

AP - 001

# ANNUAL MONITORING REPORT

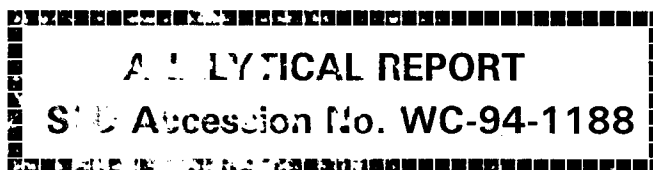
YEAR(S):  
1994

## SCIENTIFIC LABORATORY DIVISION

P.O. Box 4700  
Albuquerque, NM 87126-4700700 Camino de Salud, NE  
[505]-841-2500

WATER CHEMISTRY SECTION [505]-841-2555

May 26, 1994

Request  
ID No. 014374Distribution☐ User 70320  
☒ Submitter 260  
☒ SLD Files

To: R. Anderson  
NM Oil Conserv. Div.  
State Land Office Bldg.  
P.O. Box 2088  
Santa Fe, NM 87504-2088

From: Water Chemistry Section  
Scientific Laboratory Div.  
700 Camino de Salud, N.E.  
P.O. Box 4700  
Albuquerque, NM 87196-4700

Re: A water, Nonpres/No sample submitted to this Laboratory on March 28, 1994

## DEMOGRAPHIC DATA

| COLLECTION                             | LOCATION |
|----------------------------------------|----------|
| On: 25-Mar-94 By: Gls . . . . . MW-985 |          |
| At: 10:40 hrs. In/Near: Sunland Park   |          |

## ANALYTICAL RESULTS

| Analysis         | Value   | D. Lmt. | Units |
|------------------|---------|---------|-------|
| calcium          | 211.00  |         | mg/L  |
| magnesium        | 107.00  |         | mg/L  |
| potassium        | 22.00   |         | mg/L  |
| sodium           | 1440.00 |         | mg/L  |
| bicarbonate      | 712.00  |         | mg/L  |
| carbonate        | 0.00    |         | mg/L  |
| chloride         | 1199.00 |         | mg/L  |
| fluoride         | 0.80    |         | mg/L  |
| sulfate          | 2102.00 |         | mg/L  |
| Ion Balance      | 96.20   |         | %     |
| total diss resid | 5730.00 |         | mg/L  |

Reviewed By:

C. Rachael Howell 05/18/94  
Analyst, Water Chemistry Section

## SCIENTIFIC LABORATORY DIVISION

P.O. Box 4700  
Albuquerque, NM 87196-4700700 Camino de Salud, NE  
[505]-841-2500

AIR &amp; HEAVY METALS SECTION [505]-841-2553

May 11, 1994

Request  
ID No. 014373ANALYTICAL REPORT  
SLD Accession No. IC-94-0046Distribution☐ User 70320  
☒ Submitter 260  
☒ SLD FilesTo: R. Anderson  
NM Oil Conserv. Div.  
State Land Office Bldg.  
P.O. Box 2088  
Santa Fe, NM 87504-2088From: Air & Heavy Metals Section  
Scientific Laboratory Div.  
700 Camino de Salud, NE  
Albuquerque, NM 87106

Re: A water, Nonpres/No sample submitted to this laboratory on March 28, 1994

User:NM Energy & Min - Oil Conserv.  
, NM

## DEMOGRAPHIC DATA

| COLLECTION     |                       | LOCATION |
|----------------|-----------------------|----------|
| On: 25-Mar-94  | By: Ols . . .         | MW-95    |
| At: 10:40 hrs. | In/Near: Sunland Park |          |

## ANALYTICAL RESULTS in mg/L

| Analysis  | Value  | Analysis   | Value  | Analysis  | Value    |
|-----------|--------|------------|--------|-----------|----------|
| Aluminum  | 1.80   | Copper     | < 0.10 | Silver    | < 0.10   |
| Barium    | < 0.10 | Iron       | 13.00  | Strontium | 5.70     |
| Beryllium | < 0.10 | Lead       | < 0.10 | Tin       | < 0.10   |
| Boron     | 1.10   | Magnesium  | 110.00 | Vanadium  | < 0.10   |
| Cadmium   | < 0.10 | Manganese  | 3.90   | Zinc      | < 0.10   |
| Calcium   | 350.00 | Molybdenum | < 0.10 | Mercury   | < 0.0005 |
| Chromium  | < 0.10 | Nickel     | < 0.10 | Selenium  | < 0.0050 |
| Cobalt    | < 0.05 | Silicon    | 0.80   |           |          |

Laboratory Remarks:ICP by method 200.7 on 4/29/94 by RAH.  
Mercury by method 245.1 on 4/13/94 by SD.  
Selenium by method 270.2 on 4/8/94 by RAH.

Reviewed By:

Jim F. Ashby 05/11/94  
Supervisor, Air & Heavy Metals Section

## AIR &amp; HEAVY METALS ANALYTICAL REQUEST FORM

SCIENTIFIC LABORATORY DIVISION

700 CAMINO DE SALUD N.E., ALBUQUERQUE, NM 87106

Air &amp; Heavy Metals Section - Telephone: (505) 841-2553

SLD No. 1Date  
Received:

