

3R - 30

REPORTS

DATE:

8/24/1994

Date Remediation Started: _____ Date Completed: 8/24/94

Remediation Method: Excavation Approx. cubic yards 4,250
(Check all appropriate sections) Landfarmed Insitu Bioremediation _____

Other _____

Remediation Location: Onsite Offsite _____
(ie. landfarmed onsite, name and location of offsite facility)

General Description Of Remedial Action: _____

Excavation

Ground Water Encountered: No _____ Yes Depth 25'

Final Pit: Sample location see Attached Documents

Closure Sampling: (if multiple samples, attach sample results and diagram of sample locations and depths)
Sample depth 25'

Sample date 8/18/94 Sample time 1200

Sample Results

Benzene(~~ppm~~) 1.3 ppb

Total BTEX(~~ppm~~) 5.0 ppb

Field headspace(ppm) _____

TPH _____

Ground Water Sample: Yes No _____ (If yes, attach sample results)

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

DATE 8/24/94

SIGNATURE

Buddy D. Shaw

PRINTED NAME AND TITLE

Buddy D. Shaw
Environmental Coordinator



**ON SITE
TECHNOLOGIES, LTD.**

AROMATIC VOLATILE ORGANICS

Attn: *Nelson Velez*
 Company: *Blagg Engineering*
 Address: *P.O. Box 87*
 City, State: *Bloomfield, NM 87413*

Date: *8/19/94*
 Lab ID: *1831*
 Sample ID: *2565*
 Job No. *2-1000*

Project Name: *Jennapah #1*
 Project Location: *PW 1 @ GW (25') - Blow Pit*
 Sampled by: *NV* Date: *8/18/94* Time: *12:00*
 Analyzed by: *DLA* Date: *8/19/94*
 Sample Matrix: *Liquid*

Aromatic Volatile Organics

<i>Component</i>	<i>**Measured Concentration ug/L</i>
<i>Benzene</i>	<i>1.3</i>
<i>Toluene</i>	<i>3.1</i>
<i>Ethylbenzene</i>	<i>ND</i>
<i>m,p-Xylene</i>	<i>0.6</i>
<i>o-Xylene</i>	<i>ND</i>
<i>TOTAL</i>	<i>5.0 ug/L</i>

ND - Not Detectable

*** - Method Detection Limit, 2 ug/L*

Method - *SW-846 EPA Method 8020 Aromatic Volatile Organics by Gas Chromatography*

Approved by: *[Signature]*

Date: *8/19/94*

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

5. Lease Designation and Serial No.
14-20-603-782

6. If Indian, Allottee or Tribe Name
NAVAJO ALLOTTED

7. If Unit or CA, Agreement Designation

SUBMIT IN TRIPLICATE

1. Type of Well

Oil Well Gas Well Other

2. Name of Operator

Amoco Production Company

3. Address and Telephone No.

200 Amoco Court, Farmington, N.M. 87401 Tel: (505) 326-9200

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

SE 1/4 NE 1/4, SEC. 36, T 28 N, R 9 W, NMPM

8. Well Name and No.
JENNAPAH #1

9. API Well No.
3004507021

10. Field and Pool, or Exploratory Area
SOUTH BLANCO PICTURE CLIFF

11. County or Parish, State
SAN JUAN, NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <u>Pit closure</u>	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Pit closure verification - see attached documentation.

14. I hereby certify that the foregoing is true and correct

Signed

B. S. Shaw

Title

Enviro. Coordinator

Date

8/24/94

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: