Liquids | |
| (Tank Bottoms) | | Sludge (Petroleum) | | Other | |

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

E. P. Pound _____ 9-21-95
 Signature of Generator's Authorized Agent Date and Time of Shipment

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

Name Melco
 Address _____
 City/State Odessa Tex

915 366 4080
 Telephone No.
14
 Truck No.

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

E. P. Pound _____ _____
 Signature of Transporter's Agent Date and Time Received

PART III: RECLAMATION SITE:

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

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

D. Larson _____ 9-21-95 8:38
 Signature of Facility Agent Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator Meridian Oil
 Address _____
 City/State Crowe

() _____
 Telephone No.

ORIGINATION OF WASTE:

Operations Center Crowe

RRC No. 00987

Property Name J. W. Robbins A
 (Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU FT., LBS., UNITS, ETC.) | | |
|---|--------------------------|-------------------------------|
| Commercial/Site Waste _____ | Oily Waste _____ | Spill Clean-up & Debris _____ |
| Drilled Solids _____ | Plant Waste Water _____ | Storm Water Run-off _____ |
| Drilled Pit Liquids _____ | Produced Sand _____ | Used Containers _____ |
| Filter Elements _____ | Produced Water _____ | Used Containers _____ |
| General Refuse _____ | Rinsate _____ | Used Lube Oils _____ |
| H2S Scavengers/Sweetening _____ | Scale _____ | Completion Solids _____ |
| BS&W/Crude <u>100</u> | Sludge (Water) _____ | Completion Liquids _____ |
| (Tank Bottoms) _____ | Sludge (Petroleum) _____ | Other _____ |

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

C. P. Pound
 Signature of Generator's Authorized Agent

9-23-95
 Date and Time of Shipment

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

Name Malco Trucking
 Address _____
 City/State _____

Telephone No. _____
15
 Truck No.

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

C. P. Pound
 Signature of Transporter's Agent

 Date and Time Received

PART III: RECLAMATION SITE:

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

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

[Signature]
 Signature of Facility Agent

9-24-95 11:41/5
 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator Meridian Oil
 Address _____
 City/State Crow TX

() _____
 Telephone No.

ORIGINATION OF WASTE:

Operations Center Crow TX

RRC No. 00891

Property Name J. H. Slink
 (Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | | | |
|---|--------------------------|-------------------------------|--|--|--|
| Commercial/Site Waste _____ | Oily Waste _____ | Spill Clean-up & Debris _____ | | | |
| Drilled Solids _____ | Plant Waste Water _____ | Storm Water Run-off _____ | | | |
| Drilled Pit Liquids _____ | Produced Sand _____ | Used Containers _____ | | | |
| Filter Elements _____ | Produced Water _____ | Used Containers _____ | | | |
| General Refuse _____ | Rinsate _____ | Used Lube Oils _____ | | | |
| H2S Scavengers/Sweetening _____ | Scale _____ | Completion Solids _____ | | | |
| BS&W/Crude <u>100</u> | Sludge (Water) _____ | Completion Liquids _____ | | | |
| (Tank Bottoms) _____ | Sludge (Petroleum) _____ | Other _____ | | | |

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

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

9-24-95
 Date and Time of Shipment

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

Name Malco Trucks
 Address _____
 City/State Odessa

915 3664090
 Telephone No.
145
 Truck No.

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

E. P. Poenke
 Signature of Transporter's Agent

 Date and Time Received

PART III: RECLAMATION SITE:

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

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

[Signature]
 Signature of Facility Agent

9-24-95 11:20
 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator Meridian
 Address 112 W Hwy 329 Box 58
 City/State Crane TX

(915) 528-0274
 Telephone No.

ORIGINATION OF WASTE:

Operations Center Midland TX

RRC No. 40925

Property Name JF Shirk "F"
 (Well, Tank Battery, Plant, Facility)

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

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

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

Bill Blum
 Signature of Generator's Authorized Agent

9-28-95 7:00
 Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name Rowland Trucking
 Address Box 99
 City/State Edwice NM 88231

394-2581
 Telephone No.
57
 Truck No.

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

Tony notes
 Signature of Transporter's Agent

9-23-95
 Date and Time Received

PART III:

RECLAMATION SITE:

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

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

[Signature]
 Signature of Facility Agent

9-23-95 11:30
 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator MEDIAN
 Address 112 W Hwy 329 HCR. 65 Box 58
 City/State LAKE TX

(915) 663-0271
 Telephone No.

ORIGINATION OF WASTE:

Operations Center MIDLAND TX

RRC No. 00848

Property Name SHIRK
 (Well, Tank Battery, Plant, Facility)

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

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

CERTIFICATION:

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

Bill Blenman
 Signature of Generator's Authorized Agent

9-22-95-7:00
 Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name Rowland Trucking
 Address Box 99
 City/State Emme NM

394 2581
 Telephone No.
57
 Truck No.

CERTIFICATION:

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

Tommy notes
 Signature of Transporter's Agent

 Date and Time Received

PART III:

RECLAMATION SITE:

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

CERTIFICATION:

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

[Signature]
 Signature of Facility Agent

9-22-95 11:20 a.
 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I: Generator Meridian
 Address 112W-Hwy 329-ALR-65-Box 58
 City/State _____ Telephone No. (915) 563 0274

ORIGINATION OF WASTE:

Operations Center Midland TX RRC No. 00976
 Property Name JF Shirk "F"
(Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | |
|---|--------------------------|-------------------------------|--|
| Commercial/Site Waste _____ | Oily Waste _____ | Spill Clean-up & Debris _____ | |
| Drilled Solids _____ | Plant Waste Water _____ | Storm Water Run-off _____ | |
| Drilled Pit Liquids _____ | Produced Sand _____ | Used Containers _____ | |
| Filter Elements _____ | Produced Water _____ | Used Containers _____ | |
| General Refuse _____ | Rinsate _____ | Used Lube Oils _____ | |
| H2S Scavengers/Sweetening _____ | Scale _____ | Completion Solids _____ | |
| BS&W/Crude <u>120 BBLs</u> | Sludge (Water) _____ | Completion Liquids _____ | |
| (Tank Bottoms) _____ | Sludge (Petroleum) _____ | Other _____ | |

CERTIFICATION: The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.
Bill Blenins Signature of Generator's Authorized Agent 9-22-95 Date and Time of Shipment

PART II: TRANSPORTER: (To be completed in full by Transporter)
 Name Rowland Trucking Telephone No. 394 2581
 Address Box 99
 City/State Enclave, N.M. 731
Truck No.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the destination below.
Nathan Batchelor Signature of Transporter's Agent 9-22-95 Date and Time Received

PART III: RECLAMATION SITE:
 Name Controlled Recovery, Inc./Inland Products
 Address P.O. Box 369
 City/State Hobbs, NM 88241

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.
[Signature] Signature of Facility Agent 9-22-95 4:00 pm Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator Meridian
 Address 112 W Hwy 329 HCR-65 Box 58
 City/State Crown TX

(915) 568-0274
 Telephone No.

ORIGINATION OF WASTE:

Operations Center Middle TX

RRC No. 00898

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

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

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

CERTIFICATION:

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

Bill Blum
 Signature of Generator's Authorized Agent

4-22-95 7:00 AM
 Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name Rowland Trucking
 Address Box 99
 City/State SUNBUR NM

394-2581
 Telephone No.
42
 Truck No.

CERTIFICATION:

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

Bill Lee
 Signature of Transporter's Agent

4-22-95
 Date and Time Received

PART III:

RECLAMATION SITE:

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

CERTIFICATION:

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

[Signature]
 Signature of Facility Agent

4-22-95 11:15 AM
 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator Mendham Oil
 Address _____
 City/State Crane TX

() _____
 Telephone No. _____

ORIGINATION OF WASTE:

Operations Center Crane TX

RRC No. 00889

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

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | |
|---|--------------------------|-------------------------------|--|
| Commercial/Site Waste _____ | Oily Waste _____ | Spill Clean-up & Debris _____ | |
| Drilled Solids _____ | Plant Waste Water _____ | Storm Water Run-off _____ | |
| Drilled Pit Liquids _____ | Produced Sand _____ | Used Containers _____ | |
| Filter Elements _____ | Produced Water _____ | Used Containers _____ | |
| General Refuse _____ | Rinsate _____ | Used Lube Oils _____ | |
| H2S Scavengers/Sweetening _____ | Scale _____ | Completion Solids _____ | |
| BS&W/Crude <u>100</u> | Sludge (Water) _____ | Completion Liquids _____ | |
| (Tank Bottoms) _____ | Sludge (Petroleum) _____ | Other _____ | |

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

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

9-25-95
 Date and Time of Shipment

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

Name Melio Trucking
 Address _____
 City/State Odessa

Telephone No. _____
9
 Truck No. _____

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

C. P. Pender
 Signature of Transporter's Agent

9-25-95
 Date and Time Received

PART III: RECLAMATION SITE:

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

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

Joe Lutz
 Signature of Facility Agent

9-25-95 10:00
 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I: Generator Mendon Oil
 Address _____
 City/State Crane TX

() _____
 Telephone No. _____

ORIGINATION OF WASTE: W.H. Stout

Operations Center Crane TX

RRC No. 00923

Property Name J.H. Shirk
 (Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | |
|---|------------|--------------------|-------------------------|
| Commercial/Site Waste | | Oily Waste | Spill Clean-up & Debris |
| Drilled Solids | | Plant Waste Water | Storm Water Run-off |
| Drilled Pit Liquids | | Produced Sand | Used Containers |
| Filter Elements | | Produced Water | Used Containers |
| General Refuse | | Rinsate | Used Lube Oils |
| H2S Scavengers/Sweetening | | Scale | Completion Solids |
| BS&W/Crude | <u>100</u> | Sludge (Water) | Completion Liquids |
| (Tank Bottoms) | | Sludge (Petroleum) | Other |

CERTIFICATION: The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.
E. P. Pearce _____ 9-25-95
 Signature of Generator's Authorized Agent Date and Time of Shipment

PART II: TRANSPORTER: (To be completed in full by Transporter)
 Name Malco Trucking
 Address _____
 City/State Odessa
 Telephone No. _____
 Truck No. 11

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the destination below.
E. P. Pearce _____ 9-25-95
 Signature of Transporter's Agent Date and Time Received

PART III: RECLAMATION SITE:
 Name Controlled Recovery, Inc./Inland Products
 Address P.O. Box 369
 City/State Hobbs, NM 88241

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.
James [Signature] _____ 9-29-95 10:00 PM
 Signature of Facility Agent Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator Mindian Oil
 Address _____
 City/State Crane

() _____
 Telephone No.

ORIGINATION OF WASTE:

Operations Center Crane

RRC No. 00891

Property Name J.H. Shirk
(Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | |
|---|--------------------------|-------------------------------|--|
| Commercial/Site Waste _____ | Oily Waste _____ | Spill Clean-up & Debris _____ | |
| Drilled Solids _____ | Plant Waste Water _____ | Storm Water Run-off _____ | |
| Drilled Pit Liquids _____ | Produced Sand _____ | Used Containers _____ | |
| Filter Elements _____ | Produced Water _____ | Used Containers _____ | |
| General Refuse _____ | Rinsate _____ | Used Lube Oils _____ | |
| H2S Scavengers/Sweetening _____ | Scale _____ | Completion Solids _____ | |
| BS&W/Crude <u>100</u> | Sludge (Water) _____ | Completion Liquids _____ | |
| (Tank Bottoms) | Sludge (Petroleum) _____ | Other _____ | |

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

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

9-25-95
 Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name Malco Trucking
 Address _____
 City/State Odessa, TX

915 366 4080
 Telephone No.
14
 Truck No.

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

E. P. Paunde
 Signature of Transporter's Agent

 Date and Time Received

PART III:

RECLAMATION SITE:

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

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

James [Signature]
 Signature of Facility Agent

9-25-95 9:15
 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

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

ORIGINATION OF WASTE:

Operations Center Midland, Tex. RRC No. 00888
 Property Name J.F. LANE (Little)
 (Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | |
|---|------------------|-------------------------|--|
| Commercial/Site Waste | | Oily Waste | |
| Drilled Solids | | Plant Waste Water | |
| Drilled Pit Liquids | | Produced Sand | |
| Filter Elements | | Produced Water | |
| General Refuse | | Rinsate | |
| H2S Scavengers/Sweetening | | Scale | |
| BS&W/Crude | <u>125 BBLs.</u> | Sludge (Water) | |
| (Tank Bottoms) | | Sludge (Petroleum) | |
| | | Spill Clean-up & Debris | |
| | | Storm Water Run-off | |
| | | Used Containers | |
| | | Used Containers | |
| | | Used Lube Oils | |
| | | Completion Solids | |
| | | Completion Liquids | |
| | | Other | |

CERTIFICATION:

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

Steve D. Walker Signature of Generator's Authorized Agent 9-25-95 Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

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

CERTIFICATION:

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

Tammy Bates Signature of Transporter's Agent 9-25-95 Date and Time Received

PART III:

RECLAMATION SITE:

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

CERTIFICATION:

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

[Signature] Signature of Facility Agent 9-25-95 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator Meridian Oil
 Address _____
 City/State Crane TX

() _____
 Telephone No. _____

ORIGINATION OF WASTE:

Operations Center Crane TX

RRC No. 00889

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

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | |
|---|--|-------------------------|------------|
| Commercial/Site Waste | | Oily Waste | |
| Drilled Solids | | Plant Waste Water | |
| Drilled Pit Liquids | | Produced Sand | |
| Filter Elements | | Produced Water | |
| General Refuse | | Rinsate | |
| H2S Scavengers/Sweetening | | Scale | |
| BS&W/Crude (Tank Bottoms) | | Sludge (Water) | <u>110</u> |
| | | Sludge (Petroleum) | |
| | | Spill Clean-up & Debris | |
| | | Storm Water Run-off | |
| | | Used Containers | |
| | | Used Containers | |
| | | Used Lube Oils | |
| | | Completion Solids | |
| | | Completion Liquids | |
| | | Other | |

CERTIFICATION:

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

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

9-25-95
 Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name B Malco Trucking
 Address _____
 City/State Oklahoma

Telephone No. _____
5
 Truck No.

CERTIFICATION:

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

E. P. Pouch
 Signature of Transporter's Agent

 Date and Time Received

PART III:

RECLAMATION SITE:

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

CERTIFICATION:

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

[Signature]
 Signature of Facility Agent

9-25-95 7:49
 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

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

ORIGINATION OF WASTE:

Operations Center Midland, TX RRC No. 06485
 Property Name REESE 16 - BATTERY
(Well, Tank Battery, Plant, Facility)

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

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

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

Steve D. Walker Signature of Generator's Authorized Agent
9-25-95 - 0730 Date and Time of Shipment

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

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

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

TOMMY NOTES Signature of Transporter's Agent
9-25-95 Date and Time Received

PART III: RECLAMATION SITE:

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

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

[Signature] Signature of Facility Agent
9-25-95 12:30 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I: Generator Muridian Oil
 Address _____
 City/State Crane, TX Telephone No. _____

ORIGINATION OF WASTE:

Operations Center Crane RRC No. 00889

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

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU. FT., LBS., UNITS, ETC.) | | | |
|--|------------|-------------------------|-------|
| Commercial/Site Waste | _____ | Oily Waste | _____ |
| Drilled Solids | _____ | Plant Waste Water | _____ |
| Drilled Pit Liquids | _____ | Produced Sand | _____ |
| Filter Elements | _____ | Produced Water | _____ |
| General Refuse | _____ | Rinsate | _____ |
| H2S Scavengers/Sweetening | _____ | Scale | _____ |
| BS&W/Crude | <u>100</u> | Sludge (Water) | _____ |
| (Tank Bottoms) | | Sludge (Petroleum) | _____ |
| | | Spill Clean-up & Debris | _____ |
| | | Storm Water Run-off | _____ |
| | | Used Containers | _____ |
| | | Used Containers | _____ |
| | | Used Lube Oils | _____ |
| | | Completion Solids | _____ |
| | | Completion Liquids | _____ |
| | | Other | _____ |

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

E. P. Powell Signature of Generator's Authorized Agent
9-25-95 Date and Time of Shipment

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

Name Malco Trucking Telephone No. 2664080
 Address _____
 City/State Odessa Truck No. 14

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

E. P. Powell Signature of Transporter's Agent
 _____ Date and Time Received

PART III: RECLAMATION SITE:

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

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

D. Adair Signature of Facility Agent
9-25-95 12:30 pm Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator Meridian Oil
 Address _____
 City/State Crone TX

() _____
 Telephone No.

ORIGINATION OF WASTE:

Operations Center Crone TX

RRC No. 00942

Property Name C.L. Roger
 (Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | | | |
|---|--------------------------|-------------------------------|--|--|--|
| Commercial/Site Waste _____ | Oily Waste _____ | Spill Clean-up & Debris _____ | | | |
| Drilled Solids _____ | Plant Waste Water _____ | Storm Water Run-off _____ | | | |
| Drilled Pit Liquids _____ | Produced Sand _____ | Used Containers _____ | | | |
| Filter Elements _____ | Produced Water _____ | Used Containers _____ | | | |
| General Refuse _____ | Rinsate _____ | Used Lube Oils _____ | | | |
| H2S Scavengers/Sweetening _____ | Scale _____ | Completion Solids _____ | | | |
| BS&W/Crude <u>100</u> | Sludge (Water) _____ | Completion Liquids _____ | | | |
| (Tank Bottoms) | Sludge (Petroleum) _____ | Other _____ | | | |

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

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

9-26-95
 Date and Time of Shipment

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

Name Malco Trucking
 Address _____
 City/State Chesapeake

Telephone No. _____
1100
 Truck No.

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

E. P. Duvander
 Signature of Transporter's Agent

9-26
 Date and Time Received

PART III: RECLAMATION SITE:

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

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

Duvander
 Signature of Facility Agent

9-26-95 2:10 p.m.
 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

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

(915) 563-0274
 Telephone No.

ORIGINATION OF WASTE:

Operations Center Midland, Tex

RRC No. 06485

Property Name REESE 16 BTY
 (Well, Tank, Battery, Plant, Facility)

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

CERTIFICATION:

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

Steve D. Walker _____ 9-27-95 _____
 Signature of Generator's Authorized Agent Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

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

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

CERTIFICATION:

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

Tommy Motes _____ 9-27-95 _____
 Signature of Transporter's Agent Date and Time Received

PART III:

RECLAMATION SITE:

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

CERTIFICATION:

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

[Signature] _____ 9-27-95 8:30 _____
 Signature of Facility Agent Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator Meridian Oil
 Address _____
 City/State Crowe TX

() _____
 Telephone No. _____

ORIGINATION OF WASTE:

Operations Center Crowe TX
 Property Name G.H. Roger
(Well, Tank Battery, Plant, Facility)

RRC No. 00 882

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU FT., LBS., UNITS, ETC.) | | | |
|---|--------------------------|-------------------------------|--|
| Commercial/Site Waste _____ | Oily Waste _____ | Spill Clean-up & Debris _____ | |
| Drilled Solids _____ | Plant Waste Water _____ | Storm Water Run-off _____ | |
| Drilled Pit Liquids _____ | Produced Sand _____ | Used Containers _____ | |
| Filter Elements _____ | Produced Water _____ | Used Containers _____ | |
| General Refuse _____ | Rinsate _____ | Used Lube Oils _____ | |
| H2S Scavengers/Sweetening _____ | Scale _____ | Completion Solids _____ | |
| BS&W/Crude <u>100</u> | Sludge (Water) <u>11</u> | Completion Liquids _____ | |
| <small>(Tank Bottoms)</small> | Sludge (Petroleum) _____ | Other _____ | |

CERTIFICATION:

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

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

9-27-95
 Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name Malco
 Address _____
 City/State Odessa

Telephone No. _____
 Truck No. _____

CERTIFICATION:

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

E. P. Paucner
 Signature of Transporter's Agent

9-27-95
 Date and Time Received

PART III:

RECLAMATION SITE:

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

CERTIFICATION:

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

John [Signature]
 Signature of Facility Agent

9-27-95 5:00
 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator
Address
City/State

Mission Oil

Crane TX

() _____
Telephone No.

ORIGINATION OF WASTE:

Operations Center Crane TX

RRC No. 00864

Property Name AA Reed Q
(Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | |
|---|--------------------|-------------------------|--|
| Commercial/Site Waste | Oily Waste | Spill Clean-up & Debris | |
| Drilled Solids | Plant Waste Water | Storm Water Run-off | |
| Drilled Pit Liquids | Produced Sand | Used Containers | |
| Filter Elements | Produced Water | Used Containers | |
| General Refuse | Rinsate | Used Lube Oils | |
| H2S Scavengers/Sweetening | Scale | Completion Solids | |
| BS&W/Crude | Sludge (Water) | Completion Liquids | |
| (Tank Bottoms) <u>100</u> | Sludge (Petroleum) | Other | |

CERTIFICATION:

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

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

9-26-95
Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name Wilco Trucking
Address _____
City/State _____

915 366 4080
Telephone No.
9
Truck No.

CERTIFICATION:

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

E. P. Pounds
Signature of Transporter's Agent

Date and Time Received

PART III:

RECLAMATION SITE:

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

CERTIFICATION:

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

June Tubbs
Signature of Facility Agent

9-27-95 5:00
Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

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

ORIGINATION OF WASTE:

Operations Center Midland Tex. RRC No. 06485
 Property Name REESE 16
 (Well, Tank Battery, Plant, Facility)

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

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

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

Steve D. Walker 9-28-95 - 0715
 Signature of Generator's Authorized Agent Date and Time of Shipment

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

Name Rowland Trucking 505-394-2581
 Address P.O. Box 99 Telephone No.
 City/State EUNICE, N.M. 42
 Truck No.

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

Bill [Signature] 9-28-95 - 0715
 Signature of Transporter's Agent Date and Time Received

PART III: RECLAMATION SITE:

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

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

[Signature] 9-28-95 12:45
 Signature of Facility Agent Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

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

(915) 563-0274
 Telephone No.

ORIGINATION OF WASTE:

Operations Center Midland, Tex.

RRC No. 00939

Property Name DELLA BOWEN (west)
 (Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | | | |
|---|-----------------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste | _____ | Oily Waste | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids | _____ | Plant Waste Water | _____ | Storm Water Run-off | _____ |
| Drilled Pit Liquids | _____ | Produced Sand | _____ | Used Containers | _____ |
| Filter Elements | _____ | Produced Water | _____ | Used Containers | _____ |
| General Refuse | _____ | Rinsate | _____ | Used Lube Oils | _____ |
| H2S Scavengers/Sweetening | _____ | Scale | _____ | Completion Solids | _____ |
| BS&W/Crude | <u>120 BBLs</u> | Sludge (Water) | _____ | Completion Liquids | _____ |
| (Tank Bottoms) | | Sludge (Petroleum) | _____ | Other | _____ |

CERTIFICATION:

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

Steve D. Wolber
 Signature of Generator's Authorized Agent

9-27-95 - 0700
 Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

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

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

CERTIFICATION:

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

Bill Liles
 Signature of Transporter's Agent

9-27-95
 Date and Time Received

PART III:

RECLAMATION SITE:

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

CERTIFICATION:

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

D. Brown
 Signature of Facility Agent

9-27-95 11:25 a.m.
 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator Meridian Oil
 Address 1112 W. Hwy. 329 HCB65 Box 58
 City/State CRANE TX. 79731

(915) 563-0274
 Telephone No.

ORIGINATION OF WASTE:

Operations Center MIDLAND, TEX.

RRC No. 00876

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

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

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

CERTIFICATION:

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

Steve D. Walker
 Signature of Generator's Authorized Agent

9-27-95 - 0700
 Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

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

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

CERTIFICATION:

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

Tommy notes
 Signature of Transporter's Agent

9-27-95
 Date and Time Received

PART III:

RECLAMATION SITE:

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

CERTIFICATION:

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

[Signature]
 Signature of Facility Agent

9-27-95 11:30 a.m.
 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

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

(915) 563-0274
 Telephone No.

ORIGINATION OF WASTE:

Operations Center Midland, TEX.