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>2</b> User Code #: <u>710131210</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <b>3</b> Request ID No.: <span style="border: 1px solid black; padding: 2px;"> </span> |  | <b>4</b> Priority Code #: <u>3</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <small>(If "1" or "2", call EID-SLD Coordinator!)</small> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <b>5</b> Facility Name: <u>Brickland Refinery</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                        |  | <b>6</b> County: <u>Dona Ana</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>7</b> City: <u>Santa Fe</u>                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <b>8</b> State: <u>NM</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <b>9</b> Sample Location: <u>MW-95</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <b>10</b> Collected By: <u>William</u> <u>191510n</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                        |  | On: <u>94103125</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | At: <u>110410</u> hrs.                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <small>First</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                        |  | <small>Date: (YY/MM/DD)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <small>Time: 24 hr. clock<br/>3:00 pm = 1500 hrs.</small> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <b>11</b> Codes: <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> |  |                                                                                        |  | <b>12</b> Latitude (DDMMSS) <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <b>13</b> Report To: <u>Roger Anderson</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                        |  | <b>14</b> Phone #: <u>(505) 827-5812</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                           |  | <b>15</b> Sampling Information:<br>Sample Purpose: <input checked="" type="checkbox"/> Grab <input type="checkbox"/> Composite (Composite Time Period)<br><input type="checkbox"/> Compliance <input type="checkbox"/> Flow Proportioned<br><input type="checkbox"/> Check <input type="checkbox"/> Equal Aliquot<br><input checked="" type="checkbox"/> Monitoring <input checked="" type="checkbox"/> Sample Split w/Permittee<br><input type="checkbox"/> Special <input type="checkbox"/> Chain of Custody |  |
| Address: <u>New Mexico Oil Conservation Division</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <u>P. O. Box 2088</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| City, State Zip: <u>Santa Fe, New Mexico 87504-2088</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <b>16</b> Field Data: pH: <u>7.1</u> , Conductivity: <u>634</u> umhos @ <u>65.2 °F</u> , Temperature: <u> </u> °C, Chlorine Residual: <u> </u> mg/l, Flow: <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <b>17</b> Sample Source:<br><input type="checkbox"/> -Stream <input checked="" type="checkbox"/> -Well; Depth: <u> </u><br><input type="checkbox"/> -Lake <input type="checkbox"/> -Spring<br><input type="checkbox"/> -Drain <input type="checkbox"/> -Distribution<br><input type="checkbox"/> -Pool <input type="checkbox"/> -Point-of-Entry<br><input type="checkbox"/> -WWTP <input type="checkbox"/> -Other: <u> </u>                                                                                                                                                                                                                                                                                                |  |                                                                                        |  | <b>18</b> Field Notes/<br>Sample #: <u>MW-95</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <b>19</b> Sample Type: <input checked="" type="checkbox"/> -Water, <input type="checkbox"/> -Soil, <input type="checkbox"/> -Food, <input type="checkbox"/> -Wastewater, <input type="checkbox"/> -Other<br>This form accompanies a <u>single sample</u> consisting of:<br><u>1</u> - 1 liter cubitainers (1 quart)<br><u> </u> - 4 liter cubitainers (1 gallon)                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                        |  | <b>20</b> Preservation:<br><input type="checkbox"/> - WNF Water Not Preserved; Filtered<br><input checked="" type="checkbox"/> - WNN Water Not Preserved; Not Filtered<br><input type="checkbox"/> - WPF Water Preserved with Nitric Acid (HNO3); Filtered<br><input type="checkbox"/> - WPN Water Preserved with Nitric Acid; Not Filtered<br><input checked="" type="checkbox"/> - WNL Water Not Preserved in Field; Please Add HNO3 at Lab<br><input checked="" type="checkbox"/> - ICE Water Iced<br><input type="checkbox"/> - Other <u> </u>                                                                                                                                                                                    |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <b>21</b> Analyses Requested: Please check the appropriate box(es) below to indicate the type of analyses required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <input checked="" type="checkbox"/> - (704) ICAP Scan <input type="checkbox"/> - (721) SDWA Group I + other parameter(s) marked below<br><input type="checkbox"/> - (720) SDWA Group I Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <input type="checkbox"/> - Aluminum                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <input type="checkbox"/> - Lead                                                        |  | <input type="checkbox"/> - Vanadium                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <input type="checkbox"/> - Arsenic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <input type="checkbox"/> - Manganese                                                   |  | <input type="checkbox"/> - Zinc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <input type="checkbox"/> - Barium                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <input checked="" type="checkbox"/> - Mercury                                          |  | <input type="checkbox"/> - <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <input type="checkbox"/> - Cadmium                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <input type="checkbox"/> - Molybdenum                                                  |  | <input type="checkbox"/> - <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <input type="checkbox"/> - Chromium                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <input checked="" type="checkbox"/> - Nickel                                           |  | <input type="checkbox"/> - <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <input type="checkbox"/> - Cobalt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <input checked="" type="checkbox"/> - Selenium                                         |  | <input type="checkbox"/> - <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <input type="checkbox"/> - Copper                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <input type="checkbox"/> - Silver                                                      |  | <input type="checkbox"/> - <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <input type="checkbox"/> - Iron                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <input type="checkbox"/> - Uranium                                                     |  | <input type="checkbox"/> - <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <b>Remarks:</b><br><u> </u><br><u> </u><br><u> </u><br><u> </u><br><u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |

## SCIENTIFIC LABORATORY DIVISION

P.O. Box 4700

700 Camino de Salud, NE

Albuquerque, NM 87196-4700

[505]-841-2500

RECEIVED

ORGANIC CHEMISTRY SECTION [505]-841-2570

May 23, 1994 8 50

Request  
ID No. 028742ANALYTICAL REPORT  
SLD Accession No. OR-94-0915Distribution

( ) User 70320  
 (X) Submitter 260  
 (X) SLD Files

To: Roger Anderson  
 NM Oil Conserv. Div.  
 State Land Office Bldg.  
 P.O. Box 2088  
 Santa Fe, NM 87504-2088

From: Organic Chemistry Section  
 Scientific Laboratory Div.  
 700 Camino de Salud, N.E.  
 P.O. Box 4700  
 Albuquerque, NM 87196-4700

Re: A water, Purgeable sample submitted to this laboratory on March 28, 1994

## DEMOGRAPHIC DATA

| COLLECTION     |                       | LOCATION |
|----------------|-----------------------|----------|
| On: 25-Mar-94  | By: Ols . . .         | MW-11    |
| At: 12:45 hrs. | In/Near: Sunland Park |          |

## ANALYTICAL RESULTS: Aromatic &amp; Halogenated Purgeable [EPA-601/2] Screen {754}

| Parameter        | Value  | Note | PQL   | Units |
|------------------|--------|------|-------|-------|
| Benzene          | 127.00 |      | 10.00 | ppb   |
| Toluene          | 2.40   | T    | 10.00 | ppb   |
| Ethylbenzene     | 1.90   | T    | 10.00 | ppb   |
| p- & m-Xylene    | 8.40   | T    | 10.00 | ppb   |
| o-Xylene         | 3.00   | T    | 10.00 | ppb   |
| Isopropylbenzene | 15.30  |      | 10.00 | ppb   |

See Laboratory Remarks for Additional Information

Notations & Comments:

PQL = Practical Quantitation Level.

A = Approximate Value; N = None Detected above Detection Limit; P = Compound Present, but not quantified;

T = Trace (&lt;Detection Limit); U = Compound Identity Not Confirmed.

Evidentiary Seals: Not Sealed ☒; Intact: No ☐, Yes ☐ & Broken By: \_\_\_\_\_ Date: \_\_\_\_\_Laboratory Remarks:

Foamy sample; unable to achieve a lower detection limit.

Reported compound identities were confirmed by GC/MS.

| Compound               | Note | Value | PQL (ppb) |
|------------------------|------|-------|-----------|
| n-Propylbenzene        |      | 29    | 10        |
| 1,2,4-Trimethylbenzene | T    | 3.2   | 10        |
| sec-Butylbenzene       | T    | 6.9   | 10        |
| n-Butylbenzene         | T    | 6.3   | 10        |
| Naphthlene             |      | 23.7  | 10        |
| Methylene chloride     |      | 10.9  | 10        |
| 1,2-Dichloroethane     | T    | 2.7   | 10        |

(Continued on page 2.)

ANALYTICAL REPORT  
SLD Accession No. OR-94-0915  
Continuation, Page 2 of 4

VOLATILE ORGANICS ANALYSIS DATA SHEET

Lab Name: NM SCIENTIFIC LABORATORY DIVISION Contract: N/A  
Lab Code: N/A Case No.: N/A SAS No.: N/A SDG No.: N/A  
Matrix: (soil/water) Water Lab Sample ID: OR-94-915  
Sample wt/vol: 5.0 (g/mL) mL SLD Batch No.: 127  
Level: (low/med) Low Date Received: 3/28/94  
% Moisture: not dec. N/A dec. N/A Date Extracted: N/A  
Extraction: (SepF/Cont/Sonc) N/A Date Analyzed: 4/05/94  
GPC Cleanup: (Y/N) No pH:        Dilution Factor: 10  
CONCENTRATION UNITS:  
(ug/L or ug/Kg):        ug/L

This sample was analyzed for the following compounds  
using EPA Methods 601 & 602

| CAS NO.   | COMPOUND                       | CONC. | Q | PQL  |
|-----------|--------------------------------|-------|---|------|
| 67-64-1   | Acetone                        |       | U | 50.0 |
| 71-43-2   | Benzene                        | 127   |   | 10.0 |
| 108-86-1  | Bromobenzene                   |       | U | 10.0 |
| 74-97-5   | Bromochloromethane             |       | U | 10.0 |
| 75-27-4   | Bromodichloromethane           |       | U | 10.0 |
| 75-25-2   | Bromoform                      |       | U | 10.0 |
| 78-93-3   | 2-Butanone (MEK)               |       | U | 50.0 |
| 104-51-8  | n-Butylbenzene                 | 6.3   | J | 10.0 |
| 135-98-8  | sec-Butylbenzene               | 6.9   | J | 10.0 |
| 98-06-6   | tert-Butylbenzene              |       | U | 10.0 |
| 1634-04-4 | tert-Butyl methyl ether (MTBE) |       | U | 50.0 |
| 56-23-5   | Carbon tetrachloride           |       | U | 10.0 |
| 108-90-7  | Chlorobenzene                  |       | U | 10.0 |
| 67-66-3   | Chloroform                     |       | U | 10.0 |
| 95-49-8   | 2-Chlorotoluene                |       | U | 10.0 |
| 106-43-4  | 4-Chlorotoluene                |       | U | 10.0 |
| 96-12-8   | 1,2-Dibromo-3-chloropropane    |       | U | 10.0 |
| 124-48-1  | Dibromochloromethane           |       | U | 10.0 |
| 106-93-4  | 1,2-Dibromoethane              |       | U | 10.0 |
| 74-95-3   | Dibromomethane                 |       | U | 10.0 |
| 95-50-1   | 1,2-Dichlorobenzene            |       | U | 10.0 |
| 541-73-1  | 1,3-Dichlorobenzene            |       | U | 10.0 |
| 106-46-7  | 1,4-Dichlorobenzene            |       | U | 10.0 |
| 75-71-8   | Dichlorodifluoromethane        |       | U | 10.0 |
| 75-34-3   | 1,1-Dichloroethane             |       | U | 10.0 |
| 107-06-2  | 1,2-Dichloroethane             | 2.7   | J | 10.0 |

(Continued on page 3.)

ANALYTICAL REPORT  
 SLD Accession No. OR-94-0915  
 Continuation, Page 3 of 4

|           |                           |      |   |      |
|-----------|---------------------------|------|---|------|
| 75-35-4   | 1,1-Dichloroethene        |      | U | 10.0 |
| 156-59-4  | cis-1,2-Dichloroethene    |      | U | 10.0 |
| 156-60-5  | trans-1,2-Dichloroethene  |      | U | 10.0 |
| 78-87-5   | 1,2-Dichloropropane       |      | U | 10.0 |
| 142-28-9  | 1,3-Dichloropropane       |      | U | 10.0 |
| 590-20-7  | 2,2-Dichloropropane       |      | U | 10.0 |
| 563-58-6  | 1,1-Dichloropropene       |      | U | 10.0 |
| 1006-01-5 | cis-1,3-Dichloropropene   |      | U | 10.0 |
| 1006-02-6 | trans-1,3-Dichloropropene |      | U | 10.0 |
| 100-41-4  | Ethylbenzene              | 1.9  | J | 10.0 |
| 87-68-3   | Hexachlorobutadiene       |      | U | 10.0 |
| 98-82-8   | Isopropylbenzene          | 15.3 |   | 10.0 |
| 99-87-6   | 4-Isopropyltoluene        |      | U | 10.0 |
| 75-09-2   | Methylene chloride        | 10.9 |   | 10.0 |
| 90-12-0   | 1-Methylnaphthalene       |      | U | 10.0 |
| 91-57-6   | 2-Methylnaphthalene       |      | U | 10.0 |
| 91-20-3   | Naphthalene               |      | U | 10.0 |
| 103-65-1  | n-Propylbenzene           | 29   |   | 10.0 |
| 100-42-5  | Styrene                   |      | U | 10.0 |
| 630-20-6  | 1,1,1,2-Tetrachloroethane |      | U | 10.0 |
| 79-34-5   | 1,1,2,2-Tetrachloroethane |      | U | 10.0 |
| 127-18-4  | Tetrachloroethene         |      | U | 10.0 |
| 109-99-9  | Tetrahydrofuran (THF)     |      | U | 50.0 |
| 108-88-3  | Toluene                   | 2.4  | J | 10.0 |
| 87-61-5   | 1,2,3-Trichlorobenzene    |      | U | 10.0 |
| 120-82-1  | 1,2,4-Trichlorobenzene    |      | U | 10.0 |
| 71-55-6   | 1,1,1-Trichloroethane     |      | U | 10.0 |
| 79-00-5   | 1,1,2-Trichloroethane     |      | U | 10.0 |
| 79-01-6   | Trichloroethene           |      | U | 10.0 |
| 75-69-4   | Trichlorofluoromethane    |      | U | 10.0 |
| 96-18-4   | 1,2,3-Trichloropropane    |      | U | 10.0 |
| 95-63-6   | 1,2,4-Trimethylbenzene    | 3.2  | J | 10.0 |
| 108-67-8  | 1,3,5-Trimethylbenzene    |      | U | 10.0 |
| 75-01-4   | Vinyl chloride            |      | U | 10.0 |
| 95-47-6   | o-Xylene                  | 3    | J | 10.0 |
| N/A       | p- & m-Xylene             | 8.4  | J | 10.0 |
| N/A       | Total Xylenes             | 11.4 | J | 20.0 |

\* CONC = CONCENTRAION DETERMINED

PQL = Practical Quantitation Limit (Approximately 10 times MDL)

\* Q = Qualifier Definitions:

(Continued on page 4.)

ANALYTICAL REPORT  
SLD Accession No. OR-94-0915  
Continuation, Page 4 of 4

- B - Indicates compound was detected in the Lab Blank as well as in the sample.
- D - Indicates value taken from a secondary (diluted) sample analysis.
- E - Indicates compound concentration exceeded the range of the standard curve.
- J - Indicates an estimated value for tentatively identified compounds, or for compounds detected and identified but present at a concentration less than the quantitation limit.
- N - Indicates that more than one peak was used for quantitation.
- U - Indicates compound was analyzed for, but not detected above the concentration listed (Quantitation Limit).

QUALITY CONTROL SUMMARY FOR VOLATILES SCREEN

METHOD BLANK: A laboratory method blank was analyzed along with this sample to assure the absence of interfering contaminants from lab reagents, instruments, or the general laboratory environment. Unless listed below, no contaminants were detected in this blank above the reported detection limit.

| COMPOUND DETECTED     | CONCENTRATION (PPB) |
|-----------------------|---------------------|
| No Compounds Detected |                     |

SURROGATE RECOVERIES:

| SURROGATE               | CONCENTRATION | % RECOVERY |
|-------------------------|---------------|------------|
| Bromofluorobenzene      | 25.0 ppb      | 95.6       |
| 2-Bromo-1-chloropropane | 25.0 ppb      | 90.8       |

SPIKE RECOVERY: The % recoveries for compounds in the batch spike were from 80% to 120% with the exception of the compounds listed below:

| COMPOUND      | CONCENTRATION | % RECOVERY |
|---------------|---------------|------------|
| No exceptions | . ppb         | .          |

Analyst: Patrick F. Basile  
Patrick F. Basile  
Analyst, Organic Chemistry

Reviewed By: Richard F. Meyerhein  
Richard F. Meyerhein 05/04/94  
Supervisor, Organic Chemistry Section



## ORGANIC CHEMISTRY ANALYTICAL REQUEST FORM

SCIENTIFIC LABORATORY DIVISION

700 CAMINO DE SALUD N.E., ALBUQUERQUE, NM 87106

Organic Chemistry Section - Telephone: (505) 841-2570

SLD No.

OR94 0915 C

Date

Received: 3-28-94

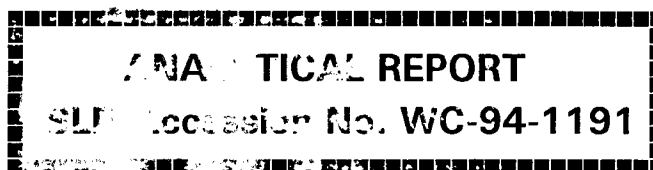
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                          |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2 User Code #: 7103210                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 3 Request ID No.: 028742-C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 4 Priority Code #: 1                                                                                                                                                                     |  |
| 5 Facility Name: Brickland Refinery                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 6 County: Dona Ana                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 7 City: Sankul Park                                                                                                                                                                      |  |
| 8 State: NM                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 9 Sample Location: M.W.-111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 10 Collected By: William                                                                                                                                                                 |  |
| 11 Codes: Submitter WSS # Organization                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 12 Latitude (DDMMSS) Longitude (DDMMSS)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 13 Report To: Roger Anderson                                                                                                                                                             |  |
| 14 Phone #: (505) 827-5812                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 15 Sampling Information: Sample Purpose: <input checked="" type="checkbox"/> Grab <input type="checkbox"/> Composite <input type="checkbox"/> Compliance <input type="checkbox"/> Check <input checked="" type="checkbox"/> Monitoring <input type="checkbox"/> Special                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 16 Field Data: pH: 7.62, Conductivity: 472 umhos @ 71.1 °F, Temperature: °C, Residual: mg/l, Flow:                                                                                       |  |
| 17 Sample Source: <input checked="" type="checkbox"/> Stream <input type="checkbox"/> Lake <input type="checkbox"/> Drain <input type="checkbox"/> Pool <input type="checkbox"/> WWTP <input checked="" type="checkbox"/> Well; Depth: <input type="checkbox"/> Spring <input type="checkbox"/> Distribution <input type="checkbox"/> Point-of-Entry <input type="checkbox"/> Other:                                                                                              |  | 18 Field Notes/Sample #: Monitor Well - MW-11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 19 Sample Type: <input checked="" type="checkbox"/> Water <input type="checkbox"/> Soil <input type="checkbox"/> Food <input type="checkbox"/> Wastewater <input type="checkbox"/> Other |  |
| 20 Preservation: <input type="checkbox"/> NP No Preservation; Sample stored at room temperature <input checked="" type="checkbox"/> P-Ice Sample stored in an ice bath (Not Frozen) <input type="checkbox"/> P-TS Sample Preserved with Sodium Thiosulfate to remove chlorine residual <input type="checkbox"/> P-HCl Sample Preserved with Hydrochloric Acid (2 drops/40 ml) <input checked="" type="checkbox"/> Other H <sub>2</sub> O                                          |  | 21 Analyses Requested: Please check the appropriate box(es) below to indicate the type of analytical screen(s) required. Whenever possible, list specific compounds suspected or required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                          |  |
| Volatile Screens: <input checked="" type="checkbox"/> (753) Aliphatic Headspace (1-5 Carbons) <input checked="" type="checkbox"/> (754) Aromatic & Halogenated Purgeables (EPA 601 & 602) <input type="checkbox"/> (765) Mass Spectrometer Purgeables (EPA 624) <input type="checkbox"/> (766) SDWA Total Trihalomethanes (EPA 501.1) <input type="checkbox"/> (774) SDWA VOC's I [8 Regulated +] (EPA 502.2) <input type="checkbox"/> (775) SDWA VOC's II [EDB & DBCP] (EPA 504) |  | Semivolatile Screens: <input type="checkbox"/> (763) Acid Extractables <input type="checkbox"/> (751) Aliphatic Hydrocarbons <input type="checkbox"/> (755) Base/Neutral Extractables (EPA 625) <input type="checkbox"/> (756) Base/Neutral/Acid Extractables (EPA 8270) <input type="checkbox"/> (758) Herbicides, Chlorophenoxy Acid <input type="checkbox"/> (759) Herbicides, Triazines <input type="checkbox"/> (760) Organochlorine Pesticides <input type="checkbox"/> (761) Organophosphate Pesticides <input type="checkbox"/> (767) Polychlorinated Biphenyls (PCB's) <input type="checkbox"/> (764) Polynuclear Aromatic Hydrocarbons <input type="checkbox"/> (762) SDWA Pesticides & Herbicides |  |                                                                                                                                                                                          |  |
| Other Specific Compounds or Classes: <input type="checkbox"/> ( ) <input type="checkbox"/> ( ) <input type="checkbox"/> ( )                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                          |  |
| Remarks:                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                          |  |

## SCIENTIFIC LABORATORY DIVISION

P.O. Box 4700  
Albuquerque, NM 87196-4700700 Camino de Salud, NE  
[505]-841-2500

WATER CHEMISTRY SECTION [505]-841-2555

May 26, 1994

Request  
ID No. 028744Distribution☐ User 70320  
☒ Submitter 260  
☒ SLD Files

To: R. Anderson  
NM Oil Conserv. Div.  
State Land Office Bldg.  
P.O. Box 2088  
Santa Fe, NM 87504-2088

From: Water Chemistry Section  
Scientific Laboratory Div.  
700 Camino de Salud, N.E.  
P.O. Box 4700  
Albuquerque, NM 87196-4700

Re: A water, Nonpres/No sample submitted to this laboratory on March 28, 1994

## DEMOGRAPHIC DATA

| COLLECTION                            | LOCATION |
|---------------------------------------|----------|
| On: 25-Mar-94 By: Ols . . . . . MW-11 |          |
| At: 12:45 hrs. In/Near: Sunland Park  |          |

