

1R - 426-51

## REPORTS

DATE:

1/11/2002

IR-426-51

# FINAL REPORT

**RICE OPERATING COMPANY  
JUNCTION BOX FINAL REPORT**

**BOX LOCATION**

| SWD SYSTEM | JUNCTION | UNIT | SECTION | TOWNSHIP | RANGE | COUNTY | BOX DIMENSIONS - FEET |            |            |
|------------|----------|------|---------|----------|-------|--------|-----------------------|------------|------------|
| BD         | B-22-2   | B    | 22      | 21S      | 37E   | LEA    | Length<br>6           | Width<br>6 | Depth<br>5 |

LAND TYPE: BLM \_\_\_\_\_ STATE \_\_\_\_\_ FEE LANDOWNER CHARLIE BETTIS OTHER \_\_\_\_\_

Depth to Groundwater 42 feet NMOCD SITE ASSESSMENT RANKING SCORE: 20

Date Started 12/31/2001 Date Completed 12/31/2001 OCD Witness NO

Soil Excavated 12 cubic yards Excavation Length 8 Width 8 Depth 5 feet

Soil Disposed 0 cubic yards Offsite Facility \_\_\_\_\_ Location \_\_\_\_\_

**FINAL ANALYTICAL RESULTS:** Sample Date 12/31/2001 Sample Depth 5'

Procure 5-point composite sample of bottom and 4-point composite sample of sidewalls. TPH, BTEX and Chloride laboratory test results completed by using an approved lab and testing procedures pursuant to NMOCD guidelines.

| Sample Location | Benzene mg/kg | Toluene mg/kg | Ethyl Benzene mg/kg | Total Xylenes mg/kg | GRO mg/kg | DRO mg/kg | Chlorides mg/kg |
|-----------------|---------------|---------------|---------------------|---------------------|-----------|-----------|-----------------|
| SIDEWALLS       | <0.005        | 0.022         | 0.008               | 0.024               | <50       | <50       | 1184            |
| BOTTOM          | <0.005        | 0.016         | 0.029               | 0.079               | <50       | <50       | 224             |

General Description of Remedial Action: Delineated vertical and lateral extent. Lateral

delineation was stopped at the vegetation line. The vegetation will act as a natural barrier to vertical transmissivity to the chlorides left per the wall composite. Installed a compacted clay liner and water proof junction box. Backfilled with blended soil. The clay liner was installed on the bottom and walls to act as a barrier to both.

**CHLORIDE FIELD TESTS**

| LOCATION  | DEPTH | mg/kg |
|-----------|-------|-------|
| SIDEWALLS | 3'    | 1150  |
| BOTTOM    | 5'    | 550   |
|           |       |       |
|           |       |       |
|           |       |       |
|           |       |       |
|           |       |       |
|           |       |       |
|           |       |       |
|           |       |       |

I HEREBY CERTIFY THAT THE INFORMATION ABOVE IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DATE 1/11/2002 PRINTED NAME D. E. Anderson

SIGNATURE *D. E. Anderson* TITLE Project Leader - Environmental



PHONE (505) 393-2326 • 101 E. MARLAND • HOBBS, NM 88240

Receiving Date: 01/02/02  
Reporting Date: 01/04/02  
Project Number: JCT B-22-2  
Project Name: WALL & BOTTOM COMPOSITES  
Project Location: B-D

Sampling Date: 12/28/01  
Sample Type: SOIL  
Sample Condition: COOL & INTACT  
Sample Received By: AH  
Analyzed By: BC/AH