RRC No. 06485

Property Name REESE 16 BATTERY
 (Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | |
|---|--------------------------|-------------------------|--------------------------|
| Commercial/Site Waste | <input type="checkbox"/> | Oily Waste | <input type="checkbox"/> |
| Drilled Solids | <input type="checkbox"/> | Plant Waste Water | <input type="checkbox"/> |
| Drilled Pit Liquids | <input type="checkbox"/> | Produced Sand | <input type="checkbox"/> |
| Filter Elements | <input type="checkbox"/> | Produced Water | <input type="checkbox"/> |
| General Refuse | <input type="checkbox"/> | Rinsate | <input type="checkbox"/> |
| H2S Scavengers/Sweetening | <input type="checkbox"/> | Scale | <input type="checkbox"/> |
| BS&W/Crude (Tank Bottoms) | <u>125 DBLS</u> | Sludge (Water) | <input type="checkbox"/> |
| | | Sludge (Petroleum) | <input type="checkbox"/> |
| | | Spill Clean-up & Debris | <input type="checkbox"/> |
| | | Storm Water Run-off | <input type="checkbox"/> |
| | | Used Containers | <input type="checkbox"/> |
| | | Used Containers | <input type="checkbox"/> |
| | | Used Lube Oils | <input type="checkbox"/> |
| | | Completion Solids | <input type="checkbox"/> |
| | | Completion Liquids | <input type="checkbox"/> |
| | | Other | <input type="checkbox"/> |

CERTIFICATION:

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

Steve D. Walker
 Signature of Generator's Authorized Agent

9-29-95-
 Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

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

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

CERTIFICATION:

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

R. L. Llop
 Signature of Transporter's Agent

9-29-95 -
 Date and Time Received

PART III:

RECLAMATION SITE:

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

CERTIFICATION:

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

D. L. Llop
 Signature of Facility Agent

9-29-95 10:40 a.m.
 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator Meredian Oil
 Address _____
 City/State Odessa, Texas

() _____
 Telephone No. _____

ORIGINATION OF WASTE:

Operations Center McCrone
 Property Name HARRELL EST.
(Well, Tank Battery, Plant, Facility)

RRC No. 00893

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | | |
|---|------------|--------------------|-------------------------|
| Commercial/Site Waste | | Oily Waste | Spill Clean-up & Debris |
| Drilled Solids | | Plant Waste Water | Storm Water Run-off |
| Drilled Pit Liquids | | Produced Sand | Used Containers |
| Filter Elements | | Produced Water | Used Containers |
| General Refuse | | Rinsate | Used Lube Oils |
| H2S Scavengers/Sweetening | | Scale | Completion Solids |
| BS&W/Crude | <u>105</u> | Sludge (Water) | Completion Liquids |
| (Tank Bottoms) | | Sludge (Petroleum) | Other |

CERTIFICATION:

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

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

9-29-95
 Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name Walter Tucker
 Address _____
 City/State Odessa

Telephone No. _____
15
 Truck No. _____

CERTIFICATION:

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

 Signature of Transporter's Agent

 Date and Time Received

PART III:

RECLAMATION SITE:

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

CERTIFICATION:

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

[Signature]
 Signature of Facility Agent

9-29-95 2:20
 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator Meridian Oil
 Address _____
 City/State Crane TX

() _____
 Telephone No. _____

ORIGINATION OF WASTE:

Operations Center Crane TX IAO
 Property Name AA Reese

RRC No. 00968

(Well, Tank Battery, Plant, Facility)

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

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

CERTIFICATION:

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

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

9-29-95
 Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name Malco Trucking
 Address _____
 City/State Odessa

Telephone No. _____
 Truck No. _____

CERTIFICATION:

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

 Signature of Transporter's Agent

 Date and Time Received

PART III:

RECLAMATION SITE:

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

CERTIFICATION:

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

[Signature]
 Signature of Facility Agent

9-29-95
 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator Meridian Oil
 Address _____
 City/State Crane

() _____
 Telephone No. _____

ORIGINATION OF WASTE:

Operations Center Crane TX IAD

RRC No. 00936

Property Name EX. SINK 10/29
 (Well, Tank Battery, Plant, Facility)

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

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

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

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

9-29-95
 Date and Time of Shipment

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

Name Malco Trucking
 Address _____
 City/State Crane

Telephone No. _____
9
 Truck No. _____

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

E. P. Powell
 Signature of Transporter's Agent

 Date and Time Received

PART III: RECLAMATION SITE:

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

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

 Signature of Facility Agent

 Date and Time Received

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

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

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

OIL CONSERVATION DIVISION 8 52
TREATING PLANT OPERATOR'S MONTHLY REPORT

Report of Controlled Recovery Inc. Month & year AUGUST 1995
Address P.O. Box 369 Hobbs, NM 88241-0369

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) | | |
|--|--------------------------------|-----------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 10,783.32 |
| TOTAL ALL PLANTS | | 10,783.32 |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 2,804.00 |
| TOTAL ALL PLANTS | | 2,804.00 |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) | | |
| FROM | TO | BARRELS |
| Controlled Recovery Inc. CONTROLLED RECOVERY INC. TRANSFERED FROM OIL TREATING PLANT TO DISPOSAL AREA | PETROSOURCE PARTNERS Ltd. | 2,233.55 |
| | MIDLAND CRUDE PURCHASING CORP. | 485.92 |
| | WATER | 1,250.00 |
| TOTAL ALL PLANTS | | 3,969.47 |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 9,617.85 |
| TOTAL ALL PLANTS | | 9,617.85 |

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

Donna L. Roach DONNA L. ROACH / OFFICE MANAGER

(505)-393-1079

OIL CONSERVATION DIVISION

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

PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS

| PERMIT NUMBER | LEASE OPERATOR | LEASE NAME | GROSS VOLUME SEDIMENT OIL | NET BBLs. P.L. OIL RECOVERED |
|---------------|----------------------------------|--|---------------------------|------------------------------|
| H-18067 | TRANSPORTER: AA OILFIELD | A.A. OILFIELD SERVICE ALPHA PHI CRUDE | 125.00 | |
| H-18134 | AMERADA HESS | STATE Q | 60.00 | |
| H-18082 | AA OILFIELD | STATE AB SWD #1 | <u>125.00</u> | |
| | TOTAL | | 310.00 | 185.00 |
| H-18196 | TRANSPORTER: DEVON ENERGY | I & W TRANSPORTATION KEEL B #28 | 130.00 | |
| H-18195 | DEVON ENERGY | KEEL B 61 | 35.00 | |
| H-18197 | DEVON ENERGY | KEEL B 80 | 31.00 | |
| H-18195 | DEVON ENERGY | KEEL B #70 | <u>35.00</u> | |
| | TOTAL | | 231.00 | 231.00 |
| H-18112 | TRANSPORTER: MCCASLAND | MCCASLAND SERVICES ATHA #1 | 125.00 | |
| H-18112 | MCCASLAND | ATHA #1 | 130.00 | |
| H-18129 | MCCASLAND | ATHA #1 | 131.10 | |
| H-18129 | MCCASLAND | ATHA # | 135.00 | |
| H-18129 | MCCASLAND | ATHA #1 | 130.00 | |
| H-18092 | SCURLOCK PERMIAN | LYNCH | <u>55.00</u> | |
| | TOTAL | | 706.10 | 581.10 |
| TEXAS | TRANSPORTER: APACHE OIL | PATE TRUCKING SOUTH MALLOT C BATTERY | 80.00 | |
| TEXAS | APACHE OIL | SOUTH MALLOT C BATTERY | 90.00 | |
| TEXAS | APACHE OIL | SOUTH MALLOT C BATTERY | <u>90.00</u> | |
| | TOTAL | | 260.00 | 10.00 |
| A-8801 | TRANSPORTER: ROWLAND TRUCKING | ROWLAND TRUCKING CO. SPRINGS SWD | 130.00 | |
| A-8761 | ROWLAND TRUCKING | BKE SWD | 142.00 | |
| A-8791 | ROWLAND TRUCKING | BKE SWD | 295.00 | |
| A-8802 | ROWLAND TRUCKING | BKE SWD | 275.00 | |
| A-8792 | ROWLAND TRUCKING | SPRINGS SWD | 300.00 | |
| A-8765 | ROWLAND TRUCKING | SPRINGS SWD | 263.00 | |
| H-18058 | ROWLAND TRUCKING | R.A. STATE #1 | 146.23 | |
| A-8768 | ROWLAND TRUCKING | SPRINGS SWD | <u>245.67</u> | |
| | TOTAL | | 1796.90 | 1796.90 |
| | TOTAL GROSS BARRELS | | 3304.00 | |
| | TOTAL NET BARRELS | | | 2804.00 |

TRANSPORTER'S MAINIFEST

2003
MAINIFEST ~~4-609~~

SHIPPING FACILITY NAME & ADDRESS:

Apache South Mallet

LOCATION OF MATERIAL:

C Battery

TRANSPORTER NAME & ADDRESS:

Pate Trucking West Hwy 300 Levelland TX

DESCRIPTION OF WASTE:

Tank Bottom

QUANTITY:

80 000

Facility Contact:

Date:

Signature of Contact:

NAME OF TRANSPORTER: (Driver)

Coy Lowbey

Date:

8-5-95

Signature of Driver:

Coy Lowbey

DISPOSAL SITE:

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

Date:

8-5-95

Signature of CRI Representative

[Signature]

8-5-95

TRANSPORTER'S MAINIFEST

MAINIFEST 7001

SHIPPING FACILITY NAME & ADDRESS:

Apache South mallet C Battery

LOCATION OF MATERIAL:

TRANSPORTER NAME & ADDRESS:

Pate Trucking Denver city TX

DESCRIPTION OF WASTE:

Tank Bottom

QUANTITY:

90 bbls

Facility Contact:

Date:

Signature of Contact:

NAME OF TRANSPORTER: (Driver)

David S Brown

Date:

8-5-95

Signature of Driver:

David S Brown

DISPOSAL SITE:

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

Date:

8-5-95

Signature of CRI Representative

[Signature]

8-5-95

TRANSPORTER'S MAINIFEST

MAINIFEST 4-2002

SHIPPING FACILITY NAME & ADDRESS:

LOCATION OF MATERIAL:

APACHE SOUTH MALLER - C BATT

TRANSPORTER NAME & ADDRESS:

PATE Trucking Denvercity Texas

DESCRIPTION OF WASTE:

Tank Bottom

QUANTITY:

90

Facility Contact:

Date:

Signature of Contact:

NAME OF TRANSPORTER: (Driver)

DALE Freeman

Date:

8-5-95

Signature of Driver:

Dale Freeman

DISPOSAL SITE:

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

Date:

8595

Signature of CRI Representative

[Signature]

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

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

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

OIL CONSERVATION DIVISION
RECEIVED
JUL 1 1995

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

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

Report of Controlled Recovery Inc. Month & year JULY 1995

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

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) | | |
|--|----------------------------|----------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 9899.23 |
| TOTAL ALL PLANTS | | |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 3156.59 |
| TOTAL ALL PLANTS | | 3156.59 |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) | | |
| FROM | TO | BARRELS |
| Controlled Recovery Inc. TRANSFER FROM OIL TREATING PLANT PLANT TO DISPOSAL AREA | PETRO SOURCE PARTNERS, Ltd | 1556.50 |
| | WATER | 600.00 |
| | SOLIDS | 116.00 |
| TOTAL ALL PLANTS | | 2272.50 |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | |
| TOTAL ALL PLANTS | | 10783.32 |

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

J. Amy Sumrall

OIL CONSERVATION DIVISION

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

PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS

| PERMIT NUMBER | LEASE OPERATOR | LEASE NAME | GROSS VOLUME SEDIMENT OIL | NET BBLs. P.L. OIL RECOVERED |
|---------------|----------------------------------|--|---------------------------|------------------------------|
| H-17955 | TRANSPORTER: AA OILFIELD | A.A. OILFIELD SERVICE STATE AB SWD #2 | 250.00 | |
| H-18006 | AA OILFIELD | STATE AB SWD #2 | 125.00 | |
| H-18036 | AA OILFIELD | STATE AB SWD #2 | 125.00 | |
| H-17989 | TEXACO E & P | NEW MEX QOBA BATTERY | 120.00 | |
| H-17990 | TEXACO | NORTH VACUUM ABO W ST. | <u>60.00</u> | |
| | TOTAL | | 680.00 | 605.00 |
| H-17957 | TRANSPORTER: DEVON ENERGY | GANDY CORPORATION LEST A #36 | <u>120.00</u> | |
| | TOTAL | | 120.00 | 120.00 |
| TEXAS | TRANSPORTER: PENZOIL | BERGSTEIN'S NORTH WELCH GAS PLANT | 100.00 | |
| TEXAS | PENZOIL | NORTH WELCH GAS PLANT | <u>100.00</u> | |
| | TOTAL | | 200.00 | 200.00 |
| H-18029 | TRANSPORTER: RICE ENGINEERING | SONNY'S TRANSPORTATION SWD | <u>100.00</u> | |
| | TOTAL | | 100.00 | 100.00 |
| H-18040 | TRANSPORTER: ROWLAND | ROWLAND TRUCKING CO. R.A. STATE | 147.00 | |
| A-8688 | ROWLAND | SPRINGS SWD | 294.34 | |
| A-8709 | ROWLAND | BKE SWD | 141.00 | |
| A-8731 | ROWLAND | SPRINGS SWD | <u>266.25</u> | |
| | TOTAL | | 848.59 | 848.59 |
| TEXAS | TRANSPORTER: SCURLOCK PERMIAN | MCCASLAND SERVICES INC. GREENWOOD STATION | 775.00 | |
| TEXAS | SCURLOCK PERMIAN | GUY STATION | 198.00 | |
| TEXAS | SCURLOCK PERMIAN | HANLEY STATION | 360.00 | |
| H-17950 | MCCASLAND | ATHA #1 | <u>130.00</u> | |
| | TOTAL | | 1463.00 | 1283.00 |
| | TOTAL GROSS BARRELS | | 3411.59 | |
| | TOTAL NET BARRELS | | | 3156.59 |

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

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

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
OIL CONSERVATION DIVISION RECEIVED

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

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

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

85 JUN 12 AM 8 56

Report of Controlled Recovery Inc. Month & year June 1995

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

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) | | |
|--|------------------------------|-----------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 10,859.19 |
| TOTAL ALL PLANTS | | 10,859.19 |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 2,837.32 |
| TOTAL ALL PLANTS | | 2,937.32 |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) | | |
| FROM | TO | BARRELS |
| Controlled Recovery Inc. | Midland Crude Oil Purchasing | 172.84 |
| Controlled Recovery Inc. | Petro Source Partners, Ltd. | 2,334.44 |
| Transfer from Oil Treating Plant | Water | 1,100.00 |
| Plant to Disposal Area | Solids | 290.00 |
| TOTAL ALL PLANTS | | 3,897.28 |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | |
| TOTAL ALL PLANTS | | 9,899.23 |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

J. Amy Sumrall J. Amy Sumrall / Office Manager

7-7-95

505 393-1079

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS

| PERMIT NUMBER | LEASE OPERATOR | LEASE NAME | GROSS VOLUME SEDIMENT OIL | NET BBLs. P.L. OIL RECOVERED |
|---------------------------------------|---|--|---|---------------------------------|
| WATER | TRANSPORTER: Conoco TOTAL | A.A. OILFIELD SERVICE Anderson Ranch | <u>150.00</u> 150.00 | 000.00 |
| TEXAS TEXAS | TRANSPORTER: Meridian Oil Oxy, USA TOTAL | CHAPARRAL Rickter B #903 WSSAU | 300.00 <u>250.00</u> 550.00 | 550.00 |
| H-17809 H-17911 H-17939 | TRANSPORTER: Devon Energy Devon Energy Devon Energy TOTAL | GANDY CORPORATION Keel B #82 Keel B #54 Keel B #62 | 110.00 110.00 <u>105.00</u> 325.00 | 325.00 |
| A-8679 H-17906 | TRANSPORTER: Devon Energy I & W TOTAL | I & W TRANSPORTATION Keel B #91 LC State SWD | 115.00 <u>160.00</u> 275.00 | 275.00 |
| TEXAS | TRANSPORTER: Meridian Oil TOTAL | MALCO TRUCKING Rickter B Lease | <u>200.00</u> 200.00 | 200.00 |
| H-17924 H-17928 H-17907 | TRANSPORTER: McCasland McCasland McCasland TOTAL | McCASLAND TRUCKING Atha #1 Atha #1 Atha #1 | 620.00 360.00 <u>262.18</u> 1242.18 | 1047.18 |
| H-17892 A-8599 A-8643 A-8610 | TRANSPORTER: Hallwood Petroleum Hallwood Petroleum Rowland Rowland TOTAL | ROWLAND TRUCKING State 30 #1 State 30 #3 Springs SWD BKE SWD | 100.00 100.00 258.19 <u>147.00</u> 605.19 | 540.14 |
| | TOTAL GROSS BARRELS TOTAL NET BARRELS | | 3347.37 | 2937.32 |

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I: Generator OXY
 Address Hobbs NM
 City/State Hobbs NM

(505) 392-4202 (08132)
 Telephone No.

ORIGINATION OF WASTE:

Operations Center OXY WSSAU
 Property Name WSSAU
 (Well, Tank Battery, Plant, Facility)

RRC NO. 675953

WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

| | | | | | |
|-------------------------------|----------|--------------------|----------|--------------------|-------|
| Commercial/Site Waste | _____ | Oily Waste | <u>X</u> | Spill Clean-up | _____ |
| Drilled Solids | _____ | Plant Waste Water | _____ | & Debris | _____ |
| Drilled Pit Liquids | _____ | Produced Sand | _____ | Storm Water Runoff | _____ |
| Filter Elements | _____ | Produced Water | <u>X</u> | Used Containers | _____ |
| General Refuse | _____ | Rinsate | _____ | Used Lube Oils | _____ |
| H2S Scavengers/ Sweetening | <u>X</u> | Scale | _____ | Completion solids | _____ |
| BS&W/CRUDE (TANK BOTTOMS) | <u>X</u> | Sludge (water) | _____ | Completion liquids | _____ |
| | | Sludge (Petroleum) | <u>X</u> | Other | _____ |

CERTIFICATION:

The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Robert Hart
 Signature of Generator's Authorized Agent

8-1-95 8:00 AM
 Date and time of Shipment

PART II: TRANSPORTER: (To be completed in full by Transporter)

Name CHAPARRAL SERVICE INC.
 Address PO BOX 1769
 City/State EUNICE, NEW MEXICO 88231

(505) 394-2545
 Telephone No.
54
 Truck No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

E. Armstrong
 Signature of Transporter's Agent

 Date and time of Received

PART III: RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products
 Address P.O. Box 369
 City/State Hobbs, NM 88241

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

DeVore
 Signature of Facility Agent

6-1-95
 Date and time of Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I: Generator OXY WSSAU
 Address Hobbs NM
 City/State Seminole TX

(505) 393-4202 (08132)
 Telephone No.

ORIGINATION OF WASTE:

Operations Center WSSAU
 Property Name OXY WSSAU
 (Well, Tank Battery, Plant, Facility)

RRC NO. 675953

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CUFT, LBS., UNITS, ETC.) | | |
|---|--------------------|-------------------------|
| Commercial/Site Waste | Oily Waste | Spill Clean-up & Debris |
| Drilled Solids | Plant Waste Water | Storm Water Runoff |
| Drilled Pit Liquids | Produced Sand | Used Containers |
| Filter Elements | Produced Water | Used Lube Oils |
| General Refuse | Rinsate | Completion solids |
| H2S Scavengers/ Sweetening | Scale | Completion liquids |
| BS&W/CRUDE (TANK BOTTOMS) | Sludge (water) | Other |
| | Sludge (Petroleum) | |

CERTIFICATION:

The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Robert J. Frank
 Signature of Generator's Authorized Agent

6-1-95 8:00 AM
 Date and time of Shipment

PART II: TRANSPORTER: (To be completed in full by Transporter)

Name CHAPARRAL SERVICE INC.
 Address PO BOX 1769
 City/State EUNICE, NEW MEXICO 88231

(505) 394-2545
 Telephone No.
45
 Truck No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

David Bass
 Signature of Transporter's Agent

Date and time of Received

PART III: RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products
 Address P.O. Box 369
 City/State Hobbs, NM 88241

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]
 Signature of Facility Agent

6-1-95
 Date and time of Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I: Generator Meridian Oil
 Address 1112 W. Hwy. 329 HCR 45 BOX 88 (915) 563-0274
 City/State Crane, Texas 79731 Telephone No.

ORIGINATION OF WASTE:

Operations Center McCamey Field RRC NO. 3055
 Property Name Ricker B RRC 00903
 (Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | |
|---|--------------------------|-------------------------------|
| Commercial/Site Waste _____ | Oily Waste _____ | Spill Clean-up & Debris _____ |
| Drilled Solids _____ | Plant Waste Water _____ | Storm Water Runoff _____ |
| Drilled Pit Liquids _____ | Produced Sand _____ | Used Containers _____ |
| Filter Elements _____ | Produced Water _____ | Used Lubs Oils _____ |
| General Refuse _____ | Rinsate _____ | Completion solids _____ |
| H2S Scavengers/ Sweetening _____ | Sludge (water) _____ | Completion liquids _____ |
| RS&W/CRUDE (TANK BOTTOMS) <u>XXXX</u> | Sludge (Petroleum) _____ | Other _____ |

CERTIFICATION: The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge.

[Signature] Signature of Generator's Authorized Agent 6-23-95 Date and time of Shipment

PART II: TRANSPORTER: (To be completed in full by Transporter)

Name CHAPARRAL SERVICE INC. (505) 394-2545
 Address P.O. BOX 1769 Telephone No.
 City/State EUNICE, NEW MEXICO 88231 45 Truck No.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the destination below.

[Signature] Signature of Transporter's Agent 6-23-95 1:00PM Date and time of Received

PART III: RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products
 Address P.O. Box 369
 City/State Hobbs, NM 88241

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature] Signature of Facility Agent 6/23/95 Date and time of Received

JUN-28-95 WED 00:07

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I: Generator Meridian Oil
Address 1112 W. Hwy. 329 HCR 45 Box 58
City/State Crane, Texas 79731
(915) 563-0274 Telephone No.

ORGINATION OF WASTE:

Operations Center McCamey Field RRC NO. 3055
Property Name Ricker B RRC 00903
(Well, Tank Battery, Plant, Facility)

WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

Table with 3 columns: Commercial/Site Waste, Oily Waste, Spill Clean-up & Debris. Rows include Drilled Solids, Drilled Pit Liquids, Filter Elements, General Refuse, H2S Scavengers/Sweetening, BS&W/CRUDE (TANK BOTTOMS), Plant Waste Water, Produced Sand, Produced Water, Rinsate, Scale, Sludge (water), Sludge (Petroleum), Storm Water Runoff, Used Containers, Used Lube Oils, Completion solids, Completion liquids, Other.

CERTIFICATION: The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge.
Signature of Generator's Authorized Agent: [Signature] Date and time of Shipment: 6-23-95

PART II: TRANSPORTER: (To be completed in full by Transporter)

Name CHAPARRAL SERVICE INC. (505) 394-2545 Telephone No.
Address P.O. BOX 1769
City/State MUNICE, NEW MEXICO 88231 54 Truck No.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the destination below.
Signature of Transporter's Agent: [Signature] Date and time of Received: 6-23-95

PART III: RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products
Address P.O. Box 369
City/State Hobbs, NM 88241

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.
Signature of Facility Agent: [Signature] Date and time of Received: 6/23/95

JUN-28-95 WED 00:08

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I: Generator Meridian Oil
Address 1112 W. Hwy. 329 HCR 65 Box 58 (915) 563-0274
City/State Crane, Texas 79731 Telephone No.

ORIGINATION OF WASTE:

Operations Center McCamey Field RRC NO. 3055

Property Name Ricker B RRC 00903
(Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CUFT., LBS., UNITS, ETC.) | | |
|--|--------------------|-------------------------|
| Commercial/Site Waste | Oily Waste | Spill Clean-up & Debris |
| Drilled Solids | Plant Waste Water | Storm Water Runoff |
| Drilled Pit Liquids | Produced Sand | Used Containers |
| Filter Elements | Produced Water | Used Lube Oils |
| General Refuse | Rinsate | Completion solids |
| H2S Scavengers/ Sweetening | Scale | Completion liquids |
| BS&W/CRUDE (TANK BOTTOMS) | Sludge (water) | Other |
| | Sludge (Petroleum) | |
| | <u>XXXX</u> | |

CERTIFICATION: The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Demario Suarez Jr. 6-22-95
Signature of Generator's Authorized Agent Date and time of Shipment

PART II: TRANSPORTER: (To be completed in full by Transporter)

Name CHAPARRAL SERVICE INC. (505) 394-2545
Address P.O. BOX 1769 Telephone No.
City/State EUNICE, NEW MEXICO 88231 54 Truck No.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the destination below.

Ed. A. Anderson 6-22-95
Signature of Transporter's Agent Date and time of Received

PART III: RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products
Address P.O. Box 369
City/State Hobbs, NM 88241

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

Michael Patterson 6/22/95
Signature of Facility Agent Date and time of Received

NON-HAZARDOUS WASTE MANIFEST

Manifest No **2254**

PART I:

DISPOSAL

- Onsite
- Offsite

LOCATION

- Facility
- Lease
- Well

- Drilling
- Workover/Completion

Generator: _____

Address _____

City/State _____

(915) - 366 - 4080

Telephone No.

FOR OFFICE USE ONLY
FLAC _____

ORIGINATION OF WASTE

Operations Center _____

Property Name _____

Field _____

(Well, Tank Battery, Plant, Facility)

WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

| | | |
|--|--------------------------------|-----------------------------------|
| Asbestos _____ | Oily Waste () _____ | Spill Clean-up & Debris () _____ |
| Commercial/Site Waste _____ | Plant Waste Water-Trans _____ | Storm Water Runoff _____ |
| Drilled Solids () _____ | Produced Sand _____ | Used Containers () _____ |
| Drilled Pit Liquids () _____ | Produced Water-Trans () _____ | Used Lube Oils () _____ |
| Filter Elements (1) _____ | Rinsate () _____ | Workover/Compl. Solids _____ |
| (2) _____ | Scale () _____ | Workover/Compl. Liquids _____ |
| (3) _____ | Sludge (water) () _____ | Other _____ |
| General Refuse _____ | Sludge (petroleum) () _____ | _____ |
| H ₂ S Scavengers/Sweetening () _____ | Sludge (chemical) () _____ | _____ |

CERTIFICATION: The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of Generator's Authorized Agent

Date and Time of Shipment _____

PART II: TRANSPORTER: (To be completed in full by Transporter)

Name **MALCO TRUCKING INC.**

Address **2800 W. 42nd.**

City/State **Odessa, TX 79764**

(915) 366-4080

Telephone No.

Truck License No.

Trailer License No.

Estimated Transportation Cost _____

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the destination below.

Signature of Transporter's Agent

Date and Time Received _____

PART III: DISPOSAL SITE:

Name _____

Address _____

City/State _____

Method of Disposal _____

Estimated Disposal Fee _____

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

Date and Time Received _____

NON-HAZARDOUS WASTE MANIFEST

Manifest **№ 2253**

PART I: DISPOSAL

Onsite
 Offsite

LOCATION

Facility
 Lease
 Well

Drilling
 Workover/Completion

Generator: Meredian Oil Inc

Address _____

City/State _____

(915)-550-3814

Telephone No.

FOR OFFICE USE ONLY
FLAC _____

ORIGINATION OF WASTE

Operations Center Crane, Tex

Property Name Picker B Lease Field _____

(Well, Tank Battery, Plant, Facility)

WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

| | | |
|--|--------------------------------|-----------------------------------|
| Asbestos _____ | Oily Waste (✓) <u>100 Bbl</u> | Spill Clean-up & Debris () _____ |
| Commercial/Site Waste _____ | Plant Waste Water-Trans _____ | Storm Water Runoff _____ |
| Drilled Solids () _____ | Produced Sand _____ | Used Containers () _____ |
| Drilled Pit Liquids () _____ | Produced Water-Trans () _____ | Used Lube Oils () _____ |
| Filter Elements (1) _____ | Rinsate () _____ | Workover/Compl. Solids _____ |
| (2) _____ | Scale () _____ | Workover/Compl. Liquids _____ |
| (3) _____ | Sludge (water) () _____ | Other _____ |
| General Refuse _____ | Sludge (petroleum) () _____ | _____ |
| H ₂ S Scavengers/Sweetening () _____ | Sludge (chemical) () _____ | _____ |

CERTIFICATION: The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge.

M L Cagle
Signature of Generator's Authorized Agent

6-26-95
Date and Time of Shipment

PART II: TRANSPORTER: (To be completed in full by Transporter)

Name MALCO TRUCKING INC.

Address 2800 W. 42nd.

City/State Odessa, TX 79764

(915) 366-4080

Telephone No.

Truck License No.

Trailer License No.

Estimated Transportation Cost _____

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the destination below.

Robert Kautler
Signature of Transporter's Agent

6-26-95
Date and Time Received

PART III: DISPOSAL SITE:

Name CRI

Address _____

City/State _____

Method of Disposal _____

Estimated Disposal Fee _____

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

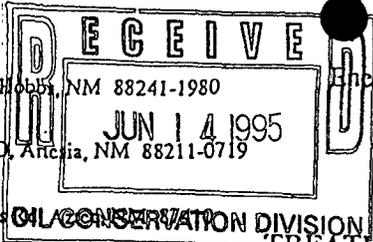
[Signature]
Signature of Facility Agent

6-26-95
Date and Time Received

DISTRICT I
P.O. Box 1980, Hobbs, NM 88241-1980

DISTRICT II
P.O. Drawer DD, Artesia, NM 88211-0719

DISTRICT III
1000 Rio Brazos



State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

TREATING PLANT OPERATOR'S MONTHLY REPORT

Form C-118
Revised 4-1-91
Sheet 1

Submit 2 copies to appropriate
District Office by 15th of next
succeeding month.

Report of Controlled Recovery Inc. Month & year May 1995

Address P.O. Box 369 Hobbs, NM 88241-0369

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) | | |
|--|---|-----------------------------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 8281.59 |
| TOTAL ALL PLANTS | | 8281.59 |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 5719.05 |
| TOTAL ALL PLANTS | | 5719.05 |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) | | |
| FROM | TO | BARRELS |
| Controlled Recovery Inc. Transfer from Oil Treating Plant to Disposal Area | Midland Crude Oil Purchasing water Solids | 851.45 2000.00 290.00 |
| TOTAL ALL PLANTS | | 3141.45 |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | |
| TOTAL ALL PLANTS | | 10,859.19 |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

0 1 5 00

6-12-95

505 393-1070

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS

| PERMIT NUMBER | LEASE OPERATOR | LEASE NAME | GROSS VOLUME SEDIMENT OIL | NET BBLs. P.L. OIL RECOVERED |
|---|--|---|--|------------------------------|
| H-17813 H-17862 H-17812 | TRANSPORTER: A.A. Oilfield A.A. Oilfield Lynx Petroleum TOTAL | A.A. OILFIELD SERVICE Alpha Phi Crude Alpha Phi Crude Reed Sanderson Bty. | 250.00 125.00 <u>25.00</u> 400.00 | 400.00 |
| A-8561 A-8608 A-8569 | TRANSPORTER: Dakota Resources Dakota Resources Yates Petroleum TOTAL | B & E TRANSPORTATION Big Eddy SWD Otis SWD David Ross SWD | 840.00 120.00 <u>70.00</u> 1030.00 | 840.00 |
| TEXAS TEXAS TEXAS | TRANSPORTER: Amerada Hess Klabzuba Oper. Co. Klabzuba Oper. Co. TOTAL | BRUTON SERVICES Plains Unit Battery ACV lease FO Masten St Lse | 125.00 57.50 <u>181.60</u> 364.10 | 309.10 |
| TEXAS | TRANSPORTER: Shell Pipeline TOTAL | FLUID TRANSPORTS DC -1 | <u>10.00</u> 10.00 | 10.00 |
| A-8562 | TRANSPORTER: Dakota Resources TOTAL | I & W TRANSPORTATION Otis SWD | <u>900.00</u> 900.00 | 900.00 |
| H-17822 | TRANSPORTER: Oxy, USA TOTAL | LUCKY'S Gou't U #1 | <u>100.00</u> 100.00 | 100.00 |
| H-17859 H-17864 H-17820 H-17838 H-17858 | TRANSPORTER: Biostar Biostar McCasland McCasland McCasland TOTAL | McCASLAND TRUCKING Drinkard Station Drinkard Station Atha #1 Atha #1 Atha #1 | 377.70 555.00 260.00 130.00 <u>120.00</u> 1442.70 | 1442.70 |
| TEXAS | TRANSPORTER: Barber TOTAL | PATE TRUCKING Pronghorn #634 | <u>95.00</u> 95.00 | 85.00 |
| TEXAS | TRANSPORTER: Shell Western E & P TOTAL | POOL Station #7 | <u>140.00</u> 140.00 | 0.00 |
| H-17879 A-8599 | TRANSPORTER: Biostar Rowland | ROWLAND TRUCKING Drinkard Station Springs SWD | 100.00 238.75 | |

OIL CONSERVATION DIVISION

P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS

| PERMIT NUMBER | LEASE OPERATOR | LEASE NAME | GROSS VOLUME SEDIMENT OIL | NET BBLs. P.L. OIL RECOVERED |
|---------------|---|---|------------------------------|---------------------------------|
| A-8516 | TRANSPORTER: Rowland TOTAL | ROWLAND TRUCKING (CONTINUED) Springs SWD | <u>293.50</u> 632.25 | 632.25 |
| A-8563 | TRANSPORTER: Dakota Resources TOTAL | SONNY'S Otis SWD | <u>1000.00</u> 1000.00 | 1000.00 |
| | TOTAL GROSS BARRELS TOTAL NET BARRELS | | 6114.05 | 5719.05 |

This Shipping Order must be legibly filled in in Ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper No. D.C-1

Carrier No. _____

Date 5/8/95

Page 1 of 1

FLUID TRANSPORTS INC.

(Name of carrier)

(SCAC)

On Collect on Delivery shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

TO:
Consignee CONTROLLED RECOVERY INC.

Street MILE MARKER 66

City HWY 62180 State N.M. Zip Code _____

FROM:
Shipper SHELL PIPE LINE CORP.

Street HWY 214

City DENVER CITY State TX Zip Code 79323

24 hr. Emergency Contact Tel. No. 806 592-6242

| No. of Units & Container Type | HM | BASIC DESCRIPTION Proper Shipping Name, Hazard Class, Identification Number (UN or NA), Packing Group, per 172.101, 172.202, 172.203 | TOTAL QUANTITY (Weight, Volume, Gallons, etc.) | WEIGHT (Subject to Correction) | RATE | CHARGES (For Carrier Use Only) |
|-------------------------------|----|---|---|-----------------------------------|------|-----------------------------------|
| 1 CM | | CRUDE OIL WAX (PARAFFIN) | 14,290 | 14,290 | | |
| | | THIS SOLID MATERIAL IS NOT HAZARDOUS UNDER DOT REGULATIONS AND THEREFORE, NOT REGULATED BY DOT | | | | |
| | | CRT Inland 5-8-95 11:30 a.m. MST | | | | |

PLACARDS TENDERED: YES NO

REMIT C.O.D. TO: ADDRESS

COD

Art. 5

C.O.D. FEE: PREPAID COLLECT

TOTAL CHARGES: \$

FREIGHT CHARGES: FREIGHT PREPAID CHECK BOX IF CHARGES ARE TO BE COLLECT

Note — Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by Rail Highway Water (DELETE NON-APPLICABLE MODE OF TRANSPORT) according to applicable international and national governmental regulations.

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Signature

(Signature of Consignor)

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of packages unknown), marked, consigned, and destined as indicated above, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of said property over all or any portion of

said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.

Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

SHIPPER SHELL PIPE LINE CORP.

CARRIER FLUID TRANSPORTS INC.

PER _____

PER Janet Vukobrat

2

DATE 5-8-95

NON-HAZARDOUS WASTE MANIFEST AND
WASTE OIL ACCOUNTING



POOL COMPANY

Manifest No. 0277

Part I TO BE COMPLETED BY GENERATOR

Generator SUOPI
Address PLAINS HWAY. 50 Telephone No. (800) 592 21 93
City/State Denver City Tx.

ORIGINATION OF WASTE

Lease Name D.U. Stn 7

WASTE IDENTIFICATION

Fluids & Solids.

AMOUNT (BBLs, YARDS, TONS, ETC.)

75 bbls.

CERTIFICATION: The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

[Signature]
Signature of Generator's Authorized Agent

5-23-95
Date and Time of Shipment

Part II TO BE COMPLETED BY TRANSPORTER

Transporter Pool Co. (VT 111) Phone # 592-358 11
Address East wagon trail Rd. Truck Lic. # 2DF 857
City/State Denver City Tx. 79323 Trailer Lic. # Y41 038

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the above destination.

[Signature]
Signature

(5) (22) (95)
Date

Part III TO BE SIGNED BY COMMERCIAL FACILITY

Commercial Facility Name _____
Site Address _____
City/State _____

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II

[Signature]
Signature of Facility Agent

5-23-95
Date

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator
Address
City/State

Amerada Hess Corp
Plains Box 715
Plains TX 79355

908-456-5522
Telephone No.

ORIGINATION OF WASTE:

Operations Center

RRC No. 60407

Property Name

Plains Unit Bat
(Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNTS (BARRELS, GALLONS, CUBIC FEET, UNITS, ETC.) | | | |
|--|-------|-------------------------|-------------------------------------|
| Commercial/Site Waste | _____ | Oily Waste | _____ |
| Drilled Solids | _____ | Plant Waste Water | _____ |
| Drilled FR Liquids | _____ | Produced Sand | _____ |
| Filter Elements | _____ | Produced Water | _____ |
| General Refuse | _____ | Rinseate | _____ |
| H2S Scavengers/Sweetening | _____ | Scale | _____ |
| BS&W/Crude (Tank Bottoms) | _____ | Sludge (Water) | <input checked="" type="checkbox"/> |
| | | Sludge (Petroleum) | <input checked="" type="checkbox"/> |
| | | Spill Clean-up & Debris | _____ |
| | | Storm Water Run-off | _____ |
| | | Used Containers | _____ |
| | | Used Containers | _____ |
| | | Used Lube Oils | _____ |
| | | Completion Solids | _____ |
| | | Completion Liquids | _____ |
| | | Other | _____ |

CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

[Signature]
Signature of Generator's Authorized Agent

5-12-95-12:00 AM
Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name
Address
City/State

Barton Service Co
Box 1136
Dumas City, TX, 79323

806-592-2981
Telephone No.
14
Truck No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

[Signature]
Signature of Transporter's Agent

5-12-95-10:30 AM
Date and Time Received

PART III:

RECLAMATION SITE:

Name
Address
City/State

Controlled Recovery, Inc./Inland Products
P.O. Box 369
Hobbs, NM 88241

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator
Address
City/State

Amerada Hess Corp.
Plains, Box 715
Plains, Texas 79355

(806) 456-5522
Telephone No.

ORIGINATION OF WASTE:

Operations Center _____

RRC No. 60407

Property Name _____

PLAINS Unit Bat.
(Well, Tank Battery, Plant, Facility)

| WASTE DESCRIPTIONS AND QUANTITIES (SOLIDS, LIQUIDS, OILS, OILY CUTS, OILS, UNITS, ETC.) | | | |
|---|-------|-------------------------|-------------------------------------|
| Commercial/Site Waste | _____ | Oily Waste | _____ |
| Drilled Solids | _____ | Plant Waste Water | _____ |
| Drilled Pit Liquids | _____ | Produced Sand | _____ |
| Filter Elements | _____ | Produced Water | _____ |
| General Refuse | _____ | Rinseate | _____ |
| H2S Scavengers/Sweetening | _____ | Scale | _____ |
| BS&W/Crude (Tank Bottoms) | _____ | Sludge (Water) | <input checked="" type="checkbox"/> |
| | | Sludge (Petroleum) | <input checked="" type="checkbox"/> |
| | | Spill Clean-up & Debris | _____ |
| | | Storm Water Run-off | _____ |
| | | Used Containers | _____ |
| | | Used Containers | _____ |
| | | Used Lube Oils | _____ |
| | | Completion Solids | _____ |
| | | Completion Liquids | _____ |
| | | Other | _____ |

CERTIFICATION:

The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

[Signature]
Signature of Generator's Authorized Agent

5-12-95-12:00 AM
Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name
Address
City/State

Bruton Service Co
Box 1136
Denver City, TX, 79323

806-592-2981
Telephone No.
#14
Truck No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

[Signature]
Signature of Transporter's Agent

5-12-95-10:30 A.M.
Date and Time Received

PART III:

RECLAMATION SITE:

Name
Address
City/State

Controlled Recovery, Inc./Inland Products
P.O. Box 369
Hobbs, NM 88241

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator KALABZUBA Oper
 Address 930 West 1st Street
 City/State Fort Worth, TX 76102

5757
 Telephone No. (800) 336-~~877~~

ORIGINATION OF WASTE:

Operations Center KLABZUBA Oper Co.
 Property Name ACU F.D. ~~Estilse~~ Lease
 (Well, Tank Battery, Plant, Facility)

Telephone No. 64886
 RRC No. ~~64883~~

| WASTE IDENTIFICATION AND QUANTITY (BARRILES, DRUMS, TONS, CU YARDS, UNITS, ETC.) | | | | | |
|--|-------------------------------------|--------------------|-------|-------------------------|-------|
| Commercial/Site Waste | _____ | Oil Waste | _____ | Spill Clean-up & Debris | _____ |
| Drilled Solids | _____ | Plant Waste Water | _____ | Storm Water Run-off | _____ |
| Drilled Pit Liquids | _____ | Produced Sand | _____ | Used Containers | _____ |
| Filter Elements | _____ | Produced Water | _____ | Used Containers | _____ |
| General Refuse | _____ | Flintate | _____ | Used Lube Oils | _____ |
| H2S Scavengers/Sweetening | _____ | Scale | _____ | Completion Solids | _____ |
| BS&W/Crude (Tank Bottoms) | <input checked="" type="checkbox"/> | Sludge (Water) | _____ | Completion Liquids | _____ |
| | | Sludge (Petroleum) | _____ | Other | _____ |

CERTIFICATION: The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Flancie DAVIS
 Signature of Generator's Authorized Agent

_____ 5-8-95
 Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name Barton Service Co
 Address Box 1136
 City/State Dallas City TX 75223

806-592-2912
 Telephone No. 12
 Truck No.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the destination below.

Jerry Lee
 Signature of Transporter's Agent

5-8-95-12:00pm
 Date and Time Received

PART III:

RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products
 Address P.O. Box 368
 City/State Hobbs, NM 88241

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

Darson
 Signature of Facility Agent

5-8-95 2:10 pm MST
 Date and Time Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I:

Generator KALABZUBA Open
 Address 930 - West 1st Street
 City/State Ft Worth TX 76102

(817) 336-5757
 Telephone No.

John M. Roberts

ORIGINATION OF WASTE:

Operations Center KALABZUBA Open Co

RRC No. 64683

Property Name F.O. MASTIN EST. Lse
 (Well, Tank Battery, Plant, Facility)

Q

| WASTE DESCRIPTION AND AMOUNT (BARRELS, GALLONS, CUBIC FEET, LBS, UNITS, ETC.) | | | |
|---|-------------------------------------|-------------------------|-------|
| Commercial/Site Waste | _____ | Oil Waste | _____ |
| Drilled Solids | _____ | Plant Waste Water | _____ |
| Drilled Pit Liquids | _____ | Produced Sand | _____ |
| Filter Elements | _____ | Produced Water | _____ |
| General Refuse | _____ | Rinstate | _____ |
| H2S Scavengers/Sweetening | _____ | Scale | _____ |
| BS&W/Crude | <input checked="" type="checkbox"/> | Sludge (Water) | _____ |
| (Tank Bottoms) | _____ | Sludge (Petroleum) | _____ |
| | | Spill Clean-up & Debris | _____ |
| | | Storm Water Run-off | _____ |
| | | Used Containers | _____ |
| | | Used Containers | _____ |
| | | Used Lube Oils | _____ |
| | | Completion Solids | _____ |
| | | Completion Liquids | _____ |
| | | Other | _____ |

CERTIFICATION: The waste described above is not hazardous pursuant to 40CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

FRANCIE DAVIS By [Signature]
 Signature of Generator's Authorized Agent

_____ Date and Time of Shipment

PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name Bruton Service Co
 Address Box 1136
 City/State Denver & City TX 79323

806-592-2912

Telephone No.

12

Truck No.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the destination below.

[Signature]
 Signatory of Transporter's Agent

8-8-95
 Date and Time Received

PART III:

RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products
 Address P.O. Box 369
 City/State Hobbs, NM 88241

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

_____ Signature of Facility Agent

_____ Date and Time Received

NON HAZARDOUS WASTE MANIFEST AND
WASTE OIL ACCOUNTING

Manifest No. _____

PART I TO BE COMPLETED BY GENERATOR

Generator Baber
Address 2815 Lovington Hwy. Phone: (505) 392-5516
City/State Hobbs N Mex.

ORIGINATION OF WASTE:

Lease Name: Pronghorn Lease # 634

WASTE IDENTIFICATION AND AMOUNT (BBLs., YARDS, TONS, ETC.)

| | | | |
|-------------------|-------------|------------------|-------|
| Produced Water | _____ | Sands/Solids | _____ |
| Oil Base Mud | _____ | Fresh Water | _____ |
| Water Base Mud | _____ | Pit Water | _____ |
| W.O./Compl. Fluid | _____ | Gas Plt. Water | _____ |
| Pit Sludges | _____ | Salvage SB&W | _____ |
| Net Oil | _____ | Iron Sponge | _____ |
| Tank Sludges | _____ | Facility Water | _____ |
| Cleanup Water | _____ | Oil Contaminated | _____ |
| Other: | <u>BS+W</u> | Soil: | _____ |

R.R. 65406

CERTIFICATION: The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Guy Baber 5-31-95 800am
Signature of Generator's Authorized Agent Date & Time of Shipment

PART II TO BE COMPLETED BY TRANSPORTER

TRANSPORTER: Bruton Service Co., Inc. PHONE: 806-592-2981
Address : P.O. BOX 1132 TRUCK LIC#: _____
CITY/STATE : Denver City, TEXAS 79323 TRAILER LIC#: _____

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the above destination.

Signature: Lowell Weir Date: _____

PART III. TO BE SIGNED BY COMMERCIAL FACILITY

Commercial Facility Name: Controlled Recovery Inc. (CRI)
Site Address: _____ City/State: _____

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part III.

Signature of Facility Agent: Juan Dattner Date: 5-31-95

State of New Mexico

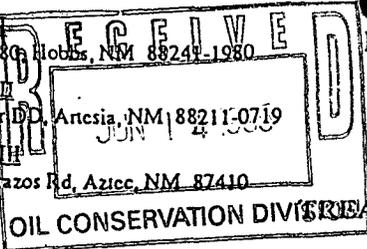
Energy, Minerals and Natural Resources Department

Form C-118
Revised 4-1-91
Sheet 1

DISTRICT III
P.O. Box 1986 Hobbs, NM 88241-1986

DISTRICT III
P.O. Drawer DD, Arco, NM 88211-0719

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410



OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Submit 2 copies to appropriate District Office by 15th of next succeeding month.

TREATING PLANT OPERATOR'S MONTHLY REPORT

Report of Controlled Recovery Inc. Month & year April 1995

Address P.O. Box 369 Hobbs, NM 88241-0369

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) | | |
|--|--|--------------------------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 3556.65 |
| TOTAL ALL PLANTS | | 3556.65 |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 7163.12 |
| TOTAL ALL PLANTS | | 7163.12 |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) | | |
| FROM | TO | BARRELS |
| Controlled Recovery Inc. Transfer from Oil Treating Plant to Disposal Area | Petrosource Partners Ltd. Water Solids | 1568.18 .00 870.00 |
| TOTAL ALL PLANTS | | 2438.18 |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | |
| TOTAL ALL PLANTS | | 8281.59 |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

A. Amy Sumrall J. Amy Sumrall / Office Manager 6-1-95 505 393-1079

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-118
Revised 4-1-91
Sheet 1-A

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS

| PERMIT NUMBER | LEASE OPERATOR | LEASE NAME | GROSS VOLUME SEDIMENT OIL | NET BBLs. P.L. OIL RECOVERED |
|------------------|---------------------------------------|---|---------------------------|------------------------------|
| H-17767 | TRANSPORTER: A.A. Oilfield Service | A.A. OILFIELD SERVICE State AB SWD #1 | 490.00 | |
| H-17747 | A.A. Oilfield Service | State AB SWD #1 | 125.00 | |
| H-17724 | Texaco | Buckeye Gas Plant | 86.70 | |
| | TOTAL | | <u>701.70</u> | 365.20 |
| H-17804 | TRANSPORTER: Dakota Resources | B & E TRUCKING Big Eddy SWD | 516.75 | |
| | TOTAL | | <u>516.75</u> | 408.00 |
| TEXAS | TRANSPORTER: Shell Western E & P | CLAY TANK TRUCKS, INC. BRU Battery Tank #3 | 270.00 | |
| | TOTAL | | <u>270.00</u> | 270.00 |
| H-17756 | TRANSPORTER: Devon | GANDY CORPORATION Denton SWD #1 | 2330.00 | |
| | TOTAL | | <u>2330.00</u> | 2330.00 |
| H-17751 WATER | TRANSPORTER: Texaco Grace | I & W TRANSPORTATION Cotton Draw Bat 1 Salty Bill | 91.80 390.00 | |
| | TOTAL | | <u>481.80</u> | 91.80 |
| H-17732 | TRANSPORTER: McCasland | McCASLAND TRUCKING Atha #1 | 259.40 | |
| H-17803 | McCasland | Atha #1 | 263.44 | |
| TEXAS | Wilson Diposal Systems | Monahans/Peyote | 89.25 | |
| TEXAS | Scurlock Permian | Andrews Station | 210.00 | |
| TEXAS | Scurlock Permian | Monahans Station | 285.00 | |
| | TOTAL | | <u>1107.09</u> | 1107.09 |
| A-8463 | TRANSPORTER: Old Loco Oil | OK HOT OIL SERVICES Reclaiming Station | 60.00 | |
| | TOTAL | | <u>60.00</u> | 10.00 |
| TEXAS | TRANSPORTER: Shell Western E & P | POOL TRUCKING NWCF Battery D | 978.25 | |
| TEXAS | Shell Western E & P | GWCF W & R Station | 355.00 | |
| | TOTAL | | <u>1333.25</u> | 1333.25 |
| A-8426 | TRANSPORTER: Rowland | ROWLAND TRUCKING BKE | 409.08 | |
| A-8477 | Rowland | BKE | 100.00 | |
| A-8427 | Rowland | Springs | 293.09 | |
| A-8452 | Rowland | Springs | 299.19 | |
| H-17726 | Rowland | RA | 136.42 | |
| | TOTAL | | <u>1237.78</u> | 1137.78 |

DISTRICT I
P.O. Box 1980, Hobbs, NM 88241-1980

DISTRICT II
P.O. Drawer DD, Artesia, NM 88211-0719

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

OIL CONSERVATION DIVISION
Energy, Minerals and Natural Resources Department
RECEIVED

95 AP OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088
TREATING PLANT OPERATOR'S MONTHLY REPORT

Form C-118
Revised 4-1-91
Sheet 1

Submit 2 copies to appropriate
District Office by 15th of next
succeeding month.

Report of Controlled Recovery Inc. Month & year March 1995
Address P.O. Box 369, Hobbs, NM 88241-0369

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) | | |
|--|--|----------------------------------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 9,394.59 |
| TOTAL ALL PLANTS | | 9,394.59 |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 3,734.35 |
| TOTAL ALL PLANTS | | 3,734.35 |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) | | |
| FROM | TO | BARRELS |
| Controlled Recovery Inc. Transfer from oil treating plant to Disposal area. | Petro Source Partners, LTD. Water Solids | 3,622.29 4,500.00 1,450.00 |
| TOTAL ALL PLANTS | | 9,572.29 |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 3,556.65 |
| TOTAL ALL PLANTS | | 3,556.65 |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

Annette Curiel
Signature

Annette Curiel, Office Manager
Printed Name & Title

4-10-95
Date

505 393-1079
Telephone No.

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS

| PERMIT NUMBER | LEASE OPERATOR | LEASE NAME | GROSS VOLUME SEDIMENT OIL | NET BBLs. P.L. OIL RECOVERED |
|------------------|--------------------------------|---|------------------------------|---------------------------------|
| H-17705 | TRANSPORTER: A.A. Oilfield | A.A. OILFIELD SERVICE State AB SWD | 125.00 | |
| H-17702 | GPM | Lynch Booster | 125.00 | |
| H-17697 | GPM | Lea Booster | <u>210.00</u> | |
| | TOTAL | | 460.00 | 270.00 |
| H-17633 | TRANSPORTER: BTA | I & W TRANSPORTATION JVP-1 | 45.90 | |
| H-17689 | I&W Transportation | Shell State | 1055.00 | |
| H-17674 | Charles B. Gillespie | Saunders SWD | <u>321.10</u> | |
| | TOTAL | | 1422.00 | 1166.70 |
| H-17701 | TRANSPORTER: WJC, Inc. | LUCKY SERVICES VF Cox #1 | <u>120.00</u> | |
| | TOTAL | | 120.00 | 120.00 |
| H-17672 | TRANSPORTER: & Midcontinent | MCCASLAND SERVICES Adobe Fed 1 & Belco | 70.00 | |
| H-17678 | Unocal | Fed 1 & 2 | | |
| TEXAS | McCAsland | Midland Tank Farm | 1240.00 | |
| H-17670 | McCAsland | Atha #1 | 257.90 | |
| H-17717 | McCAsland | Atha #1 | <u>294.01</u> | |
| | TOTAL | | 1861.91 | 1731.91 |
| A-8356 | TRANSPORTER: R&B Operating | ROWLAND TRUCKING Brantley Comm #1 | 136.40 | |
| A-8329 | Rowland | Springs SWD | 160.00 | |
| A-8386 | Rowland | Springs SWD | <u>149.34</u> | |
| | TOTAL | | 445.74 | 445.74 |
| | TOTAL GROSS BARRELS | | 4309.65 | |
| | TOTAL NET BARRELS | | | 3734.35 |

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I: Generator Unidcol
Address P.O. Box 2540
City/State Van, TX 75790

(903) 943-8686
Telephone No.

ORIGINATION OF WASTE:

Operations Center Van, TEXAS

RRC NO. _____

Property Name Midland Tank Farm
(Well, Tank, Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | |
|---|--------------------------|-------------------------------|
| Commercial/Site Waste _____ | Oil Waste _____ | Spill Clean-up & Debris _____ |
| Drilled Solids _____ | Plant Waste Water _____ | Storm Water Runoff _____ |
| Drilled Pit Liquids _____ | Produced Sand _____ | Used Containers _____ |
| Filter Elements _____ | Produced Water _____ | Used Lube Oils _____ |
| General Refuse _____ | Rinse _____ | Completion Solids _____ |
| H2S Scavengers/ Sweetening _____ | Scale _____ | Completion Liquids _____ |
| BS&W/CRUDE (TANK BOTTOMS) <u>✓ 120</u> | Sludge (water) _____ | Other _____ |
| | Sludge (Petroleum) _____ | |

CERTIFICATION: The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.
Gary Overstreet
Signature of Generator's Authorized Agent Date and time of Shipment

PART II: TRANSPORTER: (To be completed in full by Transporter)

Name McCasland Service Inc.
Address P.O. Box 99
City/State Eunice, NM 88231

505-394-2581
Telephone No.
✓ 41
Truck No.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the destination below.
[Signature]
Signature of Transporter's Agent Date and time of Received 3-1-95

PART III: RECLAMATION SITE:

Name Controlled Recovery, Inc./Industrial Products
Address P.O. Box 369
City/State Hobbs, NM 88241

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.
[Signature]
Signature of Facility Agent Date and time of Received 3-1-95

WHITE ORIGINAL - GEN

YELLOW COPY - GEN

PINK COPY - Generator

GOLDEN ROD COPY - Transporter

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I: Generator Unocal
 Address P.O. Box 2517
 City/State Ums, TX 75790

(903) 943-8186
 Telephone No.

ORIGINATION OF WASTE:

Operations Center Van, TEXAS

RRC NO. _____

Property Name Milano Tank Farm
 (Well, Tank Battery, Plant Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | |
|---|--------------------------|-------------------------------|
| Commercial/Site Waste _____ | Oily Waste _____ | Spill Clean-up & Debris _____ |
| Drilled Solids _____ | Plant Waste Water _____ | Storm Water Runoff _____ |
| Drilled Pit Liquids _____ | Produced Sand _____ | Used Containers _____ |
| Filter Elements _____ | Produced Water _____ | Used Lube Oils _____ |
| General Refuse _____ | Rinsate _____ | Completion solids _____ |
| H2S Scavengers/ Sweetening _____ | Scale _____ | Completion liquids _____ |
| BS&W/CRUDE (TANK BOTTOMS) <u>✓ 120 bbls</u> | Sludge (water) _____ | Other _____ |
| | Sludge (Petroleum) _____ | |

CERTIFICATION: The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.
Rory Christant 3-1-95
 Signature of Generator's Authorized Agent Date and time of Shipment

PART II: TRANSPORTER: (To be completed in full by Transporter)

Name McCasland Service Inc.
 Address P.O. Box 99
 City/State Ennice, NM 88231

505-794-2581
 Telephone No.
✓ 58
 Truck No.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the destination below.
Robert Anderson 3-1-95
 Signature of Transporter's Agent Date and time of Received

PART III: RECLAMATION SITE:

Name Controlled Recovery, Inc./Island Products
 Address P.O. Box 369
 City/State Hobbs, NM 88241

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.
D. Parson 3-01-95
 Signature of Facility Agent Date and time of Received

WHITE ORIGINAL - CR1

YELLOW COPY - CR2

PINK COPY - Generator

GOLDEN ROD COPY - Transporter

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I: Generator Unocal
 Address P.O. Box 2510
 City/State Van, TX 75790

(903) 943-8186
 Telephone No.

ORIGINATION OF WASTE:

Operations Center VAN, TEXAS

RRC NO. _____

Property Name Minkann Tank Farm
 (Well, Tank, Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | |
|---|--------------------------|-------------------------------|
| Commercial/Site Waste _____ | Oilly Waste _____ | Spill Clean-up & Debris _____ |
| Drilled Solids _____ | Plant Waste Water _____ | Storm Water Runoff _____ |
| Drilled Pit Liquids _____ | Produced Sand _____ | Used Containers _____ |
| Filter Elements _____ | Produced Water _____ | Used Lube Oils _____ |
| General Refuse _____ | Rinse _____ | Completion Solids _____ |
| H2S Scavengers/ Sweetening _____ | Scale _____ | Completion Liquids _____ |
| BS&W/CRUDE _____ | Sludge (water) _____ | Other _____ |
| (TANK BOTTOMS) <input checked="" type="checkbox"/> <u>120</u> | Sludge (Petroleum) _____ | |

CERTIFICATION:

The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge.