## ANALYTICAL RESULTS

| Analysis         | Value   | D. Lmt. | Units |
|------------------|---------|---------|-------|
| calcium          | 50.00   |         | mG/L  |
| magnesium        | 60.00   |         | mG/L  |
| potassium        | 15.00   |         | mG/L  |
| sodium           | 1120.00 |         | mG/L  |
| bicarbonate      | 1756.00 |         | mG/L  |
| carbonate        | 0.00    |         | mG/L  |
| chloride         | 963.00  |         | mG/L  |
| fluoride         | 2.80    |         | mG/L  |
| sulfate          | 3.80    |         | mG/L  |
| Ion Balance      | 106.00  |         | %     |
| total diss resid | 3798.00 |         | mG/L  |

Reviewed By:

C. Rachael Howell 05/18/94  
Analyst, Water Chemistry Section

# WATER CHEMISTRY ANALYTICAL REQUEST FORM

SCIENTIFIC LABORATORY DIVISION

700 CAMINO DE SALUD, ALBUQUERQUE, NM 87106

Water Chemistry Section - Telephone: (505) 841-2555

SLD No. 1

Date

Received: \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                    |  |                                |                                                                                                                                                                                                                                                                                            |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                 |                    |                                                                                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------------------------------------------------------------------------|--|
| <b>2 User Code #:</b> <span style="border-bottom: 1px solid black; padding: 0 10px;">7 1 0 1 3 1 2 1 0</span>                                                                                                                                                                                                                                      |  | <b>3 Request ID No.:</b> _____ |                                                                                                                                                                                                                                                                                            | Place Form ID Sticker Here                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>4 Priority Code #:</b> <span style="border-bottom: 1px solid black; padding: 0 10px;">3</span>                                                                                                                                                                                               |                    | (If "1" or "2", call EIO-SD Coordinator)                                                 |  |
| <b>5 Facility Name:</b> <span style="border-bottom: 1px solid black; padding: 0 50px;">Brickland Refinery</span>                                                                                                                                                                                                                                   |  |                                |                                                                                                                                                                                                                                                                                            | <b>6 County:</b> <span style="border-bottom: 1px solid black; padding: 0 20px;">Dona Ana</span> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>7 City:</b> <span style="border-bottom: 1px solid black; padding: 0 20px;">Sunland Park</span>                                                                                                                                                                                               |                    | <b>8 State:</b> <span style="border-bottom: 1px solid black; padding: 0 10px;">NM</span> |  |
| <b>9 Sample Location:</b> <span style="border-bottom: 1px solid black; padding: 0 50px;">MLW-11</span>                                                                                                                                                                                                                                             |  |                                |                                                                                                                                                                                                                                                                                            |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                 |                    |                                                                                          |  |
| <b>10 Collected By:</b> <span style="border-bottom: 1px solid black; padding: 0 30px;">William</span> <span style="border-bottom: 1px solid black; padding: 0 30px;">10/1/510n</span>                                                                                                                                                              |  |                                |                                                                                                                                                                                                                                                                                            | <b>On:</b> <span style="border-bottom: 1px solid black; padding: 0 20px;">94/03/25</span>       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>At:</b> <span style="border-bottom: 1px solid black; padding: 0 20px;">11/24/5</span> hrs.                                                                                                                                                                                                   |                    | Date: (YY/MM/DD) Time: 24 hr. clock 3:00 pm = 1500 hrs.                                  |  |
| <b>11 Codes:</b>                                                                                                                                                                                                                                                                                                                                   |  |                                |                                                                                                                                                                                                                                                                                            |                                                                                                 | <b>12 Latitude (DDMMSS)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                 |                    |                                                                                          |  |
| Submitter                                                                                                                                                                                                                                                                                                                                          |  | WSS #                          |                                                                                                                                                                                                                                                                                            | Organization                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                 | Longitude (DDMMSS) |                                                                                          |  |
| <b>13 Report To:</b> <span style="border-bottom: 1px solid black; padding: 0 50px;">Roger Anderson</span>                                                                                                                                                                                                                                          |  |                                |                                                                                                                                                                                                                                                                                            |                                                                                                 | <b>14 Phone #:</b> <span style="border-bottom: 1px solid black; padding: 0 50px;">(505) 827-5812</span>                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                 |                    |                                                                                          |  |
| <b>Address</b>                                                                                                                                                                                                                                                                                                                                     |  |                                |                                                                                                                                                                                                                                                                                            |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                 |                    |                                                                                          |  |
| <span style="border-bottom: 1px solid black; padding: 0 50px;">New Mexico Oil Conservation Division</span>                                                                                                                                                                                                                                         |  |                                |                                                                                                                                                                                                                                                                                            |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                 |                    |                                                                                          |  |
| <span style="border-bottom: 1px solid black; padding: 0 50px;">P. O. 2088</span>                                                                                                                                                                                                                                                                   |  |                                |                                                                                                                                                                                                                                                                                            |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                 |                    |                                                                                          |  |
| <b>City, State Zip</b>                                                                                                                                                                                                                                                                                                                             |  |                                |                                                                                                                                                                                                                                                                                            |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                 |                    |                                                                                          |  |
| <span style="border-bottom: 1px solid black; padding: 0 50px;">Santa Fe, New Mexico 87504-2088</span>                                                                                                                                                                                                                                              |  |                                |                                                                                                                                                                                                                                                                                            |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                 |                    |                                                                                          |  |
| <b>15 Sampling Information:</b>                                                                                                                                                                                                                                                                                                                    |  |                                |                                                                                                                                                                                                                                                                                            |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                 |                    |                                                                                          |  |
| <b>Sample Purpose:</b>                                                                                                                                                                                                                                                                                                                             |  |                                |                                                                                                                                                                                                                                                                                            |                                                                                                 | <input checked="" type="checkbox"/> Grab<br><input type="checkbox"/> Composite (Composite Time Period)<br><input type="checkbox"/> Compliance<br><input type="checkbox"/> Check<br><input checked="" type="checkbox"/> Monitoring<br><input type="checkbox"/> Special                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                 |                    |                                                                                          |  |