| LAB NUMBER                  | SAMPLE ID        | GRO<br>(C <sub>6</sub> -C <sub>10</sub> )<br>(mg/Kg) | DRO<br>(>C <sub>10</sub> -C <sub>28</sub> )<br>(mg/Kg) | CI*<br>(mg/Kg) |
|-----------------------------|------------------|------------------------------------------------------|--------------------------------------------------------|----------------|
| ANALYSIS DATE               |                  | 01/02/02                                             | 01/02/02                                               | 01/03/02       |
| H6380-1                     | WALL COMPOSITE   | <50                                                  | <50                                                    | 1184           |
| H6380-2                     | BOTTOM COMPOSITE | <50                                                  | <50                                                    | 224            |
|                             |                  |                                                      |                                                        |                |
|                             |                  |                                                      |                                                        |                |
|                             |                  |                                                      |                                                        |                |
| Quality Control             |                  | 726                                                  | 666                                                    | 1050           |
| True Value QC               |                  | 800                                                  | 800                                                    | 1000           |
| % Recovery                  |                  | 90.8                                                 | 83.3                                                   | 105            |
| Relative Percent Difference |                  | 3.9                                                  | 1.1                                                    | 3.0            |

\*Analyses performed on 1:4 w:v aqueous extracts.

*Bryan P. Cash*  
Chemist

1/14/02  
Date

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# ARDINAL LABORATORIES

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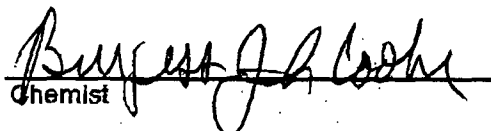
ANALYTICAL RESULTS FOR  
RICE OPERATING CO.  
ATTN: CHRIS RODRIGUEZ  
122 W. TAYLOR  
HOBBS, NM 88240  
FAX TO: (505) 397-1471

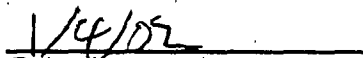
Receiving Date: 01/02/02  
Reporting Date: 01/04/02  
Project Number: JCT B-22-2  
Project Name: WALL & BOTTOM COMPOSITES  
Project Location: B-D

Sampling Date: 12/28/01  
Sample Type: SOIL  
Sample Condition: COOL & INTACT  
Sample Received By: AH  
Analyzed By: BC

| LAB NUMBER                  | SAMPLE ID        | BENZENE<br>(mg/Kg) | TOLUENE<br>(mg/Kg) | ETHYL<br>BENZENE<br>(mg/Kg) | TOTAL<br>XYLENES<br>(mg/Kg) |
|-----------------------------|------------------|--------------------|--------------------|-----------------------------|-----------------------------|
| ANALYSIS DATE               |                  | 01/02/02           | 01/02/02           | 01/02/02                    | 01/02/02                    |
| H6380-1                     | WALL COMPOSITE   | <0.005             | 0.022              | 0.008                       | 0.024                       |
| H6380-2                     | BOTTOM COMPOSITE | <0.005             | 0.016              | 0.029                       | 0.079                       |
|                             |                  |                    |                    |                             |                             |
|                             |                  |                    |                    |                             |                             |
|                             |                  |                    |                    |                             |                             |
| Quality Control             |                  | 0.095              | 0.096              | 0.101                       | 0.297                       |
| True Value QC               |                  | 0.100              | 0.100              | 0.100                       | 0.300                       |
| % Recovery                  |                  | 95.1               | 96.0               | 101                         | 98.8                        |
| Relative Percent Difference |                  | 11.3               | 5.2                | 5.7                         | 4.8                         |

METHOD: EPA SW-846 8260

  
Chemist

  
Date 1/4/02

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H6380B.XLS

**ARDINAL LABORATORIES, INC.**

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(915) 673-7001 Fax (915) 673-7020 (505) 393-2328 Fax (505) 393-2476