Lois Overstreet
 Signature of Generator's Authorized Agent

3-1-95
 Date and time of Shipment

PART II: TRANSPORTER: (To be completed in full by Transporter)

Name McCasland Service Inc.
 Address P.O. Box 99
 City/State Eunice, NM 88231

505-394-2381
 Telephone No.
57
 Truck No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

TOMMY MOTES
 Signature of Transporter's Agent

3-1-95
 Date and time of Received

PART III: RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products
 Address P.O. Box 369
 City/State Hobbs, NM 88241

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Blair
 Signature of Facility Agent

3-01-95
 Date and time of Received

WHITE ORIGINAL - CSR

YELLOW COPY - CSR

PINK COPY - Generator

GOLDEN ROD COPY - Transporter

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I: Generator Unocal
 Address P.O. Box 254
 City/State Van, TX 75790

(903) 963-8686
 Telephone No.

ORIGINATION OF WASTE:

Operations Center Van, Texas

RRC NO. _____

Property Name Midland Tank Farm
 (Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | |
|---|--------------------------|-------------------------------|
| Commercial/Site Waste _____ | Oily Waste _____ | Spill Clean-up & Debris _____ |
| Drilled Solids _____ | Plant Waste Water _____ | Storm Water Runoff _____ |
| Drilled Pit Liquids _____ | Produced Sand _____ | Used Containers _____ |
| Filter Elements _____ | Produced Water _____ | Used Lube Oils _____ |
| General Refuse _____ | Rinsate _____ | Completion solids _____ |
| H2S Scavengers/Sweetening _____ | Scale _____ | Completion liquids _____ |
| BS&W/CRUDE (TANK BOTTOMS) <u>✓ 130</u> | Sludge (water) _____ | Other _____ |
| | Sludge (Petroleum) _____ | |

CERTIFICATION:

The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

Larry Overstreet
 Signature of Generator's Authorized Agent

3-3-95
 Date and time of Shipment

PART II: TRANSPORTER: (To be completed in full by Transporter)

Name McCaskin Service Inc.
 Address P.O. Box 99
 City/State Eunice, NM 88231

505-394-2581
 Telephone No.

✓
 Truck No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Robert Anderson
 Signature of Transporter's Agent

3-3-95
 Date and time of Received

PART III: RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products
 Address P.O. Box 369
 City/State Hobbs, NM 88241

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]
 Signature of Facility Agent

3-3-95
 Date and time of Received

WHITE ORIGINAL - CRU

YELLOW COPY - CRU

PINK COPY - Generator

GOLDEN ROD COPY - Transporter

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I: Generator Unocal
 Address P.O. Box 2540
 City/State Van, TX 75790

(903) 963-8686
 Telephone No.

ORGINATION OF WASTE:

Operations Center Van, TEXAS

RRC NO. _____

Property Name Midland Tank Farm
 (Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | |
|---|--------------------------|-------------------------------|
| Commercial/Site Waste _____ | Oily Waste _____ | Spill Clean-up & Debris _____ |
| Drilled Solids _____ | Plant Waste Water _____ | Storm Water Runoff _____ |
| Drilled Pit Liquids _____ | Produced Sand _____ | Used Containers _____ |
| Filter Elements _____ | Produced Water _____ | Used Lube Oils _____ |
| General Refuse _____ | Rinsate _____ | Completion solids _____ |
| H2S Scavengers/ Sweetening _____ | Scale _____ | Completion liquids _____ |
| BS&W/CRUDE (TANK BOTTOMS) <u>✓ 130 bbls</u> | Sludge (water) _____ | Other _____ |
| | Sludge (Petroleum) _____ | |

CERTIFICATION: The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.
Ray Avent Signature of Generator's Authorized Agent 3-3-95 Date and time of Shipment

PART II: TRANSPORTER: (To be completed in full by Transporter)

Name McCaskland Service Inc.
 Address P.O. Box 99
 City/State Eunice, NM 88231

505-394-2581 Telephone No.
 _____ Truck No.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the destination below.
Robert Anderson Signature of Transporter's Agent 3-3-95 Date and time of Received

PART III: RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products
 Address P.O. Box 369
 City/State Hobbs, NM 88241

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.
D. Larson Signature of Facility Agent 3-3-95 Date and time of Received

WHITE ORIGINAL - CR1

YELLOW COPY - CR1

PINK COPY - Generator

GOLDEN ROD COPY - Transporter

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I: Generator Unocal
 Address P.O. Box 2540
 City/State VAN, TX 75790

(903) 963-8686
 Telephone No.

ORINATION OF WASTE:

Operations Center VAN, TEXAS

RRC NO. _____

Property Name Midland Tank Farm
 (Well, Tank Battery, Plant, Facility)

WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

| | | |
|---|--------------------------|-------------------------------|
| Commercial/Site Waste _____ | Oily Waste _____ | Spill Clean-up & Debris _____ |
| Drilled Solids _____ | Plant Waste Water _____ | Storm Water Runoff _____ |
| Drilled Pit Liquids _____ | Produced Sand _____ | Used Containers _____ |
| Filter Elements _____ | Produced Water _____ | Used Lube Oils _____ |
| General Refuse _____ | Rinsate _____ | Completion solids _____ |
| H2S Scavengers/ Sweetening _____ | Scale _____ | Completion liquids _____ |
| BS&W/CRUDE (TANK BOTTOMS) <input checked="" type="checkbox"/> <u>150 bbls.</u> | Sludge (water) _____ | Other _____ |
| | Sludge (Petroleum) _____ | |

CERTIFICATION: The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify the the foregoing is true and correct to the best of my knowledge.

[Signature]
 Signature of Generator's Authorized Agent

3-3-95 3:45
 Date and time of Shipment

PART II: TRANSPORTER: (To be completed in full by Transporter)

Name McCasland Service Inc.
 Address P.O. Box 99
 City/State Eunice, NM 88231

505-394-2581
 Telephone No.
 57
 Truck No.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the destination below.

Tommy notes
 Signature of Transporter's Agent

3-3-95 6:00pm
 Date and time of Received

PART III: RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products
 Address P.O. Box 369
 City/State Hobbs, NM 88241

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]
 Signature of Facility Agent

3-3-95
 Date and time of Received

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I: Generator Unocal
Address P.O. Box 2542
City/State Udon, TX 75790

(903) 963-8686
Telephone No.

ORIGINATION OF WASTE:

Operations Center Udon, TEXAS

RRC NO. _____

Property Name Mickand Tank Farm
(Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CUFT, LBS., UNITS, ETC.) | | |
|---|--------------------------|-------------------------------|
| Commercial/Site Waste _____ | Oil Waste _____ | Spill Clean-up & Debris _____ |
| Drilled Solids _____ | Plant Waste Water _____ | Storm Water Runoff _____ |
| Drilled Pit Liquids _____ | Produced Sand _____ | Used Containers _____ |
| Filter Elements _____ | Produced Water _____ | Used Lube Oils _____ |
| General Refuse _____ | Rinseate _____ | Completion solids _____ |
| H2S Scavengers/ _____ | Scale _____ | Completion liquids _____ |
| Sweetening _____ | Sludge (water) _____ | Other _____ |
| BS&W/CRUDE (TANK BOTTOMS) <u>✓ 130^{BBLS}</u> | Sludge (Petroleum) _____ | |

CERTIFICATION:

The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge.

Ray Overton
Signature of Generator's Authorized Agent

3-3-95 8:30
Date and time of Shipment

PART II: TRANSPORTER: (To be completed in full by Transporter)

Name McCasland Service Inc.
Address P.O. Box 99
City/State Elmice, NM 88231

505-744-2581
Telephone No.
✓ 57
Truck No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Tommy Hotes
Signature of Transporter's Agent

✓ 3-3-95 1:00pm
Date and time of Received

PART III: RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products
Address P.O. Box 389
City/State Hobbs, NM 88241

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]
Signature of Facility Agent

3-3-95
Date and time of Received

WHITE ORIGINAL - CRI YELLOW COPY - CRI PINK COPY - Generator GOLDEN ROD COPY - Transporter

120

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I: Generator Unocal
 Address P.O. Box 25 W
 City/State DAN, TX 75790

(903) 963-8686
 Telephone No.

ORGINATION OF WASTE:

Operations Center DAN, TEXAS

RAC NO. _____

Property Name Midland Tank Farm
 (Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | |
|---|--------------------------|-------------------------------|
| Commercial/Site Waste _____ | Oily Waste _____ | Spill Clean-up & Debris _____ |
| Drilled Solids _____ | Plant Waste Water _____ | Storm Water Runoff _____ |
| Drilled Pit Liquids _____ | Produced Sand _____ | Used Containers _____ |
| Filter Elements _____ | Produced Water _____ | Used Lube Oils _____ |
| General Refuse _____ | Rinsate _____ | Completion solids _____ |
| H2S Scavengers/ Sweetening _____ | Scale _____ | Completion liquids _____ |
| BS&W/CRUDE (TANK BOTTOMS) <u>✓ 130</u> | Sludge (water) _____ | Other _____ |
| | Sludge (Petroleum) _____ | |

CERTIFICATION: The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify the the foregoing is true and correct to the best of my knowledge.

 Signature of Generator's Authorized Agent

 Date and time of Shipment

PART II: TRANSPORTER: (To be completed in full by Transporter)

Name McCaskland Service Inc.
 Address P.O. Box 99
 City/State Eunice, NM 88231

505-394-2581
 Telephone No.
✓ 41
 Truck No.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the destination below.

Alfred Jordan
 Signature of Transporter's Agent

✓ 3-3-95
 Date and time of Received

PART III: RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products
 Address P.O. Box 369
 City/State Hobbs, NM 88241

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]
 Signature of Facility Agent

3-3-95
 Date and time of Received

WHITE ORIGINAL - CRI

YELLOW COPY - CRI

PINK COPY - Generator

GOLDEN ROD COPY - Transporter

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I: Generator Unocal
 Address P.O. Box 2547
 City/State DAN, TX 75790

(903) 963-8686
 Telephone No.

ORIGINATION OF WASTE:

Operations Center DAN, TEXAS

RRC NO. _____

Property Name Midland Tank Farm
 (Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | |
|---|--------------------------|-------------------------------|
| Commercial/Site Waste _____ | Oily Waste _____ | Spill Clean-up & Debris _____ |
| Drilled Solids _____ | Plant Waste Water _____ | Storm Water Runoff _____ |
| Drilled Pit Liquids _____ | Produced Sand _____ | Used Containers _____ |
| Filter Elements _____ | Produced Water _____ | Used Lube Oils _____ |
| General Refuse _____ | Rinsate _____ | Completion solids _____ |
| H2S Scavengers/ Sweetening _____ | Scale _____ | Completion liquids _____ |
| BS&W/CRUDE (TANK BOTTOMS) <u>✓ 130</u> | Sludge (water) _____ | Other _____ |
| | Sludge (Petroleum) _____ | |

CERTIFICATION:

The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

 Signature of Generator's Authorized Agent

 Date and time of Shipment

PART II: TRANSPORTER: (To be completed in full by Transporter)

Name McCasland Service Inc.
 Address P.O. Box 99
 City/State Eunice, NM 88231

505-394-2581

Telephone No.

✓ 4

Truck No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

✓ [Signature]
 Signature of Transporter's Agent

✓ 3-3-95
 Date and time of Received

PART III: RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products
 Address P.O. Box 369
 City/State Hobbs, NM 88241

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]
 Signature of Facility Agent

3-3-95
 Date and time of Received

WHITE ORIGINAL - CR1

YELLOW COPY - CR1

PINK COPY - Generator

GOLDEN ROD COPY - Transporter

NON-HAZARDOUS WASTE MANIFEST/RUN TICKET

PART I: Generator Unocal
 Address P.O. Box 2511
 City/State Van, TX 75790

(903) 963-8686
 Telephone No.

ORIGINATION OF WASTE:

Operations Center Van, TEXAS

RRC NO. _____

Property Name Milano Tank Farm
 (Well, Tank Battery, Plant, Facility)

| WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) | | |
|---|--------------------------|-------------------------------|
| Commercial/Site Waste _____ | Oily Waste _____ | Spill Clean-up & Debris _____ |
| Drilled Solids _____ | Plant Waste Water _____ | Storm Water Runoff _____ |
| Drilled Pit Liquids _____ | Produced Sand _____ | Used Containers _____ |
| Filter Elements _____ | Produced Water _____ | Used Lube Oils _____ |
| General Refuse _____ | Rinsate _____ | Completion Solids _____ |
| H2S Scavengers/Sweetening _____ | Scale _____ | Completion Liquids _____ |
| BS&W/CRUDE _____ | Sludge (water) _____ | Other _____ |
| (TANK BOTTOMS) <u>✓ 80</u> | Sludge (Petroleum) _____ | |

CERTIFICATION: The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify the foregoing is true and correct to the best of my knowledge.

 Signature of Generator's Authorized Agent

 Date and time of Shipment

PART II: TRANSPORTER: (To be completed in full by Transporter)

Name McCaskand Service Inc.
 Address P.O. Box 99
 City/State Eunice, NM 88231

505-794-2581
 Telephone No.
✓ 41
 Truck No.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the destination below.

[Signature]
 Signature of Transporter's Agent

✓ 3-7-95
 Date and time of Received

PART III: RECLAMATION SITE:

Name Controlled Recovery, Inc./Inland Products
 Address P.O. Box 369
 City/State Hobbs, NM 88241

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]
 Signature of Facility Agent

3-7-95
 Date and time of Received

WHITE ORIGINAL - CRI

YELLOW COPY - CRI

PINK COPY - Generator

GOLDEN ROD COPY - Transporter

DISTRICT I
P.O. Box 1980, Hobbs, NM 88241-1980

DISTRICT II
P.O. Drawer DD, Artesia, NM 88211-0719

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

TREATING PLANT OPERATOR'S MONTHLY REPORT

Submit 2 copies to appropriate District Office by 15th of next succeeding month.

Report of Controlled Recovery Inc. Month & year February 1995

Address P.O. Box 369, Hobbs, NM 88241-0369

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) | | |
|--|-----------------------------|----------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 5,734.83 |
| Oil Skimmed from pits | | 833.00 |
| TOTAL ALL PLANTS | | 6,567.83 |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 4,067.65 |
| TOTAL ALL PLANTS | | 4,067.65 |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) | | |
| FROM | TO | BARRELS |
| Controlled Recovery Inc. | Petro Source Partners, Ltd. | 1,240.89 |
| TOTAL ALL PLANTS | | 1,240.89 |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 9,394.59 |
| TOTAL ALL PLANTS | | 9,394.59 |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

Annette Curiel

Annette Curiel, Office Manager

Printed Name & Title

3-10-95

Date

505 393-1079

Telephone No.

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS

| PERMIT NUMBER | LEASE OPERATOR | LEASE NAME | GROSS VOLUME SEDIMENT OIL | NET BBLs. P.L. OIL RECOVERED |
|--|--|---|---|------------------------------|
| H-17619 H-17586 | TRANSPORTER: A.A. Oilfield Texaco TOTAL | A.A. OILFIELD SERVICE Alpha Phi Crude Plant NM AB Battery | 255.00 <u>140.00</u> 395.00 | 325.00 |
| H-17635 H-17627 | TRANSPORTER: Purvis Operating Purvis Oil Co. TOTAL | GANDY SWD Well H-5 Purvis SWD #5 | 200.00 <u>135.30</u> 335.30 | 281.30 |
| H-17624 | TRANSPORTER: Conoco TOTAL | GOLD STAR MCA Battery #2 | <u>43.35</u> 43.35 | 23.35 |
| H-17652 | TRANSPORTER: WJC, Inc. TOTAL | I & W TRANSPORTATION CE Brooks #2 | <u>66.50</u> 66.50 | 66.50 |
| H-17605 H-17625 H-17597 H-17593 TEXAS | TRANSPORTER: Arco McCasland McCasland Richard Coe Unocal TOTAL | MCCASLAND SERVICES EL Steeler Atha #1 Atha #1 Government N2 Midland Tank Farm | 35.00 239.70 244.05 38.00 <u>1429.00</u> 1985.75 | 1852.25 |
| A-8308 A-8314 A-8287 A-8315 A-8288 H-17641 H-17631 H-17637 H-17620 | TRANSPORTER: Rowland Rowland Rowland Rowland Rowland Pogo Rowland Meridian Cross Timbers TOTAL | ROWLAND TRUCKING BKE BKE BKE Springs SWD Springs SWD Battery 23 RA #1 State DS US Minerals Battery | 123.00 140.00 139.44 365.20 272.51 30.00 399.10 70.00 <u>30.00</u> 1569.25 | 1519.25 |
| | TOTAL GROSS BARRELS TOTAL NET BARRELS | | 4395.15 | 4067.65 |

DISTRICT I
P.O. Box 1980, Hobbs, NM 88241-1980

DISTRICT II
P.O. Drawer DD, Artesia, NM 88211-0719

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Submit 2 copies to appropriate District Office by 15th of next succeeding month.

OIL CONSERVATION DIVISION
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FEB 13 1995

TREATING PLANT OPERATOR'S MONTHLY REPORT

Report of Controlled Recovery Inc. Month & year January 1995

Address P.O. Box 369, Hobbs, NM 88241-0369

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) | | |
|--|-----------------------------|----------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 4,350.59 |
| TOTAL ALL PLANTS | | 4,350.59 |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 3,878.35 |
| TOTAL ALL PLANTS | | 3,878.35 |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) | | |
| FROM | TO | BARRELS |
| Controlled Recovery Inc. | Petro Source Partners, LTD. | 1,094.11 |
| Transfer from oil treating plant to disposal area : | Water = | 1,400.00 |
| TOTAL ALL PLANTS | | 2,494.11 |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 5,734.83 |
| TOTAL ALL PLANTS | | 5,734.83 |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

Annette Curiel

Annette Curiel, Office Manager

Printed Name & Title

2/10/95

Date

505 393-1079

Telephone No.

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS

| PERMIT NUMBER | LEASE OPERATOR | LEASE NAME | GROSS VOLUME SEDIMENT OIL | NET BBLs. P.L. OIL RECOVERED |
|---------------|------------------------------------|--|---------------------------|------------------------------|
| H-17522 | TRANSPORTER: NATCO | A.A. OILFIELD SERVICE Hobbs yard inventory | 95.00 | |
| H-17518 | A.A. Oilfield | State AB SWD | <u>91.80</u> | |
| | TOTAL | | 186.80 | 96.00 |
| A-8223 | TRANSPORTER: Dakota Resources | B&E TRUCKING Big Eddy #100 SWD | <u>120.00</u> | |
| | TOTAL | | 120.00 | 40.00 |
| H-17509 | TRANSPORTER: Arch Petroleum | CHAPARRAL SERVICES CH Lockhard #6 | <u>90.00</u> | |
| | TOTAL | | 90.00 | 90.00 |
| H-17560 | TRANSPORTER: Harvard Operation | I & W TRANSPORTATION Dickinson Cattle Co. | <u>320.00</u> | |
| | TOTAL | | 320.00 | 275.00 |
| H-17532 | TRANSPORTER: Breck Operating | LUCKY SERVICES State SC | 235.00 | |
| H-17501 | L.B. Simmons | Dennis Fed Battery | <u>80.00</u> | |
| | TOTAL | | 315.00 | 190.00 |
| H-17546 | TRANSPORTER: McCasland Services | MCCASLAND SERVICES Atha #1 | 235.14 | |
| H-17496 | McCasland Services | Atha #1 | 118.85 | |
| H-17488 | Chevron | Janda J | 20.00 | |
| H-17505 | Parabo | Parabo SWD | 1485.00 | |
| H-17489 | Sandhills Petroleum | Monument Lack Unit | 100.00 | |
| H-17500 | Sandhills Petroleum | Deak Lack Unit #1 | <u>105.00</u> | |
| | TOTAL | | 2063.99 | 2043.99 |
| A-8223 | TRANSPORTER: Marathon | ROWLAND TRUCKING COMPANY McMillian Fed Com #1 | 100.60 | |
| A-8232 | Rowland Trucking | BKE | 271.24 | |
| A-8224 | Rowland Trucking | Springs | 411.12 | |
| H-17520 | Texaco | State AQ | 120.00 | |
| H-17540 | Texaco | CVU Central Battery | <u>330.00</u> | |
| | TOTAL | | 1232.96 | 1143.36 |
| | TOTAL GROSS BARRELS | | 4328.75 | |
| | TOTAL NET BARRELS | | | 3878.35 |

DISTRICT I
P.O. Box 1980, Hobbs, NM 88241-1980

DISTRICT II
P.O. Drawer DD, Artesia, NM 88211-0719

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-118
Revised 4-1-91
Sheet 1

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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Submit 2 copies to appropriate
District Office by 15th of next
succeeding month.

TREATING PLANT OPERATOR'S MONTHLY REPORT

95 JAN 12 AM 8 52

Report of Controlled Recovery Inc. Month & year December 1994

Address P.O. Box 369, Hobbs, NM 88241-0369

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) | | |
|--|------------------|----------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 5,758.53 |
| TOTAL ALL PLANTS | | 5,758.53 |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 3,610.65 |
| TOTAL ALL PLANTS | | 3,610.65 |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) | | |
| FROM | TO | BARRELS |
| Controlled Recovery Inc. Transfer from oil treating to disposal area: water= solids= | Petro Source | 2,635.59 |
| TOTAL ALL PLANTS | | 5,018.59 |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 4,350.59 |
| TOTAL ALL PLANTS | | 4,350.59 |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

Annette Curiel

Annette Curiel, Office Manager

1-10-95

505 393-1079

Printed Name & Title

Date

Telephone No.

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS

| PERMIT NUMBER | LEASE OPERATOR | LEASE NAME | GROSS VOLUME SEDIMENT OIL | NET BBLs. P.L. OIL RECOVERED |
|---------------|-------------------------------------|--|---------------------------|------------------------------|
| H-17431 | TRANSPORTER: A.A. Oilfield | A.A. OILFIELD SERVICE State AB SWD #1 | 125.00 | |
| H-17436 | A.A. Oilfield | Alpha Phi Crude Plant | 125.00 | |
| H-17483 | A.A. Oilfield | Alpha Phi Crude Plant | <u>350.00</u> | |
| | TOTAL | | 600.00 | 495.00 |
| RRC#62362 | TRANSPORTER: Brazos Petroleum | MCCASLAND SERVICES Willard | <u>260.00</u> | |
| | TOTAL | | 260.00 | 260.00 |
| H-17397 | TRANSPORTER: I & W Transporation | I & W TRANSPORTATION L.C. State #2 | <u>260.00</u> | |
| | TOTAL | | 260.00 | 245.00 |
| H-17433 | TRANSPORTER: McCasland Services | MCCASLAND SERVICES Atha #1 | 260.00 | |
| H-17440 | McCCasland Services | Atha #1 | 300.00 | |
| H-17478 | McCCasland Services | Atha #1 | 680.00 | |
| H-17456 | McCCasland Services | Atha #1 | 123.75 | |
| H-17474 | McCCasland Services | Atha #1 | <u>110.00</u> | |
| | TOTAL | | 1473.75 | 1443.75 |
| H-17510 | TRANSPORTER: Merit Energy Co. | GANDY CORPORATION Susco State 1 | <u>40.00</u> | |
| | TOTAL | | 40.00 | 35.00 |
| H-17403 | TRANSPORTER: Oxy | CHAPARREL SERVICES West Dollar Hide | 220.00 | |
| H-17424 | Oxy | West Dollar Hide | 405.00 | |
| H-17416 | Oxy | West Dollar Hide | 90.00 | |
| TEXAS | Oxy | W. Seminole San Andres | <u>220.00</u> | |
| | TOTAL | | 975.00 | 600.00 |
| RRC#67292 | TRANSPORTER: Placid Oil | PATE Red Dog 1 | <u>96.90</u> | |
| | TOTAL | | 96.90 | 96.90 |
| A-8098 | TRANSPORTER: Pogo | ROWLAND TRUCKING COMPANY Uriquidez | 90.00 | |
| H-17454 | Pogo | Calmon 3 Battery | 130.00 | |
| H-17405 | Pogo | Pure Gold Battery | 40.00 | |
| H-17425 | Texaco | CVU Battery | <u>370.00</u> | |
| | TOTAL | | 630.00 | 305.00 |

OIL CONSERVATION DIVISION

P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS

| PERMIT NUMBER | LEASE OPERATOR | LEASE NAME | GROSS VOLUME SEDIMENT OIL | NET BBLs. P.L. OIL RECOVERED |
|---------------|--|--|------------------------------|---------------------------------|
| RRC#27561 | TRANSPORTER: Wilson SWD TOTAL | MCCASLAND SERVICES West Texas Disposal | <u>180.00</u> 180.00 | 130.00 |
| | TOTAL GROSS BARRELS TOTAL NET BARRELS | | 4515.65 | 3610.65 |
| | | | | |
| | | | | |

DISTRICT I
P.O. Box 1980, Hobbs, NM 88241-1980

DISTRICT II
P.O. Drawer DD, Artesia, NM 88211-0719

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088
TREATING PLANT OPERATOR'S MONTHLY REPORT

Form C-118
Revised 4-1-91
Sheet 1

Submit 2 copies to appropriate
District Office by 15th of next
succeeding month.

Report of Controlled Recovery Inc. Month & year November 1994

Address P.O. Box 369, Hobbs, NM 88241-0369

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) | | |
|--|------------------|----------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 8,232.22 |
| TOTAL ALL PLANTS | | 8,232.22 |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 3,039.75 |
| TOTAL ALL PLANTS | | 3,039.75 |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) | | |
| FROM | TO | BARRELS |
| Controlled Recovery Inc. | Petro Source | 4,092.44 |
| Transfer from oil treating to disposal area: | | 1,421.00 |
| TOTAL ALL PLANTS | | 5,513.44 |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 5,758.53 |
| TOTAL ALL PLANTS | | 5,758.53 |

I hereby certify that this report is true and complete to the best of my knowledge and belief.



Annette Curiel, Office Manager

Signature

Printed Name & Title

Date

505 393-1079
Telephone No.

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS

| PERMIT NUMBER | LEASE OPERATOR | LEASE NAME | GROSS VOLUME SEDIMENT OIL | NET BBLs. P.L. OIL RECOVERED |
|--|---|---|--|------------------------------|
| H-17331 H-17358 | TRANSPORTER: A.A. Oilfield A.A. Oilfield TOTAL | A.A. OILFIELD SERVICE State AB SWD #1 State AB SWD #1 | 110.00 <u>115.00</u> 225.00 | 225.00 |
| A-8058 | TRANSPORTER: Maco Industries TOTAL | B & E State 15 #1 | <u>100.00</u> 100.00 | 60.00 |
| RRC#64015 | TRANSPORTER: North American Roy. TOTAL | BRUTON Harrison | <u>100.00</u> 100.00 | 100.00 |
| H-17372 H-17393 H-17344 H-17394 H-17343 RRC#63473 | TRANSPORTER: John H Hendrix McCasland Services McCasland Services Parabo Arch Samson Resources TOTAL | MCCASLAND SERVICES Pike Federal Atha #1 Atha #1 SWD Disposal CE Lamuiyor #30 Battery Beavers #1 | 70.00 260.00 980.00 510.00 80.00 <u>305.00</u> 2205.00 | 1510.00 |
| TEXAS TEXAS | TRANSPORTER: DCB Oil & Gas Placid Oil Co. TOTAL | PATE TRUCKING Brumley #1 Weaver #1 | 130.00 <u>70.00</u> 200.00 | 190.00 |
| TEXAS | TRANSPORTER: Pride Pipeline TOTAL | PRIDE PIPELINE Crane station #24 | <u>379.75</u> 379.75 | 269.75 |
| H-17382 H-17380 A-8066 A-8052 | TRANSPORTER: Pogo Pogo Pogo Pogo TOTAL | ROWLAND TRUCKING CO. Amex Battery Pure Gold Battery Mobil Fed Battery Cal Mon #2 | 10.00 90.00 170.00 <u>135.00</u> 405.00 | 295.00 |
| H-17330 | TRANSPORTER: Jenex TOTAL | SONNY'S OILFIELD SERVICE Hobbs Station | <u>690.00</u> 690.00 | 390.00 |
| | TOTAL GROSS BARRELS TOTAL NET BARRELS | | 4304.75 | 3039.75 |

DISTRICT I
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DISTRICT II
P.O. Drawer DD, Artesia, NM 88211-0719

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-118
Revised 4-1-91
Sheet 1

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Submit 2 copies to appropriate
District Office by 15th of next
succeeding month.