| <input type="checkbox"/> Flow Proportioned<br><input type="checkbox"/> Equal Aliquot<br><input checked="" type="checkbox"/> Sample Split w/Permittee<br><input type="checkbox"/> Chain of Custody                                                                                                                                                  |  |                                |                                                                                                                                                                                                                                                                                            |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                 |                    |                                                                                          |  |
| <b>16 Field Data:</b> pH: <span style="border-bottom: 1px solid black; padding: 0 10px;">7.62</span> Conductivity: <span style="border-bottom: 1px solid black; padding: 0 10px;">472</span> umhos @ <span style="border-bottom: 1px solid black; padding: 0 10px;">21.1</span> °C Temperature: _____ °C Chlorine Residual: _____ mg/l Flow: _____ |  |                                |                                                                                                                                                                                                                                                                                            |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                 |                    |                                                                                          |  |
| <b>17 Sample Source:</b>                                                                                                                                                                                                                                                                                                                           |  |                                |                                                                                                                                                                                                                                                                                            |                                                                                                 | <b>18 Field Notes/ Sample #:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                 |                    |                                                                                          |  |
| <input type="checkbox"/> Stream<br><input type="checkbox"/> Lake<br><input type="checkbox"/> Drain<br><input type="checkbox"/> Pool<br><input type="checkbox"/> WWTP                                                                                                                                                                               |  |                                |                                                                                                                                                                                                                                                                                            |                                                                                                 | <input checked="" type="checkbox"/> Well; Depth: _____<br><input type="checkbox"/> Spring<br><input type="checkbox"/> Distribution<br><input type="checkbox"/> Point-of-Entry<br><input type="checkbox"/> Other: _____                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                 |                    |                                                                                          |  |
| <b>19 Sample Type:</b> <input checked="" type="checkbox"/> Water, <input type="checkbox"/> Soil, <input type="checkbox"/> Food, <input type="checkbox"/> Wastewater, <input type="checkbox"/> Other                                                                                                                                                |  |                                |                                                                                                                                                                                                                                                                                            |                                                                                                 | <b>20 Preservation:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                 |                    |                                                                                          |  |
| This form accompanies a <u>single sample</u> consisting of:<br>_____ 1 liter cubitainers (1 quart)<br>_____ 4 liter cubitainers (1 gallon)                                                                                                                                                                                                         |  |                                |                                                                                                                                                                                                                                                                                            |                                                                                                 | <input type="checkbox"/> WNF Water Not Preserved; Filtered<br><input checked="" type="checkbox"/> WNN Water Not Preserved; Not Filtered<br><input type="checkbox"/> WPF Water Preserved with Sulfuric Acid (H2SO4); Filtered<br><input type="checkbox"/> WPN Water Preserved with Sulfuric Acid; Not Filtered<br><input type="checkbox"/> WNL Water Not Preserved in Field; Please Add H2SO4 at Lab<br><input checked="" type="checkbox"/> ICE Water Iced<br><input type="checkbox"/> Other |                                                                                                                                                                                                                                                                                                 |                    |                                                                                          |  |
| <b>21 Analyses Requested:</b> Please check the appropriate box(es) below to indicate the type of analyses required.                                                                                                                                                                                                                                |  |                                |                                                                                                                                                                                                                                                                                            |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                 |                    |                                                                                          |  |
| <b>Group Analyses:</b>                                                                                                                                                                                                                                                                                                                             |  |                                |                                                                                                                                                                                                                                                                                            |                                                                                                 | <input type="checkbox"/> (859) SWQB SS Anion - Cation Group +<br><input type="checkbox"/> (868) SWQB NPS Anion, Cation, Physical + TSS<br><input type="checkbox"/> (869) SWQB Nutrient Analysis Group +<br><input checked="" type="checkbox"/> (867) Major Anions & Cations                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                 |                    |                                                                                          |  |
| <input type="checkbox"/> (854) SDWA Group II (Nitrate as N)<br><input type="checkbox"/> (861) SDWA Group III (Fluoride)<br><input type="checkbox"/> (860) SDWA Complete Secondary                                                                                                                                                                  |  |                                |                                                                                                                                                                                                                                                                                            |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                 |                    |                                                                                          |  |
| <b>Cations:</b>                                                                                                                                                                                                                                                                                                                                    |  |                                | <b>Physical Parameters:</b>                                                                                                                                                                                                                                                                |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Surface and Waste Water:</b>                                                                                                                                                                                                                                                                 |                    |                                                                                          |  |
| <input type="checkbox"/> Calcium (as Ca)<br><input type="checkbox"/> Magnesium (as Mg)<br><input type="checkbox"/> Potassium (as K)<br><input type="checkbox"/> Sodium (as Na)<br><input type="checkbox"/> Total Hardness (as CaCO3)                                                                                                               |  |                                | <input type="checkbox"/> Color<br><input type="checkbox"/> Conductance (Micromhos @ 25 C)<br><input type="checkbox"/> Odor<br><input type="checkbox"/> pH<br><input type="checkbox"/> Surfactants<br><input type="checkbox"/> Total Dissolved Solids<br><input type="checkbox"/> Turbidity |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Biological Oxygen Demand<br><input type="checkbox"/> Total Suspended Solids<br><input type="checkbox"/> Chemical Oxygen Demand<br><input type="checkbox"/> Total Organic Carbon<br><input type="checkbox"/> Cyanide                                                    |                    |                                                                                          |  |
| <b>Anions:</b>                                                                                                                                                                                                                                                                                                                                     |  |                                | <b>Other:</b>                                                                                                                                                                                                                                                                              |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Nutrients:</b>                                                                                                                                                                                                                                                                               |                    |                                                                                          |  |
| <input type="checkbox"/> Alkalinity (as CaCO3)<br><input type="checkbox"/> Bicarbonate (as HCO3)<br><input type="checkbox"/> Carbonate (as CO3)<br><input type="checkbox"/> Chloride (as Cl)<br><input type="checkbox"/> Fluoride (as F)<br><input type="checkbox"/> Sulfate (as SO4)                                                              |  |                                | <input type="checkbox"/> _____<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____                                                                                                                                                                                         |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Nitrate + Nitrite (as N)<br><input type="checkbox"/> Ammonia (as N)<br><input type="checkbox"/> Total Kjeldahl (as N)<br><input type="checkbox"/> Nitrite (as N)<br><input type="checkbox"/> Orthophosphate (as P)<br><input type="checkbox"/> Total Phosphorus (as P) |                    |                                                                                          |  |
| <input checked="" type="checkbox"/> Ion Charge Balance                                                                                                                                                                                                                                                                                             |  |                                |                                                                                                                                                                                                                                                                                            |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                 |                    |                                                                                          |  |
| <b>Remarks:</b>                                                                                                                                                                                                                                                                                                                                    |  |                                |                                                                                                                                                                                                                                                                                            |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                 |                    |                                                                                          |  |

## SCIENTIFIC LABORATORY DIVISION

P.O. Box 4700  
Albuquerque, NM 87196-4700700 Camino de Salud, NE  
[505]-841-2500

AIR &amp; HEAVY METALS SECTION [505]-841-2553

August 12, 1994

Request  
ID No. 028743**ANALYTICAL REPORT**  
**SLD Accession No. IC-94-0049**Distribution☐ User 70320  
☒ Submitter 260  
☒ SLD Files

To: R. Anderson  
NM Oil Conserv. Div.  
State Land Office Bldg.  
P.O. Box 2088  
Santa Fe, NM 87504-2088

From: Air & Heavy Metals Section  
Scientific Laboratory Div.  
700 Camino de Salud, N.E.  
P.O. Box 4700  
Albuquerque, NM 87196-4700