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|-------------------------------------------------------------------------------------|--|--------------------------------------------|--|--------------------------------------------------------------------------------------------------------|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|
| <b>Company Name:</b> <i>Pice Operating Company</i><br><b>Project Manager:</b> <i>Chris Rodriguez</i><br><b>Address:</b> <i>122 W. Taylor</i><br><b>City:</b> <i>Hobbs</i> <b>State:</b> <i>NM</i> <b>Zip:</b> <i>88240</i><br><b>Phone #:</b> <i>393-9114</i><br><b>Fax #:</b> <i>397-1471</i><br><b>Project #:</b> <i>Jet-B-22-2</i><br><b>Project Name:</b> <i>Wall &amp; Bottom Composites</i><br><b>Project Location:</b> <i>B-D</i> |                    | <b>PO #:</b><br><b>Company:</b><br><b>Attn:</b><br><b>Address:</b><br><b>City:</b><br><b>State:</b><br><b>Phone #:</b><br><b>Fax #:</b>                                                 |  | <b>ANALYSIS REQUEST</b> |                                                                                     |  |                                            |  |                                                                                                        |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |  |  |  |
| <b>LAB I.D.</b><br><br><i>116350-1 Wall</i><br><i>2 Bottom</i>                                                                                                                                                                                                                                                                                                                                                                           | <b>Sample I.D.</b> | <b>MATRIX</b><br><input type="checkbox"/> GROUNDWATER <input type="checkbox"/> WASTEWATER <input type="checkbox"/> SOIL <input type="checkbox"/> SLUDGE <input type="checkbox"/> OTHER: |  |                         | <b>PRES.</b><br><input type="checkbox"/> ICE / COOL <input type="checkbox"/> OTHER: |  | <b>SAMPLING</b><br><b>DATE</b> <b>TIME</b> |  | <div style="text-align: center; font-size: 2em; transform: rotate(180deg);"> <i>8015 BTX N1</i> </div> |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    | <input type="checkbox"/> # CONTAINERS <input type="checkbox"/> (G)RAB OR (C)OMP.                                                                                                        |  |                         |                                                                                     |  |                                            |  |                                                                                                        |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |  |  |  |
| <b>FOR LAB USE ONLY</b>                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                                                                                                                                                                                         |  |                         |                                                                                     |  |                                            |  |                                                                                                        |  |  | <div style="font-size: 0.8em;"> <p><b>PLEASE NOTE:</b> Liability and Company Cardholder's liability and client's exclusion remedy for any claim arising whether based in contract or tort, shall be limited to the amount paid by the client for the analysis. All claims involving those for negligence and any other cause whatsoever shall be deemed waived unless made in writing and received by Cardnet within 30 days after completion of the applicable service. In no event shall Cardnet be liable for incidents or consequential damages, including without limitation, business interruptions, loss of use, or loss or profits incurred by client, its subsidiaries, affiliates or successors arising out of or related to the performance of services hereunder by Cardnet, regardless of whether such claim is based upon any of the above stated reasons or otherwise.</p> <p>Terms and Conditions listed will be charged on all accounts not paid 30 days past due at the rate of 2.0% per annum from the original date of invoice, and all costs of collections, holding attorney's fees.</p> </div> |  |  |  |  |  |  |  |  |  |
| <b>Sampler Relinquished:</b><br><i>Chris Rodriguez</i><br><b>Relinquished By:</b>                                                                                                                                                                                                                                                                                                                                                        |                    |                                                                                                                                                                                         |  |                         |                                                                                     |  |                                            |  |                                                                                                        |  |  | <b>Received By:</b><br><div style="text-align: center;"> <i>Chris Rodriguez</i><br/> <b>Received By: (Lab Stamp)</b> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |  |  |  |
| <b>Delivered By: (Circle One)</b><br><input checked="" type="checkbox"/> Sampler - UPS <input type="checkbox"/> Bus <input type="checkbox"/> Other:                                                                                                                                                                                                                                                                                      |                    |                                                                                                                                                                                         |  |                         |                                                                                     |  |                                            |  |                                                                                                        |  |  | <b>Checked By:</b><br><div style="text-align: center;"> <i>Chris Rodriguez</i><br/> <b>Checked By: (Initials)</b> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |  |  |  |  |
| <b>Remarks:</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                                                                                                                                                                                         |  |                         |                                                                                     |  |                                            |  |                                                                                                        |  |  | <b>Phone Result:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Additional Fax #:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |  |  |

† Cardinal cannot accept verbal changes. Please fax written changes to 915-673-7020.