TREATING PLANT OPERATOR'S MONTHLY REPORT

Report of Controlled Recovery Inc. Month & year October 1994

Address P.O. Box 369 Hobbs, NM 88241-0369

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) | | |
|--|------------------|-----------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 12,629.21 |
| Oil skimmed from pits | | 180.44 |
| TOTAL ALL PLANTS | | 12,809.65 |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 2,811.90 |
| TOTAL ALL PLANTS | | 2,811.90 |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) | | |
| FROM | TO | BARRELS |
| Controlled Recovery Inc. | Petro Source | 5,321.14 |
| | Petrolite | 1,232.86 |
| Transfer from oil treating to Disposal area: | Water/Solids | 835.33 |
| TOTAL ALL PLANTS | | 7,389.33 |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 8,232.22 |
| TOTAL ALL PLANTS | | 8,232.22 |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

Annette Curiel

Annette Curiel, Office Manager 11-07-94

505 888-9768 302-1070

PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS

| PERMIT NUMBER | LEASE OPERATOR | LEASE NAME | GROSS VOLUME SEDIMENT OIL | NET BBLs. P.L. OIL RECOVERED |
|---|---|---|--|------------------------------|
| H-17305 | TRANSPORTER: A.A. Oilfield TOTAL | A.A. OILFIELD SERVICE State AB SWD #1 | <u>375.00</u> 375.00 | 375.00 |
| H-17307 | TRANSPORTER: Lynx TOTAL | I & W TRANSPORTATION Midwest State #1 | <u>50.00</u> 50.00 | 50.00 |
| H-17270 | TRANSPORTER: Jenex Operating TOTAL | JENEX Hobbs Station Yard | <u>279.24</u> 279.24 | 279.24 |
| TEXAS H-17273 | TRANSPORTER: Placid Oil Jenex Operating TOTAL | PATE TRUCKING Weaver #1 Hobbs Station Yard | 131.15 <u>775.00</u> 906.15 | 906.15 |
| TEXAS H-17284 H-17311 TEXAS TEXAS | TRANSPORTER: Coda Energy McCasland Services McCasland Services Wilson Operating Prime Operating TOTAL | McCASLAND SERVICES Shafter Lake Unit Atha #1 Atha #1 Penwell Plant Arco Holt 35 & 36 | 370.00 264.43 132.63 305.00 <u>118.00</u> 1190.06 | 1136.36 |
| TEXAS | TRANSPORTER: Pride Pipeline TOTAL | RAPID TRANSPORT Keystone #57 | <u>70.00</u> 70.00 | 2.00 |
| A-7977 A-7976 H-17351 | TRANSPORTER: El Paso Nat'l Gas Rowland Trucking Texaco TOTAL | ROWLAND TRUCKING CO. Pecos River Plant BKE SWD CVU Battery | 70.00 220.00 <u>90.15</u> 380.15 | 63.15 |
| H-17264 | TRANSPORTER: Oxy USA TOTAL | LUCKY'S SERVICES Tracy B #1 | <u>110.00</u> 110.00 | 0.00 |
| | TOTAL GROSS BARRELS TOTAL NET BARRELS | | 3360.60 | 2811.90 |

DISTRICT I

P.O. Box 1980, Hobbs, NM 88241-1980

DISTRICT II

P.O. Drawer DD, Anesia, NM 88211-0719

DISTRICT III

1000 Rio Brazos Rd, Aztec, NM 87410

Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

TREATING PLANT OPERATOR'S MONTHLY REPORT

Form C-118

Revised 4-1-91

Sheet 1

Submit 2 copies to appropriate District Office by 15th of next succeeding month.

Report of Controlled Recovery Inc. Month & year September 1994

Address P.O. Box 369 Hobbs, NM 88241-0369

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) | | |
|--|------------------|-----------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 14,824.97 |
| TOTAL ALL PLANTS | | 14,824.97 |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 2,281.00 |
| TOTAL ALL PLANTS | | 2,281.00 |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) | | |
| FROM | TO | BARRELS |
| Controlled Recovery Inc. Transfers from oil treating plant to disposal area: | Petro Source | 731.66 |
| | Water= | 3,745.00 |
| TOTAL ALL PLANTS | | 4,476.66 |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 12,629.31 |
| TOTAL ALL PLANTS | | 12,629.31 |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

Annette Curiel

Annette Curiel, Office Manager

10/12/94

505-393-1079

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS

| PERMIT NUMBER | LEASE OPERATOR | LEASE NAME | GROSS VOLUME SEDIMENT OIL | NET BBLs. P.L. OIL RECOVERED |
|--|---|---|---|---------------------------------|
| H-17175 | TRANSPORTER: A.A. Oilfield TOTAL | A.A. OILFIELD SERVICE State AB SWD #1 | <u>250.00</u> 250.00 | 250.00 |
| H-17226 | TRANSPORTER: Bandera TOTAL | BANDERA Bandera Plant | <u>225.00</u> 225.00 | 225.00 |
| RRC-17278 RRC-17278 | TRANSPORTER: Pure Flow Pure Flow TOTAL | BERGSTEIN SERVICES JE Barkerd Andrews Butane Disp. | 300.00 <u>300.00</u> 600.00 | 190.00 |
| H-17214 H-17216 | TRANSPORTER: BTA Plains Radio Pet. TOTAL | GANDY CORPORATION Byers #2 SWD L.E. Ranch 16 | 120.00 <u>10.00</u> 130.00 | 80.00 |
| H-17180 | TRANSPORTER: I & W Transport. TOTAL | I & W TRANSPORTATION Shell State | <u>120.00</u> 120.00 | 100.00 |
| H-17269 H-17234 RRC-12482 RRC-12482 | TRANSPORTER: Texaco McCasland Services Wilson Systems Wilson Systems TOTAL | MCCASLAND SERVICES BF Harrison B #3 Atha SWD #1 Penwell Plant TXL B Lease Goldsmith | 100.00 350.00 676.00 <u>80.00</u> 1206.00 | 1026.00 |
| TEXAS | TRANSPORTER: Pride Pipeline TOTAL | PRIDE PIPELINE Orla Station #77 | <u>50.00</u> 50.00 | 50.00 |
| A-7937 A-7949 A-7958 | TRANSPORTER: CRW-SWD Rowland Trucking Tide West Oil TOTAL | ROWLAND TRUCKING CO. SWD Disposal Springs SWD Worth Fed .Tank Battery | 230.00 110.00 <u>140.00</u> 480.00 | 330.00 |
| H-17166 H-17167 | TRANSPORTER: Penroc Koch TOTAL | SONNY'S OILFIELD SERVICE State AF East Lovington | 65.00 <u>45.00</u> 110.00 | 30.00 |
| | TOTAL GROSS BARRELS TOTAL NET BARRELS | | 3171.00 | 2281.00 |

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88211-0719 AM 8 50 OIL CONSERVATION DIVISION

DISTRICT III
 1000 Rio Brazos Rd, Aztec, NM 87410

P.O. Box 2088
 Santa Fe, New Mexico 87504-2088
TREATING PLANT OPERATOR'S MONTHLY REPORT

Submit 2 copies to appropriate District Office by 15th of next succeeding month.

Report of Controlled Recovery Inc. Month & year August 1994

Address P.O. Box 369 Hobbs, NM 88241-0369

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) | | |
|--|------------------|----------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 20326.70 |
| Skimmed from water pits | | 502.06 |
| TOTAL ALL PLANTS | | 20828.76 |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 3905.10 |
| TOTAL ALL PLANTS | | 3905.10 |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) | | |
| FROM | TO | BARRELS |
| Controlled Recovery Inc. | Petro Source | 347.89 |
| Transfers from oil treating plant to disposal area: | Water = | 3065.00 |
| | Soil = | 6496.00 |
| TOTAL ALL PLANTS | | 9908.89 |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 14824.97 |
| TOTAL ALL PLANTS | | 14824.97 |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

Annette Curiel

Annette Curiel, Office Manager

505 885-9765

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS

| PERMIT NUMBER | LEASE OPERATOR | LEASE NAME | GROSS VOLUME SEDIMENT OIL | NET BBLs. P.L. OIL RECOVERED |
|--|---|---|--|------------------------------|
| A-7908 | TRANSPORTER: Dakota Resources TOTAL | B & E Big Eddy Fed 100 | <u>745.00</u> 745.00 | 130.00 |
| TX RRC-1 | TRANSPORTER: Chevron Pure Flow SWD TOTAL | BERGSTEIN SERVICES Coons Water Flood St. Andrews Butane Disposal | 60.00 <u>100.00</u> 160.00 | 160.00 |
| A-7861 H-17163 H-17095 | TRANSPORTER: CRW-SWD H & M Disposal Texaco E & P TOTAL | GANDY CORPORATION SWD Mayme Gram #1 Vacuum Grayburg | 90.00 115.00 <u>325.00</u> 530.00 | 275.00 |
| H-17154 | TRANSPORTER: Oxy TOTAL | LUCKY SERVICES Colonia A #1 | <u>210.00</u> 210.00 | 120.00 |
| H-17106 H-17112 A-7664 | TRANSPORTER: Clayton Williams Marshall Young Wilson Disposal TOTAL | MCCASLAND SERVICES State A-16-A #13 Carrie O Davis Wilson Disposal Hill | 25.50 530.10 <u>227.00</u> 782.60 | 757.60 |
| H-17117 | TRANSPORTER: Osborne Heirs TOTAL | PATE TRUCKING Maddie Price | <u>60.00</u> 60.00 | 60.00 |
| A-7861 A-7820 H-17089 A-7881 A-7886 A-7873 A-7856 H-17095 | TRANSPORTER: CRW-SWD Rowland Rowland El Paso Nat'l Meridian Pogo Pogo Texaco TOTAL | ROWLAND TRUCKING SWD Springs SWD Lynx Trunk A Malano Amax 28 #8 Fed 12 #4 Vacuum Grayburg | 255.00 255.00 40.00 90.00 50.00 210.00 290.00 <u>1677.50</u> 2867.50 | 2317.50 |
| H-17135 H-17111 | TRANSPORTER: Koch Penroc Oil | SONNY'S OILFIELD East Lovington State AF | 45.00 <u>150.00</u> 195.00 | 85.00 |
| | TOTAL NET BARRELS | | | 3905.10 |

DISTRICT I OIL CONSERVATION DIVISION
 P.O. Box 1980, Hobbs, NM 88241-1980

State of New Mexico
 Energy, Minerals and Natural Resources Department

Form C-118
 Revised 4-1-91
 Sheet 1

DISTRICT II
 P.O. Drawer DD, Aztec, NM 88211-0777

850 OIL CONSERVATION DIVISION

DISTRICT III
 1000 Rio Brazos Rd, Aztec, NM 87410

P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

TREATING PLANT OPERATOR'S MONTHLY REPORT

Submit 2 copies to appropriate
 District Office by 15th of next
 succeeding month.

Report of Controlled Recovery Inc. Month & year July 1994

Address P.O. Box 369 Hobbs, NM 88241-0369

TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary)

| PLANT NAME | LOCATION | BARRELS |
|--------------------------|------------------|----------|
| Controlled Recovery Inc. | Halfway Disposal | 27584.51 |
| TOTAL ALL PLANTS | | 27584.51 |

TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)

| PLANT NAME | LOCATION | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | 2445.76 |
| TOTAL ALL PLANTS | | 2445.76 |

DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)

| FROM | TO | BARRELS |
|---|--------------|---------|
| Controlled Recovery Inc. | Petro Source | 884.16 |
| Adjustments for transfers made from oil treating plant to disposal area: Jan 1994 through July 1994 | Water = | 8689.00 |
| | Soil = | 130.41 |
| TOTAL ALL PLANTS | | 9703.57 |

TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)

| PLANT NAME | LOCATION | BARRELS |
|--------------------------|------------------|----------|
| Controlled Recovery Inc. | Halfway Disposal | 20326.70 |
| TOTAL ALL PLANTS | | 20326.70 |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

Annette Curiel

Annette Curiel, Office Manager

505 885-9765

Signature: _____ Date: _____ Title: _____ Telephone No: _____

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS

| PERMIT NUMBER | LEASE OPERATOR | LEASE NAME | GROSS VOLUME SEDIMENT OIL | NET BBLs. P.L. OIL RECOVERED |
|--------------------|---|---|-------------------------------------|---------------------------------|
| H-17044 H-17065 | TRANSPORTER: A.A. Oilfield A.A. Oilfield TOTAL | A.A. OILFIELD SERV. State A.B. SWD State A.B. SWD | 75.00 <u>516.95</u> 591.95 | 591.95 |
| H-17024 | TRANSPORTER: Oxy TOTAL | LUCKY'S SERVICES State CX Com #1 | <u>100.00</u> 100.00 | 5.00 |
| H-17066 A-7664 | TRANSPORTER: McCasland Services Navajo TOTAL | MCCASLAND SERVICES Atha #1 Artesia Station | 240.00 <u>1403.81</u> 1643.81 | 1643.81 |
| H-17052 | TRANSPORTER: Jim Abbott TOTAL | PETRO THERMO Goodwill Treating Plant | <u>210.00</u> 210.00 | 135.00 |
| TEXAS | TRANSPORTER: Mobil TOTAL | ROWLAND TRUCKING Cowden Lease Battery | <u>85.00</u> 85.00 | 35.00 |
| H-17041 | TRANSPORTER: Mobil TOTAL | XL TRANSPORTATION Cowden Lease Battery | <u>35.00</u> 35.00 | 35.00 |
| | TOTAL NET BARRELS | | | 2445.76 |

NON-HAZARDOUS OFFSITE WASTE DISPOSAL
SHIPPING PAPER

RETURN COMPLETED FORM TO: MOBIL EXPLORATION AND PRODUCING U.S. INC.
P.O. BOX 1760
DENVER CITY, TX 79323
Attention: Environmental Technician

PART I

ORIGIN OF WASTE: Field/Lease/etc. Name Andrews Co., Texas
Cowden Lease Battery - 1000 Bbl. stock tank

Location Code: 5118131411111 ARC 33183, 1359933182

TYPE OF WASTE: Produced Water _____ Tank Bottoms Municipal Waste
Drilling/Workover Waste _____ Contaminated Soil _____
Other (Describe) _____

QUANTITY OF WASTE: 85 (Bbls.) _____ Lbls., or _____ Tons.

DESTINATION: CRI - Controlled Recovery Inc.

DISPOSAL FACILITY NAME: _____ ADDRESS: _____

CERTIFICATION: The waste described above was consigned to the carrier named below. Pursuant to applicable law, this waste is classified non-hazardous. I certify that the foregoing is true and correct to the best of my knowledge.

Mobil Producing Texas AM 7/13/94 DATE SHIPPED
PRINTED NAME OF GENERATOR _____ SIGNATURE OF GENERATOR _____

PART II

TO BE FILLED OUT BY TRANSPORTER

TRANSPORTER'S NAME: Rawland Trucking Co. Inc.
ADDRESS: 118 S. Graves - Hobbes, N.M., 88340

CERTIFICATION: I certify that the waste in the quantity above was accepted by me for shipment to the above destination.

Scott Sheeale _____
Rawland Trucking Co. Inc. _____
PRINTED NAME OF TRANSPORTER _____ SIGNATURE OF TRANSPORTER _____

PART III

TO BE FILLED OUT BY DISPOSER

DISPOSAL FACILITY NAME: CRI - Controlled Recovery Inc.
ADDRESS: _____

CERTIFICATION: I certify that the waste in the quantity and description in Part I was received by me for proper disposal.

Controlled Recovery Inc. _____
PRINTED NAME OF DISPOSER _____ SIGNATURE OF DISPOSER _____

WHITE: Disposer send to Generator and Generator send a copy to Environmental/Regulatory
CANARY: Disposer Keep (Optional)
PINK: Transporter Keep (Optional)
GOLDEN: Generator Keep

DISTRICT I
P.O. Box 1980, Hobbs, NM 88241-1980

DISTRICT II
P.O. Drawer DD, Artesia, NM 88211-0710

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-118
Revised 4-1-91
Sheet 1

OIL CONSERVATION DIVISION
RECEIVED
P.O. Box 2088
Santa Fe, New Mexico 87504-2088
TREATING PLANT OPERATOR'S MONTHLY REPORT

Submit 2 copies to appropriate
District Office by 15th of next
succeeding month.

Report of Controlled Recovery Inc. Month & year June 1994

Address P.O. Box 369 Hobbs, NM 88241-0369

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) | | |
|--|------------------|----------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 23178.43 |
| Oil skimmed from pits | | 161.93 |
| TOTAL ALL PLANTS | | 23340.36 |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 6201.14 |
| TOTAL ALL PLANTS | | 6201.14 |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) | | |
| FROM | TO | BARRELS |
| Controlled Recovery Inc. | Petro Source | 1956.99 |
| TOTAL ALL PLANTS | | 1956.99 |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 27584.51 |
| TOTAL ALL PLANTS | | 27584.51 |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

Annette Curiel

Annette Curiel, Office Manager

7-8-94

505 885-9765

OIL CONSERVATION DIVISION

P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS

| PERMIT NUMBER | LEASE OPERATOR | LEASE NAME | GROSS VOLUME SEDIMENT OIL | NET BBLs. P.L. OIL RECOVERED |
|---------------------------|---|--|---|---------------------------------|
| H-19633 | TRANSPORTER: I & W Transport. TOTAL | I & W TRANSPORTATION Shell State | <u>420.00</u> 420.00 | 190.00 |
| A-7691 | TRANSPORTER: Tom Boy Operating TOTAL | I & W, INC. Hinkle | <u>30.60</u> 30.60 | 30.60 |
| H-16978 | TRANSPORTER: Rice Engineering TOTAL | LUCKY SERVICES Vacuum G 35 | <u>220.00</u> 220.00 | 0.00 |
| H-16945 | TRANSPORTER: Arco Oil & Gas TOTAL | MCCASLAND SERVICES Learcy McBuffington | <u>45.00</u> 45.00 | 45.00 |
| A-7664 | TRANSPORTER: Navajo Refining TOTAL | MCCASLAND SERV. Artesia Station Storage | <u>5264.94</u> 5264.94 | 5264.94 |
| TEXAS | TRANSPORTER: Pride Pipeline TOTAL | RAPID TRANSPORT Shell Tank Farm #141 | <u>290.00</u> 290.00 | 170.00 |
| A-7679 A-7731 TEXAS | TRANSPORTER: El Paso Llano Energy Develop. | ROWLAND TRUCKING Guadalupe Compressor Weems #1 Borden Co. SWD | 80.00 40.80 <u>440.00</u> 560.80 | 500.60 |
| | TOTAL NET BARRELS | | | 6201.14 |

DISTRICT I
P.O.Box 1980, Hobbs, NM 88241-1980

DISTRICT II
P.O. Drawer DD, Artesia, NM 88211-0719

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

OIL CONSERVATION DIVISION
RECEIVED
TREATING PLANT OPERATOR'S MONTHLY REPORT
94 JUN 14 PM 8 50

Submit 2 copies to appropriate District Office by 15th of next succeeding month.

Report of Controlled Recovery Inc. Month & year May 1994

Address P.O. Box 369 Hobbs, NM 88241-0369

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) | | |
|--|------------------|-----------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 21,642.27 |
| skimmed from water pits | | 190.00 |
| TOTAL ALL PLANTS | | 21,832.27 |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 2,070.00 |
| TOTAL ALL PLANTS | | 2,070.00 |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) | | |
| FROM | TO | BARRELS |
| Controlled Recovery Inc. | Petro Source | 723.84 |
| TOTAL ALL PLANTS | | 723.84 |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 23,178.43 |
| TOTAL ALL PLANTS | | 23,178.43 |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

Annette Curiel

Annette Curiel, Office Manager

505 885-9765

Signature Printed Name & Title Date Telephone No.

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS

| PERMIT NUMBER | LEASE OPERATOR | LEASE NAME | GROSS VOLUME SEDIMENT OIL | NET BBLs. P.L. OIL RECOVERED |
|--------------------------|-----------------------------------|---|------------------------------|---------------------------------|
| H-19620 | TRANSPORTER: AA Oilfield Serv. | A.A. OILFIELD SERVICE State AB SWD #1 | 125.00 | |
| H-16823 | AA Oilfield Serv. | State AB SWD #1 | <u>125.00</u> | |
| | TOTAL | | 250.00 | 250.00 |
| H-16909 | TRANSPORTER: Alliance Corp. | LUCKY SERVICES ST AJ | <u>1300.00</u> | |
| | TOTAL | | 1300.00 | 780.00 |
| H-16917 | TRANSPORTER: Lynx Petroleum | ROWLAND TRUCKING CO. Sprinkle Fed | 95.00 | |
| H-7621 | Pogo Producing | Federal #1 | 90.04 | |
| A-7639 | Rowland Trucking | BKE SWD | 100.00 | |
| A-7635 | Rowland Trucking | BKE SWD | 78.92 | |
| A-7679 | El Paso | Compressor Station | 80.00 | |
| TEXAS | Energy Development | Borden Co. SWD | <u>491.00</u> | |
| | TOTAL | | 934.96 | 843.96 |
| H-16923 | TRANSPORTER: Rice Engineering | SONNY'S OILFIELD SERV. I-1 SWD Well | <u>430.00</u> | |
| | TOTAL | | 430.00 | 95.00 |
| H-16873 | TRANSPORTER: Cheveron | MCCASLAND SERV. Mattern D & E Battery | <u>30.00</u> | |
| | TOTAL | | 30.00 | 30.00 |
| TEXAS | TRANSPORTER: Aectra | WHY WASTEWATER?, INC. Rio Grande Plant | <u>71.04</u> | |
| | TOTAL | | 71.04 | 71.04 |
| TOTAL NET BARRELS | | | | 2070.00 |

DISTRICT I

P.O.Box 1980, Hobbs, NM 88241-1980

DISTRICT II

P.O. Drawer DD, Artesia, NM 88211-0719

DISTRICT III

1000 Rio Brazos Rd, Aztec, NM 87410

State of New Mexico CONSERVATION DIVISION
Energy, Minerals and Natural Resources Department

Form C-118
Revised 4-1-91
Sheet 1

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

TREATING PLANT OPERATOR'S MONTHLY REPORT

Submit 2 copies to appropriate
District Office by 15th of next
succeeding month.

Report of Controlled Recovery Inc. Month & year April 1994

Address P.O. Box 369 Hobbs, NM 88241-0369

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) | | |
|--|------------------|-----------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 19,923.37 |
| TOTAL ALL PLANTS | | 19,923.37 |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 4,774.61 |
| TOTAL ALL PLANTS | | 4,774.61 |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) | | |
| FROM | TO | BARRELS |
| Controlled Recovery Inc. | Petro Source | 3,055.71 |
| TOTAL ALL PLANTS | | 3,055.71 |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 21,642.27 |
| TOTAL ALL PLANTS | | 21,642.27 |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

Annette Curiel

Annette Curiel, Office Manager

5-09-94

505 885-9765

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS

| PERMIT NUMBER | LEASE OPERATOR | LEASE NAME | GROSS VOLUME SEDIMENT OIL | NET BBLs. P.L. OIL RECOVERED |
|--------------------------|------------------------------------|------------------------|---------------------------|------------------------------|
| H-16824 | TRANSPORTER: Amerada Hess Corp. | A.A. OILFIELD SERVICE | | |
| H-16799 | AA Oilfield Serv. | NMG/SAU 09660-96 | 55.00 | |
| H-16823 | AA Oilfield Serv. | State AB SWD #1 | 65.12 | |
| | | Alpha Phi Crude Plant | <u>124.32</u> | |
| | TOTAL | | 244.44 | 179.32 |
| H-16857 | TRANSPORTER: Alliance Corp. | LUCKY SERVICES | | |
| H-16828 | Rice Engineering | ST AJ | 260.00 | |
| H-16822 | Rice Engineering | EME-K33 | 300.00 | |
| H-16834 | Rice Engineering | EME-K33 | 260.00 | |
| | TOTAL | | <u>240.00</u> | |
| | | | 1060.00 | 180.00 |
| H-16798 | TRANSPORTER: Jenex | ROWLAND TRUCKING CO. | | |
| A-7584 | Yates Petroleum | Jenex Plant | 360.00 | |
| | TOTAL | Cost Tank #5 | <u>90.00</u> | |
| | | | 450.00 | 50.00 |
| H-16795 | TRANSPORTER: I & W Transport. | I & W TRANSPORTATION | | |
| | TOTAL | Richardson Fee | <u>455.24</u> | |
| | | | 455.24 | 350.24 |
| H-16820 | TRANSPORTER: Rice Engineering | SONNY'S OILFIELD SERV. | | |
| | TOTAL | SWD K-33 | <u>500.00</u> | |
| | | | 500.00 | 180.00 |
| H-16829 | TRANSPORTER: Jenex Operating | MCCASLAND SERV. | | |
| H-16796 | Arco | Jenex Plant | 350.00 | |
| H-16818 | Chevron | Carlton | 208.40 | |
| H-16848 | McCasland Services | Arnott C State #4 | 41.44 | |
| | TOTAL | Atha #1 | <u>120.00</u> | |
| | | | 719.84 | 339.84 |
| | TRANSPORTER: Aectra | PETRO SOURCE | | |
| | TOTAL | Rio Grande Plant | <u>2611.21</u> | |
| | | | 2611.21 | 2611.21 |
| | TRANSPORTER: Aectra | GROENDYKE TRANSPORTS | | |
| | TOTAL | Rio Grande Plant | <u>884.00</u> | |
| | | | 884.00 | 884.00 |
| TOTAL NET BARRELS | | | | 4774.61 |

DISTRICT I
P.O.Box 1980, Hobbs, NM 88241-1980

DISTRICT II
P.O. Drawer DD, Artesia, NM 88211-0719

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088
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APR 8 1994
AM 8 49

Form C-118
Revised 4-1-91
Sheet 1

Submit 2 copies to appropriate
District Office by 15th of next
succeeding month.

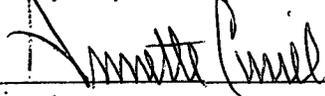
TREATING PLANT OPERATOR'S MONTHLY REPORT

Report of Controlled Recovery Inc. Month & year March 1994

Address P.O. Box 369 Hobbs, NM 88241-0369

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) | | |
|--|------------------|-----------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 16,785.30 |
| TOTAL ALL PLANTS | | 16,785.30 |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 4,454.05 |
| TOTAL ALL PLANTS | | 4,454.05 |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) | | |
| FROM | TO | BARRELS |
| Controlled Recovery Inc. | Petro Source | 1,315.98 |
| TOTAL ALL PLANTS | | 1,315.98 |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 19,923.37 |
| TOTAL ALL PLANTS | | 19,923.37 |

I hereby certify that this report is true and complete to the best of my knowledge and belief.


Signature

Annette Curiel, Office Manager
Printed Name & Title

4/6/94
Date

505 885-9765
Telephone No.