Re: A wat not preserved sample submitted to this laboratory on March 28, 1994

## DEMOGRAPHIC DATA

| COLLECTION     |                       | LOCATION |
|----------------|-----------------------|----------|
| On: 25-Mar-94  | By: Ols . . .         | MW-11    |
| At: 12:45 hrs. | In/Near: Sunland Park |          |

## ANALYTICAL RESULTS in mg/L

| Analysis  | Value  | Analysis   | Value  | Analysis  | Value    |
|-----------|--------|------------|--------|-----------|----------|
| Aluminum  | 12.00  | Copper     | < 0.10 | Silver    | < 0.10   |
| Barium    | 1.30   | Iron       | 15.00  | Strontium | 3.20     |
| Beryllium | < 0.10 | Lead       | < 0.10 | Tin       | < 0.10   |
| Boron     | 1.40   | Magnesium  | 72.00  | Vanadium  | < 0.10   |
| Cadmium   | < 0.10 | Manganese  | 0.89   | Zinc      | < 0.10   |
| Calcium   | 120.00 | Molybdenum | < 0.10 | Mercury   | < 0.0005 |
| Chromium  | < 0.10 | Nickel     | < 0.10 | Selenium  | < 0.0050 |
| Cobalt    | < 0.05 | Silicon    | 10.00  |           |          |

Laboratory Remarks: Acidified and Digested at SLD

ICP by method 200.7 on 7/27/94 by RAH.

Mercury by method 245.1 on 4/13/94 by SD.

Selenium by method 270.1 on 4/8/94 by RAH.

## Reviewed By:

Jim F. Ashby 08/11/94  
Supervisor, Air & Heavy Metals Section

# AIR & HEAVY METALS ANALYTICAL REQUEST FORM

SCIENTIFIC LABORATORY DIVISION  
700 CAMINO DE SALUD N.E., ALBUQUERQUE, NM 87106  
Air & Heavy Metals Section - Telephone: (505) 841-2553

SLD No. 1

Date Received: \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                             |                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>2 User Code #:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;">7 0 3 2 0</span>                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>3 Request ID No.:</b> _____                                                                                              | <b>4 Priority Code #:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;">3</span>  |
| <b>5 Facility Name:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 200px;">Bridgland Refinery</span>                                                                                                                                                                                                                                                                                                                                                                                                            | <b>6 County:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;">Dona Ana</span>         | <b>7 City:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;">Sunland Park</span> |
| <b>8 State:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;">NM</span>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                             |                                                                                                                       |
| <b>9 Sample Location:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 200px;">MW-11</span>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                             |                                                                                                                       |
| <b>10 Collected By:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;">William</span> <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;">10/15/01</span> <b>On:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;">94103125</span> <b>At:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;">1121415</span> hrs.                                                                                    |                                                                                                                             |                                                                                                                       |
| <b>11 Codes:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                             |                                                                                                                       |
| <b>13 Report To:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;">Roger Anderson</span>                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>14 Phone #:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;">(505) 827-5812</span> | <b>12 Latitude (DDMMSS):</b> _____<br><b>Longitude (DDMMSS):</b> _____                                                |
| <b>15 Sampling Information:</b><br><b>Sample Purpose:</b> <input checked="" type="checkbox"/> Grab <input type="checkbox"/> Composite<br><input type="checkbox"/> Compliance <input type="checkbox"/> Flow Proportioned<br><input type="checkbox"/> Check <input type="checkbox"/> Equal Aliquot<br><input checked="" type="checkbox"/> Monitoring <input checked="" type="checkbox"/> Sample Split w/Permittee<br><input type="checkbox"/> Special <input type="checkbox"/> Chain of Custody                                                   |                                                                                                                             |                                                                                                                       |
| <b>16 Field Data:</b> pH: <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;">7.62</span> , Conductivity: <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;">472</span> umhos @ <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;">71.1</span> °F. Temperature: _____ °C. Chlorine Residual: _____ mg/l. Flow: _____                                                                                                                                |                                                                                                                             |                                                                                                                       |
| <b>17 Sample Source:</b><br><input type="checkbox"/> Stream <input checked="" type="checkbox"/> Well; Depth: _____<br><input type="checkbox"/> Lake <input type="checkbox"/> Spring<br><input type="checkbox"/> Drain <input type="checkbox"/> Distribution<br><input type="checkbox"/> Pool <input type="checkbox"/> Point-of-Entry<br><input type="checkbox"/> WWTP <input type="checkbox"/> Other: _____                                                                                                                                     |                                                                                                                             |                                                                                                                       |
| <b>18 Field Notes/ Sample #:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 200px;">Monitor Well MW-11</span>                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                                       |
| <b>19 Sample Type:</b> <input checked="" type="checkbox"/> Water, <input type="checkbox"/> Soil, <input type="checkbox"/> Food, <input type="checkbox"/> Wastewater, <input type="checkbox"/> Other<br>This form accompanies a <u>single sample</u> consisting of:<br><input checked="" type="checkbox"/> 1 liter cubitainers (1 quart)<br><input type="checkbox"/> 4 liter cubitainers (1 gallon)                                                                                                                                              |                                                                                                                             |                                                                                                                       |
| <b>20 Preservation:</b><br><input type="checkbox"/> WNF Water Not Preserved; Filtered<br><input type="checkbox"/> WNN Water Not Preserved; Not Filtered<br><input type="checkbox"/> WPF Water Preserved with Nitric Acid (HNO <sub>3</sub> ); Filtered<br><input type="checkbox"/> WPN Water Preserved with Nitric Acid; Not Filtered<br><input checked="" type="checkbox"/> WNL Water Not Preserved in Field; Please Add HNO <sub>3</sub> at Lab<br><input checked="" type="checkbox"/> ICE Water iced<br><input type="checkbox"/> Other _____ |                                                                                                                             |                                                                                                                       |

**21 Analyses Requested:** Please check the appropriate box(es) below to indicate the type of analyses required.

|                                                                                                         |                                                                               |
|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> (704) ICAP Scan<br><input type="checkbox"/> (720) SDWA Group I Only | <input type="checkbox"/> (721) SDWA Group I + other parameter(s) marked below |
|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Aluminum<br><input type="checkbox"/> Arsenic<br><input type="checkbox"/> Barium<br><input type="checkbox"/> Cadmium<br><input type="checkbox"/> Chromium<br><input type="checkbox"/> Cobalt<br><input type="checkbox"/> Copper<br><input type="checkbox"/> Iron | <input type="checkbox"/> Lead<br><input type="checkbox"/> Manganese<br><input checked="" type="checkbox"/> Mercury<br><input type="checkbox"/> Molybdenum<br><input type="checkbox"/> Nickel<br><input checked="" type="checkbox"/> Selenium<br><input type="checkbox"/> Silver<br><input type="checkbox"/> Uranium | <input type="checkbox"/> Vanadium<br><input type="checkbox"/> Zinc<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Remarks:**