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS

| PERMIT NUMBER | LEASE OPERATOR | LEASE NAME | GROSS VOLUME SEDIMENT OIL | NET BBLs. P.L. OIL RECOVERED |
|--------------------|---------------------|------------------------------|---------------------------|------------------------------|
| | TRANSPORTER: | A.A. OILFIELD SERVICE | | |
| H-16642 | AA Oilfield Service | State AB #1 | 250.00 | |
| H-16710 | AA Oilfield Service | State AB #1 | 125.00 | |
| H-16740 | AA Oilfield Service | State AB #1 | 375.92 | |
| H-16727 | AA Oilfield Service | State AB #1 | 106.56 | |
| H-16739 | AA Oilfield Service | Alpha Phi | 125.00 | |
| | TOTAL | | | 858.88 |
| | TRANSPORTER: | GENERAL PETROLEUM | | |
| H-16701 | Rice Engineering | Vacuum G-39 | 417.36 | |
| | TOTAL | | | 375.92 |
| | TRANSPORTER: | ROWLAND TRUCKING CO. | | |
| H-16736 | Jenex | Jenex Plant | 237.48 | |
| H-16742 | Shell | Shell Central Battery | 90.80 | |
| A-7487 | Pogo | Federal #1 | 40.00 | |
| A-7503 | Rowland Trucking | Bonesprings SWD | 76.96 | |
| A-7508 | Rowland Trucking | Bonesprings SWD | 71.04 | |
| | TOTAL | | | 313.00 |
| | TRANSPORTER: | I & W TRANSPORTATION | | |
| H-16753 | I & W Transport. | Shell State | 643.45 | |
| H-16770 | I & W Transport. | Richardson Fee | 613.08 | |
| H-16722 | I & W Transport. | Shell State | 266.40 | |
| | TOTAL | | | 1126.21 |
| | TRANSPORTER: | SONNY'S OILFIELD SERV. | | |
| H-16607 | Rice Engineering | C-2 SWD Well | 325.60 | |
| H-16728 | Rice Engineering | H-16 Pump Station | 53.28 | |
| H-16711 | Rice Engineering | Vacuum G-35 | 115.44 | |
| H-16769 | Rice Engineering | G-8 SWD Well | 633.44 | |
| | TOTAL | | | 442.32 |
| | TRANSPORTER: | MCCASLAND SERV. | | |
| H-16749 | Arco | Arnott Ramsey H-28 | 14.80 | |
| H-16723 | Arco | Gregory A Fed. Battery | 103.60 | |
| H-16715 | McCasland Services | Atha #1 | 238.78 | |
| H-16713 | Mobile Oil | SE Long Battery 3 | 26.64 | |
| H-16741 | Zia Energy | Toby #1-H | 82.88 | |
| | TOTAL | | | 383.82 |
| | TRANSPORTER: | OIL TRANSPORTATION | | |
| (TEXAS) 06-0156 | Texaco | Basin TK Farm Midland, TX | 313.76 | |
| | TOTAL | | | 313.76 |

OIL CONSERVATION DIVISION
 P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS

| PERMIT NUMBER | LEASE OPERATOR | LEASE NAME | GROSS VOLUME SEDIMENT OIL | NET BBLs. P.L. OIL RECOVERED |
|---------------|---|--|---------------------------|------------------------------|
| (TEXAS) | TRANSPORTER: Strata Production Aectra | PETRO SOURCE Gansa St. #1 Rio Grande Plant | 175.14 465.00 | |
| | TOTAL | | | 640.14 |
| | | TOTAL NET BARRELS | | 4454.05 |

DISTRICT I
P.O. Box 1980, Hobbs, NM 88241-1980

DISTRICT II
P.O. Drawer DD, Artesia, NM 88211-0719

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

OIL CONSERVATION DIVISION

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

TREATING PLANT OPERATOR'S MONTHLY REPORT

Submit 2 copies to appropriate District Office by 15th of next succeeding month.

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94 MAR 11 AM 8 39

Report of Controlled Recovery Inc. Month & year February 1994

Address P.O. Box 369 Hobbs, NM 88241-0369

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) | | |
|--|---------------------------|-------------------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 16857.46 |
| TOTAL ALL PLANTS | | 16857.46 |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 1937.84 |
| TOTAL ALL PLANTS | | 1937.84 |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) | | |
| FROM | TO | BARRELS |
| Controlled Recovery Inc. | Petrolite Petro Source | 1862.20 147.80 |
| TOTAL ALL PLANTS | | 2010.00 |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 16765.30 |
| TOTAL ALL PLANTS | | 16785.30 |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

Steve McLane
General Manager

Amette Cuvel

for

03-09-94

505 885-9765

DISTRICT I
P.O. Box 1980, Hobbs, NM 88241-1980

State of New Mexico

Energy, Minerals and Natural Resources Department

Form C-118
Revised 4-1-91
Sheet 1

DISTRICT II
P.O. Drawer DD, Artesia, NM 88211-0719

OIL CONSERVATION DIVISION

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Submit 2 copies to appropriate
District Office by 15th of next
succeeding month.

TREATING PLANT OPERATOR'S MONTHLY REPORT

RECEIVED
04 MAR 11 AM 8 39

Report of Controlled Recovery Inc. Month & year February 1994

Address P.O. Box 369 Hobbs, NM 88241-0369

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) | | |
|--|------------------|----------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 16857.46 |
| TOTAL ALL PLANTS | | 16857.46 |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 1937.84 |
| TOTAL ALL PLANTS | | 1937.84 |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) | | |
| FROM | TO | BARRELS |
| Controlled Recovery Inc. | Petrolite | 1862.20 |
| | Petro Source | 147.80 |
| TOTAL ALL PLANTS | | 2010.00 |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 16765.30 |
| TOTAL ALL PLANTS | | 16785.30 |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

Steve McLane

Steve McLane
General Manager

03-09-94

505 885-9765

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS

| PERMIT NUMBER | LEASE OPERATOR | LEASE NAME | GROSS VOLUME SEDIMENT OIL | NET BBLs. P.L. OIL RECOVERED |
|---------------|--|---|---------------------------|------------------------------|
| H-16642 | TRANSPORTER: AA Oilfield Service TOTAL | A.A. OILFIELD SERVICE W. Lovington Battery | 125.80 | 70.56 |
| H-16638 | TRANSPORTER: Bandera | BANDERA Bandera Plant | 94.20 | |
| H-16638 | Bandera | Bandera Plant | 94.20 | |
| H-16638 | Bandera | Bandera Plant | 88.80 | |
| H-16638 | Bandera TOTAL | Bandera Plant | 100.64 | 226.71 |
| H-16611 | TRANSPORTER: Lynx Petroleum | ROWLAND TRUCKING CO. State 20 Battery | 83.20 | |
| H-16637 | Jenex | Jenex Plant | 120.00 | |
| H-16637 | Jenex | Jenex Plant | 75.00 | |
| H-16637 | Jenex | Jenex Plant | 121.36 | |
| H-16679 | Jenex | Jenex Plant | 120.00 | |
| H-16679 | Jenex | Jenex Plant | 120.00 | |
| H-16679 | Jenex | Jenex Plant | 120.00 | |
| H-16670 | Jenex | Jenex Plant | 120.00 | |
| H-16670 | Jenex | Jenex Plant | 125.00 | |
| H-16670 | Jenex | Jenex Plant | 110.00 | |
| H-16670 | Jenex TOTAL | Jenex Plant | 130.00 | 768.27 |
| H-16657 | TRANSPORTER: Petro Thermo | PETRO THERMO Goodwin Plant | 121.36 | |
| H-16657 | Petro Thermo | Goodwin Plant | 121.36 | |
| H-16657 | Petro Thermo TOTAL | Goodwin Plant | 121.36 | 154.66 |
| H-16607 | TRANSPORTER: Rice Engineering | SONNY'S OILFIELD SERV. C-2 SWD Well | 106.56 | |
| H-16691 | Rice Engineering | Vacuum SWD F-35 | 32.56 | |
| H-16607 | Rice Engineering | C-2 SWD Well | 124.32 | |
| H-16607 | Rice Engineering | C-2 SWD Well | 114.48 | |
| H-16671 | Rice Engineering TOTAL | G-8 SWD Well | 112.48 | 143.29 |
| H-16686 | TRANSPORTER: John Hendrix | MCCASLAND SERV. Jr Cone S Battery | 50.32 | |
| H-16643 | Mack Energy | Buffington | 55.00 | |
| H-16695 | McCAsland Services | Atha #1 | 56.24 | |
| H-16695 | McCAsland Services | Atha #1 | 109.52 | |
| H-16640 | Sea Board | Mattox #1 | 100.64 | |
| H-16703 | Yates TOTAL | Lost Tank Battery | 65.00 | 248.98 |

OIL CONSERVATION DIVISION

P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS

| PERMIT NUMBER | LEASE OPERATOR | LEASE NAME | GROSS VOLUME SEDIMENT OIL | NET BBLs. P.L. OIL RECOVERED |
|--------------------|---|--|---------------------------|------------------------------|
| H-16690 | TRANSPORTER: Rice Engineering TOTAL | GENERAL PETROLEUM Vacuum SWD F-35 | 118.40 | 41.21 |
| (TEXAS) 06-0156 | TRANSPORTER: Texaco TOTAL | OIL TRANSPORTATION Basin TK Farm Midland, TX | 535.76 | 284.16 |
| TOTAL NET BBLs. | | | | 1937.84 |

DISTRICT I
P.O. Box 1980, Hobbs, NM 88241-1980
DISTRICT II
P.O. Drawer DD, Artesia, NM 88211-0719
DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

STATE OF NEW MEXICO
Energy, Minerals and Natural Resources Department

Form C-118
Revised 4-1-91
Sheet 1

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088
TREATING PLANT OPERATOR'S MONTHLY REPORT

Submit 2 copies to appropriate District Office by 15th of next succeeding month.

RECEIVED
94 FEB 14 AM 8 35
Month & year

January 1994

Report of Controlled Recovery Inc.

Address P.O. Box 369 Hobbs, NM 88241-0369

TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary)

| PLANT NAME | LOCATION | BARRELS |
|--------------------------|------------------|-----------------|
| Controlled Recovery Inc. | Halfway Disposal | 15061.09 |
| TOTAL ALL PLANTS | | 15061.09 |

TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)

| PLANT NAME | LOCATION | BARRELS |
|--------------------------|------------------|----------------|
| Controlled Recovery Inc. | Halfway Disposal | 3176.37 |
| TOTAL ALL PLANTS | | 3176.37 |

DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)

| FROM | TO | BARRELS |
|--------------------------|----------------------------|-------------|
| Controlled Recovery Inc. | Petro Lite Petro Source | 1200 180 |
| TOTAL ALL PLANTS | | 1380 |

TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)

| PLANT NAME | LOCATION | BARRELS |
|--------------------------|------------------|-----------------|
| Controlled Recovery Inc. | Halfway Disposal | 16857.46 |
| TOTAL ALL PLANTS | | 16857.46 |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

Annette Currel

Steve L. McLane
General Manager

2-09-94

(505) 393-1079

OIL CONSERVATION DIVISION

P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS

| PERMIT NUMBER | LEASE OPERATOR | LEASE NAME | GROSS VOLUME SEDIMENT OIL | NET BBLs. P.L. OIL RECOVERED |
|---------------|---------------------|-------------------------------|---------------------------|------------------------------|
| | TRANSPORTER: | A.A. OILFIELD SERVICE | | |
| H-16515 | AA Oilfield Service | Alphi Crude Plant | 145.00 | |
| H-16563 | AA Oilfield Service | State AB SWD #1 | 124.32 | |
| H-16562 | AA Oilfield Service | State AB SWD #1 | 124.32 | |
| H-16571 | AA Oilfield Service | Alphi Crude Plant | 65.12 | |
| H-16584 | AA Oilfield Service | Alphi Crude Plant | 47.36 | |
| H-16615 | AA Oilfield Service | Alphi Crude Plant | 124.32 | |
| | TOTAL | | | 316.21 |
| | TRANSPORTER: | GANDY | | |
| H-16521 | Hanson Operating | McBride State Bat. | 30.00 | |
| | TOTAL | | | 15.00 |
| | TRANSPORTER: | ROWLAND TRUCKING CO. | | |
| A-7384 | OGS Operating | Lucy Pearl #1 | 35.52 | |
| H-16569 | Lynx | B-Lee State Bat. | 153.92 | |
| H-16569 | Lynx | B-Lee State Bat. | 59.20 | |
| A-7368 | El Paso Natural Gas | Trunk B | 100.64 | |
| H-16597 | Armstrong Energy | Mobil Lea State | 85.00 | |
| H-16598 | Armstrong Energy | Gov. E 1 Battery | 25.00 | |
| A-7391 | OGS Operating | Lucy Pearl #1 | 100.64 | |
| H-16611 | Lynx Petroleum | State 20 Battery | 65.12 | |
| | TOTAL | | | 261.71 |
| | TRANSPORTER: | JENNEX | | |
| H-16509 | Jenex Operating | Jenex Plant | 110.00 | |
| | TOTAL | | | 49.50 |
| | TRANSPORTER: | SONNY'S OILFIELD SERV. | | |
| H-16540 | Rice Engineering | Blindbrey Drinkard | 256.00 | |
| H-16608 | Rice Engineering | 68 SWD Well | 219.04 | |
| | TOTAL | | | 130.40 |
| | TRANSPORTER: | MCCASLAND SERV. | | |
| H-16520 | Arco | Endura State | 12.75 | |
| H-16519 | Arco | South Justice | 43.25 | |
| (TEXAS) | Greenhill Petroleum | Emma Pit | 2779.14 | |
| H-16579 | McCasland Services | Atha #1 | 110.00 | |
| H-16582 | McCasland Services | Atha #1 | 112.48 | |
| H-16616 | American Explor. | Citgo Federal | 124.32 | |
| | TOTAL | | | 388.59 |
| | TRANSPORTER: | GENERAL PETROLEUM | | |
| H-16510 | Rice Engineering | H-20 | 398.12 | |
| H-16550 | Rice Engineering | H-35 B.D. | 90.00 | |
| H-16574 | Rice Engineering | C-2 B.D. SWD | 130.24 | |
| H-16606 | Rice Engineering | G-8 SWD | 130.24 | |
| | TOTAL | | | 340.10 |

DISTRICT I
P.O. Box 1980, Hobbs, NM 88241-1980

DISTRICT II
P.O. Drawer DD, Artesia, NM 88211-0719

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

TREATING PLANT OPERATOR'S MONTHLY REPORT

REVISED

CONSERVATION DIVISION

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Form C-118
Revised 4-1-91
Sheet 1

Submit 2 copies to appropriate District Office by 15th of next succeeding month.

Report of Controlled Recovery Inc. Month & year December 1993

Address P.O. Box 369 Hobbs, NM 88241-0369

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) | | |
|--|------------------|----------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 15061.09 |
| TOTAL ALL PLANTS | | 15061.09 |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) | | |
| FROM | TO | BARRELS |
| Controlled Recovery Inc. | | -0- |
| TOTAL ALL PLANTS | | -0- |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | 15061.09 |
| TOTAL ALL PLANTS | | 15061.09 |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

Steve L. McLane
General Manager

2-09-94

505 393-1079

OIL CONSERVATION DIVISION

P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS

| PERMIT NUMBER | LEASE OPERATOR | LEASE NAME | GROSS VOLUME SEDIMENT OIL | NET BBLs. P.L. OIL RECOVERED |
|---------------|--------------------------------|-----------------------------|---------------------------|------------------------------|
| H-16463 | A.A. Oilfield Services | Alpha Phi Crude | 202.78 | |
| H-16462 | A.A. Oilfield Services | State "AB" SWD #1 | 257.52 | |
| H-16481 | A.A. Oilfield Services | Alpha Phi Crude | 375.00 | |
| | TOTAL | | | 356.51 |
| H-16461 | Rice Engineering | Hobbs SWD F-29 | 245.67 | |
| H-16467 | Rice Engineering | EME K-33 SWD | 187.96 | |
| H-16505 | Rice Engineering | G-8 | 430.00 | |
| H-16506 | Rice Engineering | H-20 | 257.54 | |
| H-16547 | Rice Engineering | B-D System SWD Well | 761.02 | |
| | TOTAL | | | 232.21 |
| H-16485 | Alliance Corp. | State A.J. | 220.00 | |
| | TOTAL | | | 98.61 |
| H-16502 | Jenex Operating | Jenex Plant | 285.00 | |
| | TOTAL | | | 133.95 |
| H-16482 | Petro Thermo Corp. | Goodwin Treating Plant | 345.00 | |
| | Total | | | 110.40 |
| A-7732 | Rowland Trucking | Springs SWD | 79.74 | |
| | TOTAL | | | 32.69 |
| H-16489 | Sonny's Oilfield Serv. | Hobbs St. #3 | 783.62 | |
| | TOTAL | | | 192.86 |
| RRC#A-7732 | Petroleum Contractors (Texaco) | Basin Tank Farm Midland, TX | 2142.90 | |
| | TOTAL | | | 1671.46 |
| R-9166 | Controlled Recovery | Halfway Disposal | 30581.00 | |
| | TOTAL | | | 12232.40 |
| | | Total Net BBLs. | | 15061.09 |

DISTRICT I
P.O. Box 1980, Hobbs, NM 88241-1980

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-118
Revised 4-1-91
Sheet 1

DISTRICT II
P.O. Drawer DD, Artesia, NM 88211-0719

OIL CONSERVATION DIVISION

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

OIL CONSERVATION DIVISION P.O. Box 2088

RECEIVED Santa Fe, New Mexico 87504-2088

Submit 2 copies to appropriate
District Office by 15th of next
succeeding month.

TREATING PLANT OPERATOR'S MONTHLY REPORT

'94 JAN 21 AM 9 54

Report of Controlled Recovery Inc. Month & year December 1993

Address P.O. Box 369 Hobbs, NM 88241-0369

TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary)

| PLANT NAME | LOCATION | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |

TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)

| PLANT NAME | LOCATION | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | 2828.69 |
| TOTAL ALL PLANTS | | 2828.69 |

DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)

| FROM | TO | BARRELS |
|--------------------------|----|---------|
| Controlled Recovery Inc. | | -0- |
| TOTAL ALL PLANTS | | -0- |

TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)

| PLANT NAME | LOCATION | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | 2828.69 |
| TOTAL ALL PLANTS | | 2828.69 |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

Annette Curiel

for Rod Bramwell,
General Manager

Printed Name & Title

1-17-94

Date

505 393-1079

Telephone No.

OIL CONSERVATION DIVISION

P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS

| PERMIT NUMBER | LEASE OPERATOR | LEASE NAME | GROSS VOLUME SEDIMENT OIL | NET BBLs. P.L. OIL RECOVERED |
|------------------|-----------------------------------|--------------------------------|------------------------------|---------------------------------|
| H-16463 | A.A. Oilfield Services | Alpha Phi Crude | 202.78 | |
| H-16462 | A.A. Oilfield Services | State "AB" SWD #1 | 257.52 | |
| H-16481 | A.A. Oilfield Services | Alpha Phi Crude | 375.00 | |
| | TOTAL | | | 356.51 |
| H-16461 | Rice Engineering | Hobbs SWD F-29 | 245.67 | |
| H-16467 | Rice Engineering | EME K-33 SWD | 187.96 | |
| H-16505 | Rice Engineering | G-8 | 430.00 | |
| H-16506 | Rice Engineering | H-20 | 257.54 | |
| H-16547 | Rice Engineering | B-D System SWD Well | 761.02 | |
| | TOTAL | | | 232.21 |
| H-16485 | Alliance Corp. | State A.J. | 220.00 | |
| | TOTAL | | | 98.61 |
| H-16502 | Jenex Operating | Jenex Plant | 285.00 | |
| | TOTAL | | | 133.95 |
| H-16482 | Petro Thermo Corp. | Goodwin Treating Plant | 345.00 | |
| | Total | | | 110.40 |
| A-7732 | Rowland Trucking | Springs SWD | 79.74 | |
| | TOTAL | | | 32.69 |
| H-16489 | Sonny's Oilfield Serv. | Hobbs St. #3 | 783.62 | |
| | TOTAL | | | 192.86 |
| RRC#A-7732 | Petroleum Contractors (Texaco) | Basin Tank Farm Midland, TX | 2142.90 | |
| | TOTAL | | | 1671.46 |
| | | Total Net BBLs. | | 2828.69 |

Controlled Recovery Inc
C-117
November 1993

| Permit Date | Lease Operator | Lease Name | Permit Number | Estimated Volume (BBLs) | Actual Volume (BBLs) |
|----------------|----------------------|----------------------------|------------------|-------------------------------|----------------------------|
| 11/15/93 | McCasland Services | Atha #1 | H-16364 | 230 | 220 |
| 11/16/93 | Pronghorn SWD System | Pronghorn Central Facility | H-16370 | 75 | 75 |
| 11/23/93 | McCasland Services | Atha #1 | H-16398 | 100 | 100 |
| 11/29/93 | Phillips Petroleum | M.E. Hale Battery | H-16416 | 235 | 235 |

Total Barrels.....630

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DISTRICT I
P.O. Box 1980, Hobbs, NM 88241-1980

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-118
Revised 4-1-91
Sheet 1

DISTRICT II
P.O. Drawer DD, Artesia, NM 88211-0719

OIL CONSERVATION DIVISION
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DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Submit 2 copies to appropriate
District Office by 15th of next
succeeding month.

93 DEC 17 09 08 AM '93 TREATING PLANT OPERATOR'S MONTHLY REPORT

Report of Controlled Recovery Inc. Month & year November 1993

Address P.O. Box 369 Hobbs, NM 88241-0369

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) | | |
|--|------------------|---------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) | | |
| FROM | TO | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

Becky Johnson

for Ken Marsh,
President
Printed Name & Title

12-10-93
Date

505 393-1079
Telephone No.

Signature

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DEC 14 1993

OGD HOBBS
OFFICE

DISTRICT I
P.O. Box 1980, Hobbs, NM 88241-1980

DISTRICT II
P.O. Drawer DD, Artesia, NM 88211-0719

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-118
Revised 4-1-91
Sheet 1

OIL CONSERVATION DIVISION CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED Submit 2 copies to appropriate
District Office by 15th of next
succeeding month.

TREATING PLANT OPERATOR'S MONTHLY REPORT

Report of Controlled Recovery Inc. Month & year October 1993

Address P.O. Box 369 Hobbs, NM 88241-0369

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) | | |
|--|------------------|---------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) | | |
| FROM | TO | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

Becky Johnson
Signature

for Ken Marsh,
President
Printed Name & Title

October 8, 1993
Date

505 393-1079
Telephone No.

Controlled Recovery Inc
C-117
October 1993

| Permit Date | Lease Operator | Lease Name | Permit Number | Estimated Volume (BBLs) | Actual Volume (BBLs) |
|--------------------|-------------------------|----------------------------|------------------|-------------------------------|----------------------------|
| 10/13/93 | Devon Energy | Caprock St. #1 | H-16309 | 10 | 10 |
| 10/15/93 | Pronghorn SWD System | Pronghorn Central Facility | H-16315 | 240 | 240 |
| 10/19/93 | Pronghorn SWD System | Pronghorn Central Facility | H-16321 | 230 | 190 |
| 10/22/93 | McCasland Service, Inc. | ATHA #1 | H-16328 | 140 | 140 |
| Total Barrels..... | | | | 580 | |

DISTRICT I
P.O. Box 1980, Hobbs, NM 88241-1980

DISTRICT II
P.O. Drawer DD, Artesia, NM 88211-0719

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

TREATING PLANT OPERATOR'S MONTHLY REPORT

RECEIVED
OIL CONSERVATION DIVISION

Submit 2 copies to appropriate
District Office by 15th of next
succeeding month.

SEP 8 1993 8 36 AM

Report of Controlled Recovery Inc. Month & year September 1993

Address P.O. Box 369 Hobbs, NM 88241-0369

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) | | |
|--|------------------|---------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) | | |
| FROM | TO | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

Signature Becky Johncox for Ken Marsh, President
 Printed Name & Title
 Date 10-7-93
 Telephone No. 505 393-1079

Controlled Recovery Inc
C-117
September 1993

| Permit Date | Lease Operator | Lease Name | Permit Number | Estimated Volume (BBLs) | Actual Volume (BBLs) |
|----------------|---------------------|-------------------------|------------------|-------------------------------|----------------------------|
| 07/22/93 | Kerr McGee | Lukachukai Tank Battery | 3-563 | 1500 | 859 |
| 09/03/93 | Weatherford US Inc. | Hobbs Yard | H-16217 | 120 | 100 |
| 09/13/93 | McCasland | ATHA #1 | H-16249 | 30 | 30 |
| 09/21/93 | Rowland | Springs SWD | A-7097 | 80 | 80 |

Total Barrels.....1069

DISTRICT I
P.O.Box 1980, Hobbs, NM 88241-1980

Energy, Minerals and Natural Resources Department

DISTRICT II
P.O. Drawer DD, Artesia, NM 88211-0719

OIL CONSERVATION DIVISION
RECEIVED

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Submit 2 copies to appropriate
District Office by 15th of next
succeeding month.

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SEP 13 AM 10 14

TREATING PLANT OPERATOR'S MONTHLY REPORT

Report of Controlled Recovery Inc. Month & year August 1993

Address P.O. Box 369 Hobbs, NM 88241-0369

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) | | |
|--|------------------|---------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) | | |
| FROM | TO | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

Becky Johnson
Signature

for Ken Marsh,
President
Printed Name & Title

09/10/93
Date

505 393-1079
Telephone No.

Controlled Recovery Inc
C-117
August 1993

| Permit Date | Lease Operator | Lease Name | Permit Number | Estimated Volume (BBLS) | Actual Volume (BBLS) |
|----------------|-------------------|-------------------------|------------------|-------------------------------|----------------------------|
| 08/02/93 | Mobil | North Vacuum Abo Water | H-16133 | 230 | 240 |
| 08/02/93 | McCasland | Atha 1 | H-16135 | 105 | 105 |
| 08/17/93 | McCasland | Atha 1 | H-16164 | 100 | 200 |
| 08/18/93 | McCasland | Atha 1 | H-16169 | 100 | 100 |
| 07/22/93 | Kerr McGee | Lukachukai Tank Battery | 3-563 | 1500 | 2680 |

Total Barrels.....3325

TREATING PLANT OPERATOR'S MONTHLY REPORT

Report of Controlled Recovery Inc. OIL CONSERVATION DIVISION Month of July 1993

Address P.O. Box 369 (Street) Hobbs (City) NM (State) 88240

RECEIVED

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TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary)

| PLANT NAME | LOCATION | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |

TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)

| PLANT NAME | LOCATION | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |

DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)

| FROM | TO | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |

TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)

| PLANT NAME | LOCATION | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery Inc.

Bobby Johnson

for Ken Marsh

8/12/93

Controlled Recovery Inc
C-117
July 1993

| Permit Date | Lease Operator | Lease Name | Permit Number | Estimated Volume (BBLs) | Actual Volume (BBLs) |
|----------------|-------------------|-------------------------|------------------|-------------------------------|----------------------------|
| 07/22/93 | Kerr McGee | Lukachukai Tank Battery | 3-563 | 1500 | 300 |
| 07/08/93 | Rowland | Springs SWD | A-6920 | 100 | 432 |
| 07/19/93 | Dakota Resources | Big Eddy #100 SWD | A-6942 | 200 | 240 |
| 07/06/93 | McCasland Service | Atha #1 | H-16071 | 330 | 215 |
| 07/08/93 | McCasland | Atha #1 | H-16078 | 220 | 220 |
| 07/22/93 | Chevron | CDU Waterflood Station | H-16103 | 175 | 185 |
| 07/20/93 | McCasland | Atha #1 | H-16104 | 30 | 40 |

Total Barrels.....1632

TREATING PLANT OPERATOR'S MONTHLY REPORT

Report of Controlled Recovery Inc.

Month of June 1993

Address P.O. Box 369

(Street)

Hobbs

(City)

NM

(State)

88240

TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary)

| PLANT NAME | LOCATION | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |

TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)

| PLANT NAME | LOCATION | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |

DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)

| FROM | TO | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |

TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)

| PLANT NAME | LOCATION | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery Inc.

Becky Johnson

for Ken Marsh

8/12/93

Controlled Recovery Inc
C-117
June 1993

| Permit Date | Lease Operator | Lease Name | Permit Number | Estimated Volume (BBLs) | Actual Volume (BBLs) |
|----------------|-------------------|------------------|------------------|-------------------------------|----------------------------|
| 06/01/93 | McCasland Service | Atha #1 | H-15979 | 500 | 600 |
| 06/09/93 | St. Clair Energy | Superior Fed A | H-15994 | 255 | 255 |
| 06/14/93 | Texaco | State I Battery | H-16005 | 120 | 120 |
| 06/14/93 | Texaco | Penrose Skelly F | H-16006 | 75 | 70 |
| 06/25/93 | ABC Rental Tool | Yard Pit | H-16048 | 80 | 80 |

Total Barrels.....1125

TREATING PLANT OPERATOR'S MONTHLY REPORT

OIL CONSERVATION DIVISION
RECEIVED

Report of Controlled Recovery Inc. Month of May 1993
Address P.O. Box 369 (Street) Hobbs (City) NM (State) 88240

'93 JUN 25 AM 8 56

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) | | |
|--|------------------|---------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) | | |
| FROM | TO | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery Inc.
Becky Johnson for Ken Marsh
President Date 6/23/93

Controlled Recovery Inc
C-117
May 1993

| Permit Date | Lease Operator | Lease Name | Permit Number | Estimated Volume (BBLs) | Actual Volume (BBLs) |
|--------------------|-------------------|----------------|------------------|-------------------------------|----------------------------|
| 05/04/93 | Koch Oil Company | Scharb Station | H-15901 | 50 | 70 |
| Total Barrels..... | | | | | 70 |

TREATING PLANT OPERATOR'S MONTHLY REPORT

Report of Controlled Recovery Inc. Month of April 1993
 Address P.O. Box 369 (Street) Hobbs (City) NM (State) 88240

OIL CONSERVATION DIVISION
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TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary)

| PLANT NAME | LOCATION | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |

TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)

| PLANT NAME | LOCATION | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |

DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)

| FROM | TO | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |

TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)

| PLANT NAME | LOCATION | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery Inc.
Becky Johnson for Ken Marsh
 President

5/25/93

Controlled Recovery Inc
C-117
April 1993

| Permit Date | Lease Operator | Lease Name | Permit Number | Estimated Volume (BBLs) | Actual Volume (BBLs) |
|-------------|--------------------|-------------|------------------|-------------------------|----------------------|
| 04/07/93 | Homco | Hobbs Yard | H-15814 | 0 | 60 |
| 04/09/93 | Western Reserves | State 24-26 | Verbal by Sexton | 95 | 95 |
| 04/23/93 | Homco | Hobbs Yard | H-15859 | 130 | 235 |
| 04/30/93 | Phillips Petroleum | Hobbs Fed | H-15893 | 10 | 10 |

Total Barrels.....400

OIL CONSERVATION DIVISION
TREATING PLANT OPERATOR'S MONTHLY REPORT

Report of Controlled Recovery Inc. ^{93 APR 21 AM 8 58} Month of March 1993
Address P.O. Box 369 Hobbs NM 88240
(Street) (City) (State)

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) | | |
|--|------------------|---------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) | | |
| FROM | TO | BARRELS |
| | | |
| TOTAL ALL PLANTS | | -0- |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery Inc.
By Bekky Johnson for Robert Whittemore Title General Manager Date 4/13/93

Controlled Recovery Inc
C-117
March 1993

| Permit Date | Lease Operator | Lease Name | Permit Number | Estimated Volume (BBLs) | Actual Volume (BBLs) |
|-------------|--------------------|-----------------------|---------------|-------------------------|----------------------|
| 03/10/93 | S&J Operating Co. | North Denton Wolfcamp | H-15722 | 140 | 145 |
| 03/12/93 | Penroc Oil Company | State AE | H-15729 | 30 | 30 |
| 03/26/93 | B&E, Inc. | Tuzlu Koek | A-6641 | 150 | 220 |
| 03/31/93 | Homco | Hobbs Yard | H-15800 | 110 | 10 |

Total Barrels.....405

TREATING PLANT OPERATOR'S MONTHLY REPORT

Report of Controlled Recovery Inc. Month of February 1993

Address P.O. Box 369 Hobbs NM 88240
(Street) (City) (State)

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) | | |
|--|------------------|---------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |

| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) | | |
|--|------------------|---------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |

| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) | | |
|---|------------------|---------|
| FROM | TO | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |

| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) | | |
|--|------------------|---------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery Inc.

By Becky Johnson for Robert Whittemore Title General Manager Date 3/13/93

Controlled Recovery Inc
 C-117
 February 1993

| Permit Date | Lease Operator | Lease Name | Permit Number | Estimated Volume (BBLs) | Actual Volume (BBLs) |
|-------------|---------------------|------------------------------|---------------|-------------------------|----------------------|
| 02/09/93 | Greenhill Petroleum | Lovington San Andres | H-15658 | 110 | 110 |
| 02/09/93 | Oryx | Akins State G Battery | H-15659 | 50 | 60 |
| 02/10/93 | Homco | Hobbs Yard | H-15662 | 130 | 40 |
| 02/11/93 | Pennzoil | Littlefield AB Federal | H-15664 | 120 | 120 |
| 02/11/93 | Phillips | Wyatt Federal | H-15665 | 50 | 50 |
| 02/07/93 | AA Oilfield | State AB SWD #1 | H-15669 | 125 | 140 |
| 02/23/93 | Sid Richardson | Plant #4 Production | H-15685 | 260 | 78 |
| 02/23/93 | AA Oilfield | State AB SWD #1 | H-15683 | 375 | 375 |
| 02/23/93 | Arco | State 367 Co-Mingle Tank Bat | H-15687 | 35 | 32 |
| 02/22/93 | Santa Fe Energy | North Pure Gold 9 Fed 1 | A-6549 | 10 | 10 |

Total Barrels.....1015

TREATING PLANT OPERATOR'S MONTHLY REPORT
OIL CONSERVATION DIVISION

Report of Controlled Recovery Inc. RECEIVED Month of January 1993
Address P.O. Box 369 ^{'93 MAR 1 AM 9 06} Hobbs NM 88240
(Street) (City) (State)

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) | | |
|--|------------------|---------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) | | |
| FROM | TO | BARRELS |
| | | |
| TOTAL ALL PLANTS | | -0- |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery Inc.
Becky Johnson for Robert Whittemore General Manager Date 2/26/93

Controlled Recovery Inc
 C-117
 January 1993

| Permit Date | Lease Operator | Lease Name | Permit Number | Estimated Volume (BBLS) | Actual Volume (BBLS) |
|-------------|---------------------|-----------------------|-------------------|-------------------------|----------------------|
| 12/31/92 | Chevron USA | Drinkard B #5 | H-15584 | 100 | 100 |
| 01/07/93 | Bristol Resources | Featherstone Federal | verbal(J. Sexton) | 80 | 80 |
| 01/07/93 | AA Oilfield Service | State "AB" SWD | H-15593 | 375 | 310 |
| 01/15/93 | Homco International | Hobbs Yard | H-15613 | 130 | 85 |
| 01/20/93 | AA Oilfield Service | State "AB" SWD | H-15618 | 125 | 125 |
| 01/26/93 | Conoco | SEMU Drinkard Battery | H-15626 | 45 | 45 |

Total Barrels.....745

TREATING PLANT OPERATOR'S MONTHLY REPORT

Report of Controlled Recovery Inc. OIL CONSERVATION DIVISION
Month of December 1992
Address P.O. Box 369 (Street) 93 FE 1 2 AM 8 44 (City) Hobbs (State) NM 88240

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) | | |
|--|------------------|---------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) | | |
| FROM | TO | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery Inc.

Becky Johnson for Robert Whittemore

General Manager

1/29/93

Controlled Recovery Inc
 C-117
 December 1992

| Permit Date | Lease Operator | Lease Name | Permit Number | Estimated Volume (BBLs) | Actual Volume (BBLs) |
|-------------|-----------------------|--------------------|---------------|-------------------------|----------------------|
| 12/01/92 | Phillips | Wyatt Federal | H-15535 | 50 | 50 |
| 12/02/92 | Samedan Oil Corp | Speight | H-15538 | 120 | 150 |
| 12/07/92 | Conoco | Federal BI Battery | H-15543 | 87 | 97 |
| 12/11/92 | Two State Tank Rental | Hobbs Yard | H-15554 | ? | 500 |
| 12/14/92 | Conoco | MCA Battery 4 | H-15555 | 75 | 60 |
| 12/21/92 | AA Oilfield Service | AB SWD | H-15566 | 125 | 125 |
| 12/29/92 | D-Mill Production | Pruitt A Battery | H-15574 | 35 | 45 |
| 12/29/92 | ABC Rental Tools | Hobbs Yard | H-15576 | 250 | 110 |
| 12/29/92 | Capataz | Reeves State #1 | H-15577 | 110 | 130 |
| 11/30/92 | AA Oilfield Service | Hobbs Yard | H-15533 | 15 yds | 23.56 yds |
| | | | | Total Barrels..... | 1267 |
| | | | | Total Yards..... | 23.56 |

TREATING PLANT OPERATOR'S MONTHLY REPORT
OIL CONSERVATION DIVISION
RECEIVED

Report of Controlled Recovery Inc. Month of November, 1992
Address P.O. Box 369 (Street) '92 DEC 7 AM 9 04 (City) Hobbs (State) NM 88240

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) | | |
|--|------------------|---------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |

| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) | | |
|--|------------------|---------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |

| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) | | |
|---|----|---------|
| FROM | TO | BARRELS |
| TOTAL ALL PLANTS | | -0- |

| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) | | |
|--|------------------|---------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery Inc.
Becky Johnson for Robert Skittmore
General Manager Date 12/4/92

Controlled Recovery Inc
 C-117
 November 1992

| Permit Date | Lease Operator | Lease Name | Permit Number | Estimated Volume (BBLs) | Actual Volume (BBLs) |
|-------------|---------------------|----------------------|------------------------|-------------------------|----------------------|
| 11/04/92 | Texaco | Federal Neff 13 | H-15510 | 20 | 20 |
| 11/04/92 | Texaco | Getty Federal 24 2&4 | H-15511 | 20 | 20 |
| 11/04/92 | Texaco | Getty Federal 24 1 | H-15512 | 50 | 65 |
| 11/09/92 | AA Oilfield Service | State AB SWD | H-15516 | 250 | 250 |
| 11/10/92 | Warren Petroleum | Saunders Plant | H-15518 | 40 | 40 |
| 11/11/92 | Warren Petroleum | Saunders Plant | Verbal by Ray Smith | 65 | 65 |
| 11/17/92 | Anadarko | Metex Supply Battery | H-15527 | 35 | 35 |
| 11/19/92 | AA Oilfield Service | State AB SWD | H-15528 | 375 | 375 |

Total Barrels.....870

TREATING PLANT OPERATOR'S MONTHLY REPORT

Report of Controlled Recovery Inc. Month of October 1992
 Address P.O. Box 369 (Street) Hobbs (City) NM (State) 88240

OIL CONSERVATION DIVISION
RECEIVED
NOV 5 AM 8 41

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) | | |
|--|------------------|---------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) | | |
| FROM | TO | BARRELS |
| | | |
| TOTAL ALL PLANTS | | -0- |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery Inc.
 By Becky Johnson for Robert Whittemore Title General Manager Date 11/5/92

Controlled Recovery Inc
 C-117
 October 1992

| Permit Date | Lease Operator | Lease Name | Permit Number | Estimated Volume (BBLs) | Actual Volume (BBLs) |
|--------------------|-------------------------|---------------------|---------------|-------------------------|----------------------|
| 10/02/92 | Union Oil of California | Red Hills Unit #2 | H-15441 | 100 | 70 |
| 10/05/92 | Conoco | Baish B Battery | H-15445 | 30 | 45 |
| 10/06/92 | ABC Rental Tool | Yard Pit | H-15451 | 200 | 200 |
| 10/09/92 | Phillips | Denton | H-15460 | 60 | 60 |
| 10/14/92 | Conoco | Baish B Battery | H-15466 | 100 | 70 |
| 10/21/92 | Lynx Petroleum | B Lee State Battery | H-15479 | 40 | 36 |
| 10/23/92 | AA Oilfield | Hobbs Yard | H-15483 | 250 | 85 |
| 10/30/92 | Homco | Hobbs Yard | H-15499 | 60 | 75 |
| Total Barrels..... | | | | 641 | |

TREATING PLANT OPERATOR'S MONTHLY REPORT

OIL CONSERVATION DIVISION
RECEIVED

Report of Controlled Recovery Inc. Month of September, 1992

Address P.O. Box 369 (Street) '92 OCT 15 PM 8 59 (City) Hobbs (City) NM (State) 88240 (State)

TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary)

| PLANT NAME | LOCATION | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |

TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)

| PLANT NAME | LOCATION | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |

DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)

| FROM | TO | BARRELS |
|------------------|----|---------|
| | | |
| TOTAL ALL PLANTS | | -0- |

TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)

| PLANT NAME | LOCATION | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery Inc.

By Becky Johnson for Robert Whittemore General Manager Date 10/8/92

Controlled Recovery Inc
 C-117
 September 1992

| Permit Date | Lease Operator | Lease Name | Permit Number | Estimated Volume (BBLs) | Actual Volume (BBLs) |
|-------------|-----------------------|-----------------|---------------|-------------------------|----------------------|
| 09/02/92 | AA Oilfield Service | State AB SWD #1 | H-15385 | 250 | 250 |
| 09/09/92 | Jim's Water Service | Artesia Yard | A-6062 | 96 yds | 96 yds |
| 09/18/92 | Two State Tank Rental | Hobbs Yard | H-15404 | 0 | 3.88 yds |
| 09/21/92 | Penroc | State AF | H-15419 | 35 | 40 |

Total Barrels.....290
 Total Yards.....99.88

TREATING PLANT OPERATOR'S MONTHLY REPORT

Report of Controlled Recovery Inc. OIL CONSERVATION DIVISION RECEIVED Month of August, 1992
Address P.O. Box 369 (Street) '92 SEP 23 PM 9 37 Hobbs (City) NM (State) 88240

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) | | |
|--|------------------|---------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) | | |
| FROM | TO | BARRELS |
| | | |
| TOTAL ALL PLANTS | | -0- |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery Inc.
By Becky Ahmcox for Robert Whittemore Title General Manager Date 9/25/92

Controlled Recovery Inc
 C-117
 August 1992

| Permit Date | Lease Operator | Lease Name | Permit Number | Estimated Volume (BBLs) | Actual Volume (BBLs) |
|-------------|-----------------------|-----------------------|---------------|-------------------------|----------------------|
| 08/03/92 | AA Oilfield Service | Conoco MCA Battery #3 | H-15340 | 140 | 210 |
| 07/31/92 | AA Oilfield Service | State AB SWD | H-15334 | 400 | 377 |
| 08/04/92 | Arco Oil and Gas | B.J. Barber | H-15341 | 75 | 103 |
| 08/07/92 | Arco Oil and Gas | A.M. York | H-15342 | 40 | 25 |
| 08/07/92 | Two State Tank Rental | Hobbs Yard | H-15337 | 10 | 12 yds |
| 08/11/92 | Coastal Oil and Gas | State 32 | H-15352 | 120 | 120 |
| 08/10/92 | AA Oilfield Service | Hobbs Yard | H-15346 | 15 | 14.4 yds |
| 08/25/92 | Trident NGL | Bluitt Plant | H-15376 | 60 | 60 |
| 08/31/92 | Homco | Hobbs Yard | H-15382 | 120 | 120 |
| 08/31/92 | LB Simmons | Denius Federal #1 | H-15370 | 55 | 55 |
| 08/31/92 | Yates | Howe TG Fed #1 | H-15384 | 50 | 50 |
| | | | | Total Barrels..... | 1120 |
| | | | | Total Yards..... | 26.4 |

TREATING PLANT OPERATOR'S MONTHLY REPORT

Report of Controlled Recovery Inc. OIL CONSERVATION DIVISION RECEIVED Month of July, 1992
Address P.O. Box 369 (Street) '92 AUG 20 PM 8 16 (City) Hobbs NM 88240 (State)

TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary)

| PLANT NAME | LOCATION | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |

TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)

| PLANT NAME | LOCATION | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |

DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)

| FROM | TO | BARRELS |
|------------------|----|---------|
| | | |
| TOTAL ALL PLANTS | | -0- |

TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)

| PLANT NAME | LOCATION | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery Inc.
Becky Johnson for Robert Whittemore General Manager 8/10/92

Controlled Recovery Inc
 C-117
 July 1992

| Permit Date | Lease Operator | Lease Name | Permit Number | Estimated Volume (BBLs) | Actual Volume (BBLs) |
|--------------------|--------------------|--------------------------|---------------|-------------------------|----------------------|
| 07/06/92 | McCasland Disposal | Atha #1 | H-15278 | 400 | 570 |
| 07/07/92 | Conoco | MCA Batt 2 | H-15280 | 120 | 105 |
| 07/08/92 | Pyramid | West Pearl Queen Battery | H-15285 | 55 | 55 |
| 07/08/92 | A.A. Oilfield | State "AB" SWD #1 | H-15289 | 250 | 235 |
| 07/10/92 | Conoco | MCA Battery 1 | H-15292 | 250 | 175 |
| 07/13/92 | Conoco | MCA Battery 3 | H-15298 | 275 | 155 |
| 07/16/92 | Homco | Hobbs Yard | H-15303 | 110 | 150 |
| 07/01/92 | Dakota Resources | Big Eddy SWD #100 | A-5931 | 250 | 320 |
| 07/10/92 | Enron Oil and Gas | Loving 36 State #1 | A-5939 | 26 | 25 |
| Total Barrels..... | | | | 1790 | |

TREATING PLANT OPERATOR'S MONTHLY REPORT

OIL CONSERVATION DIVISION
RECEIVED

Report of Controlled Recovery Inc. Month of June 1982
Address P.O. Box 369 Hobbs NM
(Street) (City) (State)

92 JUN 16 AM 8 50

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) | | |
|--|------------------|---------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) | | |
| FROM | TO | BARRELS |
| | | |
| TOTAL ALL PLANTS | | -0- |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery Inc.
By Becky Johnson for Robert Whittmore General Manager Date 7-13-92

Controlled Recovery Inc
 C-117
 June 1992

| Permit Date | Lease Operator | Lease Name | Permit Number | Estimated Volume (BBLS) | Actual Volume (BBLS) |
|-------------|------------------|-----------------|---------------|-------------------------|----------------------|
| 06/01/92 | A.A. Oilfield | State AB #1-SWD | H-15200 | 250 | 235 |
| 06/01/92 | Kem Oil Co. | ML Gains #4 | H-15201 | 15 | 15 |
| 06/11/92 | Unocal | Gulf Fed 1-12 | H-15222 | 20 | 25 |
| 06/11/92 | A.A. Oilfield | Hobbs Yard | H-15223 | 15 yds | 22 yds |
| 06/17/92 | Homco | Hobbs Yard | H-15238 | 65 | 60 |
| 06/24/92 | Warren Petroleum | Warren Plant | H-15252 | 30 | 30 |
| 06/29/92 | Texaco | State H #2 | H-15259 | 35 | 35 |
| 06/30/92 | Homco | Hobbs Yard | H-15262 | 205 | 205 |

Total Barrels.....605
 Total Yards..... 15

TREATING PLANT OPERATOR'S MONTHLY REPORT

Report of Controlled Recovery Inc.

OIL CONSERVATION DIVISION
Month of May 1992 RECEIVED

Address P.O. Box 369
(Street)

Hobbs '92 JUN 8 AM 9:19
(City)

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) | | |
|--|------------------|---------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) | | |
| FROM | TO | BARRELS |
| | | |
| TOTAL ALL PLANTS | | -0- |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery Inc.

By Becky Johnson for Robert Whittemore Title General Manager

Date 6-4-92

Controlled Recovery Inc
 C-117
 May 1992

| Permit Date | Lease Operator | Lease Name | Permit Number | Estimated Volume (BBLS) | Actual Volume (BBLS) |
|--------------------|-----------------------|----------------------------|---------------|-------------------------|----------------------|
| 05/12/92 | Enron Oil and Gas | James Ranch #14 | A-5777 | 60 | 92 |
| 05/01/92 | Yates Petroleum | Sombrero State | H-15140 | 95 | 95 |
| 05/04/92 | Conoco | MCA Filter Station | H-15141 | 250 | 110 |
| 05/04/92 | A.A. Oilfield | State AB SWD | H-15145 | 450 | 400 |
| 05/01/92 | Graham Resources | State OE 13 | H-15148 | 35 | 35 |
| 05/07/92 | LLano Inc. | Rattlesnake Flats Delivery | H-15152 | 100 | 83 |
| 05/08/92 | Unocal | Lea State J | H-15153 | 45 | 45 |
| 05/11/92 | Conoco | Gilmore-Houston-Chambers | H-15162 | 40 | 20 |
| 05/14/92 | Tamarack Petroleum | Bronco Wolfcamp Unit #4 | H-15169 | 30 | 40 |
| 05/19/92 | Samedan Oil Corp | Langlie Mattix B-4 Penrose | H-15177 | 75 | 60 |
| 05/20/92 | Zachary Oil Operating | Federal GPS | H-15179 | 30 | 30 |
| Total Barrels..... | | | | 1010 | |

TREATING PLANT OPERATOR'S MONTHLY REPORT

Report of Controlled Recovery Inc. Month of April 1992

Address P.O. Box 369 Hobbs NM
(Street) (City) (State)

TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary)

| PLANT NAME | LOCATION | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0- |

TOTAL ALL PLANTS -0-

TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)

| PLANT NAME | LOCATION | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0- |

TOTAL ALL PLANTS -0-

DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)

| FROM | TO | BARRELS |
|------|----|---------|
| | | |

TOTAL ALL PLANTS -0-

TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)

| PLANT NAME | LOCATION | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0- |

TOTAL ALL PLANTS -0-

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery Inc.

Becky Johnson for Robert Whittemore Title General Manager

Date 6-4-92

Controlled Recovery Inc
 C-117
 April 1992

| Permit Date | Lease Operator | Lease Name | Permit Number | Estimated Volume (BBLs) | Actual Volume (BBLs) |
|-------------|---------------------|-------------------|---------------|-------------------------|----------------------|
| 03/31/92 | Phillips Petroleum | M.E. Hale Battery | H-15079 | 400 | 307 |
| 04/02/92 | Oxy | State DW #4 SWD | H-15080 | 50 | 80 |
| 04/07/92 | McCasland Disposal | Atha #1 | H-15086 | 150 | 480 |
| 04/15/92 | Coastal Oil and Gas | State 5 SWD | H-15098 | 600 | 80 |
| 04/15/92 | Mewbourne Oil Co | Gulf State | H-15103 | 25 | 25 |
| 04/20/92 | Phillips | Philmex Batt #3 | H-15121 | 50 | 50 |
| 04/22/92 | AA Oilfield | State AB #1 SWD | H-15129 | 125 | 120 |
| 04/23/92 | ABC Rental Tool | Yard Pit | H-15130 | 370 | 350 |
| 04/29/92 | AA Oilfield | Hobbs Yard | H-15135 | 10 yd | 20 yd |

Total Barrels.....1492
 Total Yard.....20

TREATING PLANT OPERATOR'S MONTHLY REPORT
OIL CONSERVATION DIVISION

Report of Controlled Recovery Inc. RECEIVED Month of March 1992

Address P.O. Box 369 (Street) 102 SP 24 AM 8 58 (City) Hobbs (City) NM (State)

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) | | |
|--|------------------|---------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) | | |
| FROM | TO | BARRELS |
| | | |
| TOTAL ALL PLANTS | | -0- |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery Inc.
Barker Johnson & Co Robert Whittemore General Managers

4-20-92

Controlled Recovery Inc
 C-117
 March 1992

| Permit Date | Lease Operator | Lease Name | Permit Number | Estimated Volume (BBLs) | Actual Volume (BBLs) |
|-------------|----------------------|-------------------|---------------|-------------------------|----------------------|
| 02/28/92 | Marathon Oil Company | Lea Unit SWD | H-14998 | 125 | 45 |
| 03/04/92 | A.A. Oilfield | Alpha Phi Crude | H-15009 | 200 | 190 |
| 03/10/92 | Texaco | J.R. Phillips | H-15021 | 50 | 50 |
| 03/12/92 | Jack Phillips | NM CR State | H-15030 | 110 | 110 |
| 03/17/92 | Fina Oil | Horton Federal | H-15048 | 110 | 100 |
| 03/17/92 | Marathon | Hamon Fed Comm #1 | H-15049 | 50 | 30 |
| 03/23/92 | Homco | Hobbs Yard | H-15058 | 65 | 25 |
| 03/30/92 | AA Oilfield | Alpha Phi Crude | H-15074 | 1000 | 1125 |
| 03/31/92 | Texaco | CH Weir A #14 | H-15025 | 35 | 35 |

Total Barrels.....1710

TREATING PLANT OPERATOR'S MONTHLY REPORT

Report of Controlled Recovery Inc. Month of February 1992

Address P.O. Box 369 Hobbs NM
(Street) (City) (State)

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) | | |
|--|------------------|---------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) | | |
| FROM | TO | BARRELS |
| | | |
| TOTAL ALL PLANTS | | -0- |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery Inc.

Robert Whittemore General Manager 3-11-92

Controlled Recovery Inc
 C-117
 February 1992

| Permit Date | Lease Operator | Lease Name | Permit Number | Estimated Volume (BBLs) | Actual Volume (BBLs) |
|-------------|----------------|-----------------------------|---------------|-------------------------|----------------------|
| 02/26/92 | Oxy, USA | Merland A #2 | A-5561 | 88 | 88 |
| 02/03/92 | Doyle Hartman | Britt A-6 | H-14886 | 100 | 120 |
| 02/03/92 | Marathon | Johnson "B" Fed A/C 1 Bty | H-14890 | 75 | 75 |
| 02/07/92 | Conoco | State H-35 Heater 4480 | H-14908 | 20 | 20 |
| 02/07/92 | Phillips | Phillips State E #1 | H-14911 | 100 | 100 |
| 02/07/92 | Amerada Hess | W.D. Haruney #1 | H-14912 | 15 | 15 |
| 02/07/92 | AA Oilfield | State AB SWD #1 | H-14914 | 125 | 145 |
| 02/10/92 | AA Oilfield | Hobbs Yard | H-14917 | 20 | 20 |
| 02/10/92 | Phillips | Loco Hills Booster | H-14920 | 75 | 60 |
| 02/11/92 | Marathon Oil | Hamon #1 | H-14921 | 25 | 35 |
| 02/13/92 | Phillips | Phillips Booster | H-14935 | 200 | 75 |
| 02/17/92 | Conoco | MCA Battery 1 | H-14957 | 80 | 42 |
| 02/19/92 | Conoco | MCA 296 | H-14964 | 45 | 45 |
| 02/19/92 | Phillips | Ranger Lake Unit | H-14966 | 120 | 120 |
| 02/24/92 | AA Oilfield | State AB SWD #1 | H-14981 | 125 | 105 |
| 02/25/92 | Conoco | MCA Battery 3 | H-14986 | 50 | 50 |
| 02/27/92 | Marathon | SEU-SRQ Water Flood Station | H-14994 | 30 | 35 |
| 02/27/92 | Koch | Scharb | H-14996 | 30 | 20 |

Total Barrels.....1170

TREATING PLANT OPERATOR'S MONTHLY REPORT

OIL CONSERVATION DIVISION

RECEIVED

Report of Controlled Recovery Inc. Month of January 1992

Address P.O. Box 369 (Street) '92 MAR 13 AM 8 26 (City) Hobbs (State) NM

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) | | |
|--|------------------|---------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) | | |
| FROM | TO | BARRELS |
| | | |
| TOTAL ALL PLANTS | | |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery Inc.
By Becky Johnson for Robert Whittemore Title General Manager Date 2/7/92

Controlled Recovery Inc
 C-117
 January 1992

| Permit Date | Lease Operator | Lease Name | Permit Number | Estimated Volume (BBLS) | Actual Volume (BBLS) |
|-------------|-------------------|------------------------|--------------------------|-------------------------|----------------------|
| 12/31/91 | AA Oilfield | AB SWD Plant | H-14808 | 175 | 197 |
| 01/02/92 | Conoco | MCA Unit Bty 2 | H-14816 | 150 | 179 |
| 01/02/92 | B&E, Inc. | Tuzlu Kopek | A-5425 | 1000 | 2930 |
| 01/06/92 | Hanson Operating | Max Gutman | H-14821 | 10 | 10 |
| 01/06/92 | Trident NGL, Inc. | Bluitt Plant | H-14822 | 120 | 810 |
| 01/13/92 | Amerada Hess | Joyce Pruitt | H-14835 | 90 | 90 |
| 01/15/92 | Conoco | MCA Battery 4 | H-14843 | 150 | 93 |
| 01/21/92 | Conoco | State H-35 | H-14855 | 80 | 25 |
| 01/23/92 | Anadarko | Breedlove A Battery | letter from J. Sexton | 50 | 35 |
| 01/30/92 | Conoco | Anderson Ranch Battery | H-14880 | 100 | 42 |
| | | | | Total Barrels..... | 4411 |

TREATING PLANT OPERATOR'S MONTHLY REPORT

Report of Controlled Recovery Inc. Month of December 1991

Address P.O. Box 369 (Street) 92 FEB 11 AM 9 14 (City) NM (State)

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) | | |
|--|------------------|---------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) | | |
| FROM | TO | BARRELS |
| | | |
| TOTAL ALL PLANTS | | -0- |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery Inc.
 By Becky Johnson for Robert Whittemore Title General Manager Date 2/7/92

Controlled Recovery Inc
C-117
December 1991

| Permit Date | Lease Operator | Lease Name | Permit Number | Estimated Volume (BBLs) | Actual Volume (BBLs) |
|----------------|-------------------|-------------------|------------------|-------------------------------|----------------------------|
| 12/09/91 | Grace Petroleum | Cline Fed Battery | H-14746 | 30 | 30 |
| 12/10/91 | Oxy USA | Byers B Battery | H-14757 | 80 | 155 |
| 12/18/92 | Conoco | State H - 35 | H-14781 | 25 | 30 |
| 12/18/91 | Homco | Hobbs Yard | H-14783 | 125 | 125 |

Total Barrels.....340

STATE OF NEW MEXICO
 ENERGY AND MINERALS DEPARTMENT

TREATING PLANT OPERATOR'S MONTHLY REPORT
 OIL CONSERVATION DIVISION

Report of Controlled Recovery Inc. RECEIVED Month of November 1991

Address P.O. Box 369 '91 DEC 13 AM 8:55s (Street) (City) (State) NM

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) | | |
|--|------------------|---------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) | | |
| FROM | TO | BARRELS |
| | | |
| TOTAL ALL PLANTS | | -0- |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery Inc.

By Becky Johnson for Robert Whittemore Title General Manager

Date 12-12-91

Controlled Recovery Inc
C-117
November 1991

| Permit Date | Lease Operator | Lease Name | Permit Number | Estimated Volume (BBLs) | Actual Volume (BBLs) |
|-------------|--------------------|-----------------|---------------|-------------------------|----------------------|
| 11/04/91 | Homco | Hobbs Yard | H-14656 | 125 | 115 |
| 11/07/91 | Bonneville Fuels | Asland #1 | H-14713 | 90 | 120 |
| 11/08/91 | Baber Well Service | NM DL State #1 | H-14720 | 200 | 180 |
| 11/08/91 | O'rion Services | Sawyer Battery | H-14721 | 125 | 105 |
| 11/11/91 | Homco | Hobbs Yard | H-14726 | 125 | 130 |
| 11/18/91 | A.A. Oilfield Serv | State AB SWD #1 | H-14703 | 125 | 125 |
| 11/18/91 | A.A. Oilfield Serv | State AB SWD #1 | H-14704 | 600 | 460 |
| 11/22/91 | Chaparral | Lea #1 | H-14680 | 250 | 130 |
| 11/25/91 | ABC Rental Tool | Yard Pit | H-14681 | 200 | 100 |

Total Barrels.....1465

TREATING PLANT OPERATOR'S MONTHLY REPORT

OIL CONSERVATION DIVISION

Report of Controlled Recovery Inc. Month of October 1991

Address P.O. Box 369 (Street) Hobbs (City) NM (State)
NOV 18 AM 9 37

TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary)

| PLANT NAME | LOCATION | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |

TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)

| PLANT NAME | LOCATION | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |

DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)

| FROM | TO | BARRELS |
|------------------|----|---------|
| TOTAL ALL PLANTS | | -0- |

TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)

| PLANT NAME | LOCATION | BARRELS |
|--------------------------|------------------|---------|
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery Inc.

By Becky Johnson for Robert Whittemore Title General Manager

Date 11-15-91

Controlled Recovery Inc
 C-117
 October 1991

| Permit Date | Lease Operator | Lease Name | Permit Number | Estimated Volume (BBLs) | Actual Volume (BBLs) |
|--------------------|--------------------|--------------------|---------------|-------------------------|----------------------|
| 10/1/91 | SPX Charm | Pearl Queen Unit | H-14574 | 60 | 60 |
| 10/3/91 | Conoco | MCA Unit Battery 2 | H-14576 | 70 | 22 |
| 10/8/91 | Marathon | Lea Unit #13 | H-14593 | 25 | 25 |
| 10/9/91 | Homco | Hobbs Yard | H-14596 | 125 | 125 |
| 10/17/91 | Homco | Hobbs Yard | H-14615 | 125 | 120 |
| 10/18/91 | Chevron | Lea "G" State | H-14620 | 35 | 60 |
| 10/18/91 | Chevron | Artesia San Andres | H-14619 | 100 | 100 |
| 10/21/91 | Purvis Oil | Gladiola SWD | H-14621 | 600 | 690 |
| 10/25/91 | A.A. Oilfield Serv | Alpha Phi Crude | H-14635 | 375 | 340 |
| Total Barrels..... | | | | 1542 | |

TREATING PLANT OPERATOR'S MONTHLY REPORT

Report of Controlled Recovery Inc. Month of September

Address P.O. Box 369 Hobbs, NM
(Street) (City) (State)

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) | | |
|--|------------------|---------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) | | |
| FROM | TO | BARRELS |
| | | |
| TOTAL ALL PLANTS | | -0- |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | -0- |

I hereby certify that this report is true and correct to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery Inc.

By Becky Johnson for Robert Whittemore Title General Manager Date 10/29/91

Controlled Recovery Inc
 C-117
 September 1991

| Permit Date | Lease Operator | Lease Name | Permit Number | Estimated Volume (BBLs) | Actual Volume (BBLs) |
|-------------|----------------------|-----------------|---------------|-------------------------|----------------------|
| 9/9/91 | Homco | Hobbs Yard | H-14509 | 125 | 125 |
| 9/13/91 | ABC Rental | Eunice Yard | H-14518 | 200 | 100 |
| 9/17/91 | Homco | Hobbs Yard | H-14526 | 125 | 120 |
| 9/17/91 | AA Oilfield Services | State Ab SWD #1 | H-14254 | 125 | 105 |
| 9/24/91 | Conoco | MCA Battery #2 | H-14545 | 115 | 50 |
| 9/25/91 | Homco | Hobbs Yard | H-14550 | 125 | 120 |
| 9/26/91 | Oxy | Fed-R | H-14553 | 20 | 25 |
| 9/27/91 | Oryx | Jennings B | H-14557 | 30 | 220 |
| | | | | Total Barrels..... | 865 |
| 8/23/91 | AA Oilfield Services | Hobbs Yard | H-14479 | 20 yd | 22 yd |
| | | | | Total Yards..... | 22 |

TREATING PLANT OPERATOR'S MONTHLY REPORT

Report of CONTROLLED RECOVERY INC Month of AUGUST 1991

Address P.O. BOX 369 HOBBS NM
(Street) (City) (State)

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) | | |
|--|------------------|---------|
| PLANT NAME | LOCATION | BARRELS |
| CONTROLLED RECOVERY INC | HALFWAY DISPOSAL | -0- |
| TOTAL ALL PLANTS | | -0- |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| CONTROLLED RECOVERY INC | HALFWAY DISPOSAL | -0- |
| TOTAL ALL PLANTS | | -0- |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) | | |
| FROM | TO | BARRELS |
| | | |
| TOTAL ALL PLANTS | | -0- |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| CONTROLLED RECOVERY INC | HALFWAY DISPOSAL | -0- |
| TOTAL ALL PLANTS | | -0- |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery, Inc

By [Signature] Title GENERAL MANAGER Date 9/9/91

Controlled Recovery Inc
 C-117
 August 1991

| Permit Date | Lease Operator | Lease Name | Permit Number | Estimated Volume (BBLs) | Actual Volume (BBLs) |
|-------------|----------------------|-----------------------|---------------|-------------------------|----------------------|
| 8/1/91 | AA Oilfield Services | State AB #1 SWD | H-14405 | 125 | 108 |
| 8/12/91 | Pyramid Energy | West Pearl Queen Unit | H-14437 | 100 | 100 |
| 8/15/91 | Conoco | MCA Unit Battery 3 | H-14446 | 40 | 6 |
| 8/7/91 | Oxy USA | FED AA | H-14442 | 20 | 20 |
| 8/8/91 | Oxy USA | FED AA | H-14429 | 45 | 45 |
| 8/8/91 | OXY USA | FED AA | H-14430 | 35 | 35 |
| 8/22/91 | AA Oilfield Services | Hobbs Yard | H-14473 | 200 | 150 |
| 8/27/91 | Homco | Hobbs Yard | H-14482 | 150 | 115 |
| 8/22/91 | Conoco | MCA Unit Battery | H-14472 | 100 | 75 |
| 8/23/91 | Sonny's Oilfield | Hobbs State #3 SWD | H-14476 | 250 | 630 |

Total Barrels.....1284

TREATING PLANT OPERATOR'S MONTHLY REPORT
OIL CONSERVATION DIVISION

Report of CONTROLLED RECOVERY INC RECEIVED Month of JULY 1991
Address P.O. BOX 369 '91 SEP 1 11 00 AM '92 (Street) (City) (State) NM

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) | | |
|--|------------------|---------|
| PLANT NAME | LOCATION | BARRELS |
| CONTROLLED RECOVERY INC | HALFWAY DISPOSAL | -0- |
| TOTAL ALL PLANTS | | -0- |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| CONTROLLED RECOVERY INC | HALFWAY DISPOSAL | -0- |
| TOTAL ALL PLANTS | | -0- |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) | | |
| FROM | TO | BARRELS |
| | | |
| TOTAL ALL PLANTS | | -0- |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| CONTROLLED RECOVERY INC | HALFWAY DISPOSAL | -0- |
| TOTAL ALL PLANTS | | -0- |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery, Inc
By [Signature] Title GENERAL MANAGER Date 9/9/91

Controlled Recovery Inc
C-117
July 1991

| Permit Date | Lease Operator | Lease Name | Permit Number | Estimated Volume (BBLs) | Actual Volume (BBLs) |
|----------------|----------------------|-----------------------------|------------------|-------------------------------|----------------------------|
| 7/12/91 | Homco International | Hobbs Yard | H-14350 | 130 | 115 |
| 7/12/91 | AA Oilfield Services | State AB SWD #1 | H-14349 | 300 | 185 |
| 7/16/91 | AA Oilfield Services | State AB SWD #1 | H-14356 | 600 | 330 |
| | ABC Rental Tool | ABC Yard | H-14369 | 250 | 220 |
| 8/2/91 | Oryx Energy | Jennings Fed Comm Tank Batt | H-14409 | 33 | 33 |
| 7/31/91 | Homco International | Hobbs Yard | H-14404 | 130 | 115 |
| | | | | Total Barrels..... | 998 |

TREATING PLANT OPERATOR'S MONTHLY REPORT
OIL CONSERVATION DIVISION

Report of Controlled Recovery Inc. RECEIVED Month of March 1991

Address P.O. Box 369 '91 APR 25 AM 9 55 Hobbs New Mexico
(Street) (City) (State)

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) | | |
|--|------------------|---------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | -0- |
| TOTAL ALL PLANTS | | 0 |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | |
| TOTAL ALL PLANTS | | 0 |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) | | |
| FROM | TO | BARRELS |
| | | |
| TOTAL ALL PLANTS | | 0 |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | |
| TOTAL ALL PLANTS | | 0 |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR _____

By [Signature] Title [Signature] Date 4/15/91

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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TANK CLEANING, SEDIMENT OIL REMOVAL, TRANSPORTATION OF MISCELLANEOUS HYDROCARBONS AND DISPOSAL PERMIT

PERMIT NUMBER H/13998

Operator or Owner HOMCO INTERNATIONAL, INC. Address P.O. BOX 2442 HOUSTON TEXAS 77252

Lease Name If Sediment Oil Yard Location 3000 W. COUNTY RD HOBBS, NM 88240
UL Sec. Twp. Rge.

OPERATION TO BE PERFORMED

Tank Cleaning Sediment Oil Removal Transportation of Miscellaneous Hydrocarbons

Operator or Owner Representative authorizing work HOMCO INTERNATIONAL, INC.

Date Work to be Performed 3-2-91

TANK CLEANING DATA

Tank Number _____ Volume _____

Tank Type _____ Volume Below Load Line _____

SEDIMENT OIL OR MISCELLANEOUS HYDROCARBON DATA

Sediment Oil from: Pit Cellar Other*

MISCELLANEOUS OIL

Tank Bottoms From: Pipeline Station Crude Terminal Refinery Other*

Catchings From: Gasoline Plant Gathering Lines Salt Water Disposal System Other*

Pipeline Break Oil or Spill

*Other (Explain) NON-HAZARDOUS OILY WASTE WATER/SLUDGES FROM ONSITE STEAM
CLEANING OF OILFIELD RENTAL EQUIPMENT. (SEE ATTACHEMENT A)

VOLUME AND DESTINATION

Estimated Volume 130 Bbls. Field test volume of good oil _____ Bbls.
(Not required prior to Division approval.)

Destination (Name and Location of treating plant or other facility) CONTROLLED RECOVERY, INC. HALFWAY
NM MAILING ADDRESS 5600 CARLSBAD, HWY. HOBBS, NEW MEXICO 88240

DESTRUCTION OF SEDIMENT OIL

Destruction by: Burning Pit Disposal Use on Roads or firewalls Other

(Explain) _____

Location of Destruction _____

Justification of Destruction _____

APPLICATION MAY BE MADE BY EITHER OF THE FOLLOWING:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Owner HOMCO INTERNATIONAL, INC.

Transporter GENERAL PETROLEUM

By CONRAD LEE

By Robert Light

Title DISTRICT MANAGER

Title Sales Rep.

Date 3-1-91

Date 3-1-91

Approved By ORIGINAL SIGNED BY BONNIE PRICHARD Title _____ Date MAR 01 '91

| |
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| Operator |
| Transporter (2) |

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

TANK CLEANING, SEDIMENT OIL REMOVAL, TRANSPORTATION OF MISCELLANEOUS HYDROCARBONS AND DISPOSAL PERMIT

Operator or Owner HOMCO INTERNATIONAL, INC. Address P.O. Box 2442 Houston, Texas 772 PERMIT NUMBER H-14046
 Lease Name If Sediment Oil Yard Location 3000 W. County Rd. Hobbs, NM 882
UL Sec. Twp. Rge.

OPERATION TO BE PERFORMED

Tank Cleaning Sediment Oil Removal Transportation of Miscellaneous Hydrocarbons

Operator or Owner Representative authorizing work HOMCO INTERNATIONAL, INC.

Date Work to be Performed 3-21-91

TANK CLEANING DATA

Tank Number _____ Volume _____

Tank Type _____ Volume Below Load Line _____

SEDIMENT OIL OR MISCELLANEOUS HYDROCARBON DATA

Sediment Oil from: Pit Cellar Other*

MISCELLANEOUS OIL

Tank Bottoms From: Pipeline Station Crude Terminal Refinery Other*

Catchings From: Gasoline Plant Gathering Lines Salt Water Disposal System Other*

Pipeline Break (Oil or Spill)

*Other (Explain) Non-hazardous oily waste water/sludges from onsite steam cleaning of oilfield rental equipment. (see attachment A)

VOLUME AND DESTINATION

Estimated Volume 130 Bbls. Field test volume of good oil _____ Bbls.
(Not required prior to Division approval.)

Destination (Name and Location of treating plant or other facility) Controlled Recovery, Inc. Halfway
NM Mailing Address 5600 Carlsbad, Hwy. Hobbs, NM 88240

DESTRUCTION OF SEDIMENT OIL

Destruction by: Burning Pit Disposal Use on Roads or firewalls Other

(Explain) _____

Location of Destruction _____

Justification of Destruction _____

APPLICATION MAY BE MADE BY EITHER OF THE FOLLOWING:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Owner Homco International, Inc.

Transporter General Petroleum

By Conrad Lee

By Bob Prichard

Title District Manager

Title District Manager

Date 3-21-91

Date 3-21-91

Approved By BONNIE PRICHARD Title District Manager Date MAR 21 '91
 OIL CONSERVATION DIVISION

TREATING PLANT OPERATOR'S MONTHLY REPORT
OIL CONSERVATION DIVISION
RECEIVED

Report of Controlled Recovery Inc. Month of February 1991
Address P.O. Box 369 (Street) Hobbs (City) New Mexico (State)

'91 MAR 1 AM 9 54

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) | | |
|--|------------------|---------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | - 0 - |
| TOTAL ALL PLANTS | | - 0 - |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | - 0 - |
| TOTAL ALL PLANTS | | - 0 - |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) | | |
| FROM | TO | BARRELS |
| | | |
| TOTAL ALL PLANTS | | |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | - 0 - |
| TOTAL ALL PLANTS | | - 0 - |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery Inc.
By [Signature] Title Manager Date 2/14/91

RECEIVED

FEB 26 1991

CCC
HUMAN OFFICE

FILE: CRI117

CONTROLLED RECOVERY INC.
C - 117 RECAP

| PERMIT DATE | LEASE OPERATOR | LEASE NAME | PERMIT NUMBER | ESTIMATED VOLUMES (BBLs) | ACTULLY VOLUMES (BBLs) |
|----------------|---------------------|---------------------------|------------------|-----------------------------|---------------------------|
| 01/08/91 | HONCO INTERNATIONAL | FACILITY 3000 W COUNTY RD | H-13826 | 130 | 108 |
| 01/24/91 | HONCO INTERNATIONAL | FACILITY 3000 W COUNTY RD | H-13871 | 130 | 130 |

RECEIVED

FEB 26 1991

CCC
HOURS OFFICE

TREATING PLANT OPERATOR'S MONTHLY REPORT

OIL CONSERVATION DIVISION
RECEIVED

Report of Controlled Recovery Inc Month of Feb 1991
Address P.O. Box 369 (Street) Hobbs (City) New Mexico (State)

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) | | |
|--|------------------|---------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | - 0 - |
| TOTAL ALL PLANTS | | 0 |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc | Halfway Disposal | - 0 - |
| TOTAL ALL PLANTS | | - 0 - |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) | | |
| FROM | TO | BARRELS |
| | | - 0 - |
| TOTAL ALL PLANTS | | - 0 - |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | - 0 - |
| TOTAL ALL PLANTS | | - 0 - |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR _____

[Handwritten signatures and initials]

| PERMIT DATE | LEASE OPERATOR | LEASE NAME | PERMIT NUMBER | ESTIMATED VOLUMES (BBLs) | ACTULLY VOLUMES (BBLs) |
|--------------------------------------|---------------------|---|---------------|--------------------------|------------------------|
| 02/11/91 | HONCO INTERNATIONAL | FACILITY 3000 W COUNTY RD | H-13932 | 130 | 130 |
| | HONCO INTERNATIONAL | FACILITY 3000 W COUNTY RD CONTAMINATED SOILS | H-13914 | | |
| TOTAL BBLs..... | | | | | 130 |
| TOTAL YARDS - CONTAMINATED SOIL..... | | | | | 6,543.10 |

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

TREATING PLANT OPERATOR'S MONTHLY REPORT

Report of Controlled Recovery Inc. Month of January 1991
Address P.O. box 369 Hobbs, New Mexico
(Street) (City) (State)

| TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary) | | |
|--|------------------|---------|
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | - 0 - |
| TOTAL ALL PLANTS | | - 0 - |
| TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | - 0 - |
| TOTAL ALL PLANTS | | - 0 - |
| DELIVERIES PIPELINE OIL (Attach additional sheets if necessary) | | |
| FROM | TO | BARRELS |
| | | - 0 - |
| TOTAL ALL PLANTS | | - 0 - |
| TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary) | | |
| PLANT NAME | LOCATION | BARRELS |
| Controlled Recovery Inc. | Halfway Disposal | - 0 - |
| TOTAL ALL PLANTS | | - 0 - |

I hereby certify that this report is true and complete to the best of my knowledge and belief.

NAME OF TREATING PLANT OPERATOR Controlled Recovery Inc.

By [Signature] Title Manager Date 1/10/91

PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS

| PERMIT NUMBER | LEASE OPERATOR | LEASE NAME | GROSS VOLUME SEDIMENT OIL | NET BBLs. P.L. OIL RECOVERED |
|------------------|---------------------|--|------------------------------|---------------------------------|
| H-13735 | Homco International | Facility 3000 West County Road, Hobbs | 589 | -0- |
| H-13780 | Homco International | Facility 3000 West County Rd., Hobbs | 95 | -0- |

| |
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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

TANK CLEANING, SEDIMENT OIL REMOVAL, TRANSPORTATION OF MISCELLANEOUS HYDROCARBONS AND DISPOSAL PERMIT

PERMIT NUMBER H-13780

Operator or Owner Homco International, Inc. Address P.O. Box 2442 Houston, Tx. 77252

Lease Name If Sediment Oil N/A Facility Location 3000 W. County Rd. Hobbs, NM

UL Sec. Twp. Rge.
20 185 385

OPERATION TO BE PERFORMED

Tank Cleaning Sediment Oil Removal Transportation of Miscellaneous Hydrocarbons

Operator or Owner Representative authorizing work Homco International, Inc.

Date Work to be Performed 12/21/90

TANK CLEANING DATA

Tank Number _____ Volume _____

Tank Type _____ Volume Below Load Line _____

SEDIMENT OIL OR MISCELLANEOUS HYDROCARBON DATA

Sediment Oil from: Pit Cellar Other*

MISCELLANEOUS OIL

Tank Bottoms From: Pipeline Station Crude Terminal Refinery Other*

Catchings From: Gasoline Plant Gathering Lines Salt Water Disposal System Other*

Pipeline Break Oil or Spill

*Other (Explain) Non-Hazardous Oily waste water/sludges from onsite steam cleaning of oilfield rental equipment (see attachment A)

VOLUME AND DESTINATION

Estimated Volume 750 Bbls. Field test volume of good oil _____ Bbls.
(Not required prior to Division approval.)

Destination (Name and Location of treating plant or other facility) Controlled Recovery, Inc.
Halfway, NM Mailing address 5600 Carlsbad Hwy. Hobbs, NM

DESTRUCTION OF SEDIMENT OIL

Destruction by: Burning Pit Disposal Use on Roads or firewalls Other

(Explain) _____

Location of Destruction _____

Justification of Destruction _____

APPLICATION MAY BE MADE BY EITHER OF THE FOLLOWING:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Owner Homco International, Inc.

Transporter AA Oilfield Services

By Conrad Lee

By [Signature]

Title District Manager

Title President

Date 12/19/90

Date 12/19/90

ORIGINAL SIGNED BY RONNIE PRICHARD Title _____ Date DEC 20 '90

| |
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| Transporter (2) |

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

TANK CLEANING, SEDIMENT OIL REMOVAL, TRANSPORTATION OF MISCELLANEOUS HYDROCARBONS AND DISPOSAL PERMIT

PERMIT NUMBER H-13735

Operator or Owner HOMCO INTERNATIONAL, INC Address P.O. BOX 2442, HOUSTON TEXAS
Lease Name If Sediment Oil N/A Location facility 3000 WEST COUNTY ROAD, HOBBS, NM
UL Sec. Twp. Rge. _____

OPERATION TO BE PERFORMED

20 18 S 38 E

Tank Cleaning Sediment Oil Removal Transportation of Miscellaneous Hydrocarbons

Operator or Owner Representative authorizing work HOMCO INTERNATIONAL, INC.

Date Work to be Performed DECEMBER 7, 1990

TANK CLEANING DATA

Tank Number _____ Volume _____

Tank Type _____ Volume Below Load Line _____

SEDIMENT OIL OR MISCELLANEOUS HYDROCARBON DATA

Sediment Oil from: Pit Cellar Other*

MISCELLANEOUS OIL

Tank Bottoms From: Pipeline Station Crude Terminal Refinery Other*

Catchings From: Gasoline Plant Gathering Lines Salt Water Disposal System Other*

Pipeline Break Oil or Spill

*Other (Explain) NON-HAZARDOUS OILY WASTE WATER/ SLUDGES FROM ONSITE
STEAM CLEANING OF OILFIELD RENTAL EQUIPMENT. (SEE ATTACHEMENT A)

VOLUME AND DESTINATION

Estimated Volume 750 Bbls. Field test volume of good oil _____ Bbls.
(Not required prior to Division approval.)

Destination (Name and Location of treating plant or other facility) CONTROLLED RECOVERY, INC.
HALFWAY, NEW MEXICO MAILING ADDRESS: 5000 CARLSBAD HIGHWAY HOBBS, NM

DESTRUCTION OF SEDIMENT OIL

Destruction by: Burning Pit Disposal Use on Roads or firewalls Other

(Explain) _____

Location of Destruction _____

Justification of Destruction _____

APPLICATION MAY BE MADE BY EITHER OF THE FOLLOWING:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Owner HOMCO INTERNATIONAL, INC.

Transporter AA OILFIELD SERVICES

By CONRAD LEE

By [Signature]

Title DISTRICT MANAGER

Title [Signature]

Date 12-4-90

Date 4 Dec '90

ORIGINAL SIGNED BY
EDDIE W. SEAY

OIL CONSERVATION DIVISION

DEC 04 '90

Approved By _____ Title _____ Date _____

PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS

| PERMIT NUMBER | LEASE OPERATOR | LEASE NAME | GROSS VOLUME SEDIMENT OIL | NET BBLs. P.L. OIL RECOVERED |
|---------------|----------------|------------|---------------------------|---|
| | PRODUCED WATER | 84,560 | 1691.20 | <p style="text-align: center;">OIL CONSERVATION DIVISION RECEIVED 90 NOV 30 AM 9 27</p> |

PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS

| PERMIT NUMBER | LEASE OPERATOR | LEASE NAME | GROSS VOLUME SEDIMENT OIL | NET BBLs. P.L. OIL RECOVERED |
|---------------|-------------------------|------------------|------------------------------|---------------------------------|
| H-13538 | Mobil Producing, T & NM | Bridges State 26 | 306.00 | 30.60 |
| H-13564 | Coastal Oil & Gas | Coalado State A | 180.00 | 9.00 |
| | | | <hr/> | <hr/> |
| | | | 486.00 | 39.60 |