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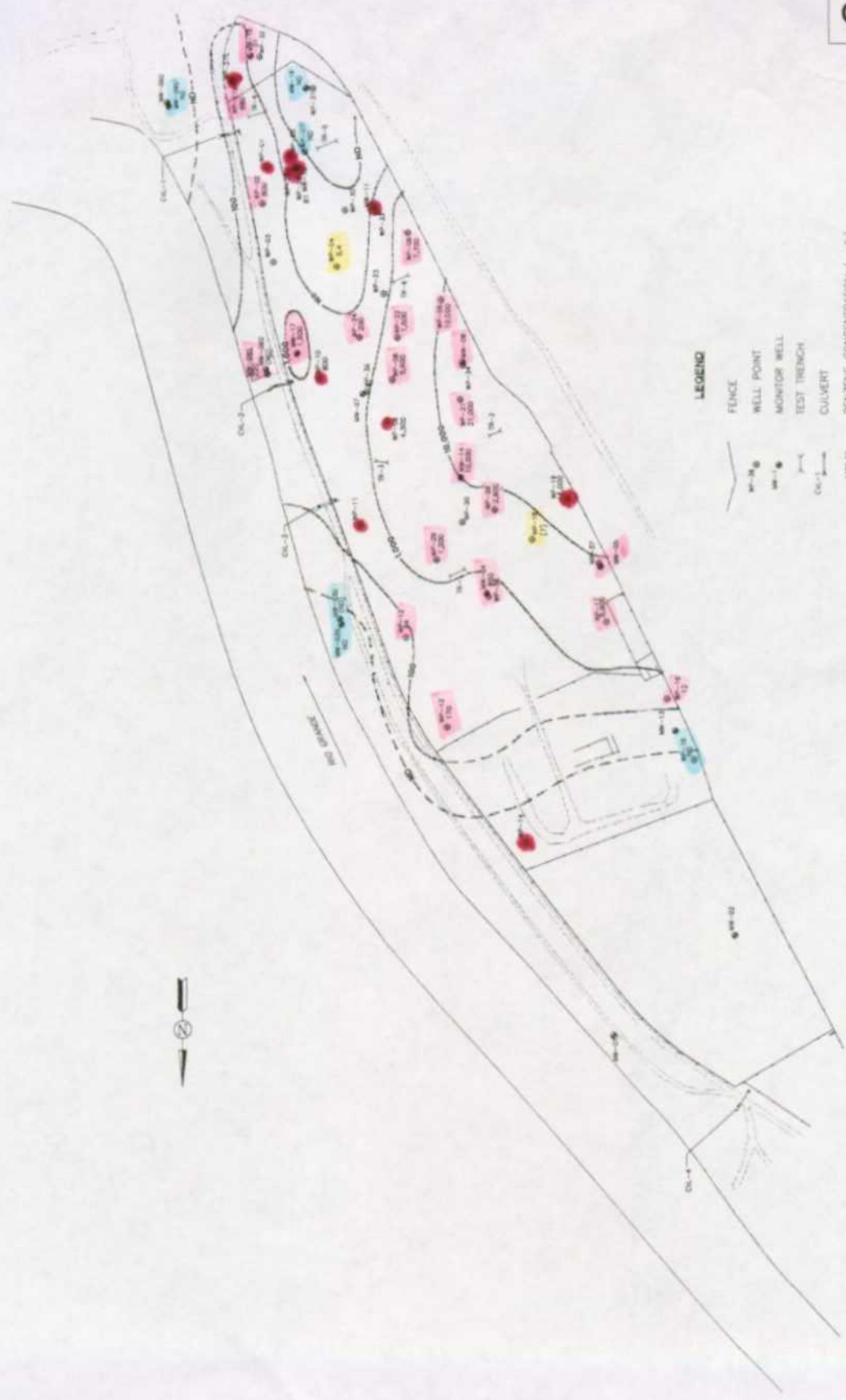
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**LEGEND**

- FENCE
- WELL POINT
- MONITOR WELL
- TEST TRENCH
- CULVERT
- BENZENE CONCENTRATION (µg/L)
- NOT DETECTED (<0.5 µg/L)
- DATA NOT USED IN CONTOURING
- CONCENTRATIONS IN PARENTHESES WERE NOT USED IN CONTOURING BECAUSE SCREEN INTERVALS WERE AT A DEEPER DEPTH
- BENZENE CONCENTRATION CONTOUR (DASHED WHERE INTERPOLATED)

0 215'

SCALE: 1" = 215'

ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT  
OIL CONSERVATION DIVISION

**PROJ. NO.**

**PROJECT NAME**

**SAMPLES: (5 mg each)**

Olson

SUBJECT NAME Brickland, Retired

**NO.**

Of

**CON-  
TAINERS**

DATE TIME

STATION LOCATION

940325 1040

Monito Well NW-95

4

11/30

11-11-65

5

11 1200

11-11-35

4

11 1745

AD-1-11

2.

Relinquished by: (Sgt. [illegible])

Date / Time

Received by: (S.p.m.u.r.)

: Signature/

**Relinquished by: (Signature)**

Date / Time

Received by: Signature

**Signature** \_\_\_\_\_

**Reinquired by: (S, pour)**

Date / Time

Received for Laboratory by:

**Date / Time**

### Remark

## SEALS INTACT



□

**NO**

**: (Simplicity)**

**Distribution:** Original Accompanies Shipment; Copy to Coordinator Field Files

# AIR & HEAVY METALS ANALYTICAL REQUEST FORM

SCIENTIFIC LABORATORY DIVISION  
700 CAMINO DE SALUD N.E., ALBUQUERQUE, NM 87106  
Air & Heavy Metals Section - Telephone: (505) 841-2553

SLD No. 1

Date Received: \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>2 User Code #:</b> <span style="border: 1px solid black; padding: 2px;">710131210</span>                                                                                                                                                                                                                                                                                                                                                    |  | <b>3 Request ID No.:</b> _____                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>4 Priority Code #:</b> <span style="border: 1px solid black; padding: 2px;">3</span>                                                                                                                                                                                        |  |
| <b>5 Facility Name:</b> <span style="font-family: cursive;">Brickland Refinery</span>                                                                                                                                                                                                                                                                                                                                                          |  | <b>6 County:</b> <span style="font-family: cursive;">Bex Ar</span>                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>7 City:</b> <span style="font-family: cursive;">Sunland Park</span>                                                                                                                                                                                                         |  |
| <b>8 Stat:</b> <span style="font-family: cursive;">WV</span>                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                |  |
| <b>9 Sample Location:</b> <span style="font-family: cursive;">MW-35</span>                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                |  |
| <b>10 Collected By:</b> <span style="font-family: cursive;">William Ellison</span> <b>On:</b> <span style="font-family: cursive;">94103125</span> <b>At:</b> <span style="font-family: cursive;">112010</span> hrs                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                |  |
| <b>11 Codes:</b> Submitter: _____ WSS #: _____ Organization: _____                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                |  |
| <b>13 Report To:</b> <span style="font-family: cursive;">Roger Anderson</span>                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                | <b>14 Phone #:</b> <span style="font-family: cursive;">(505) 827-5812</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                |  |
| <b>Address:</b> <span style="font-family: cursive;">New Mexico Oil Conservation Division</span><br><span style="font-family: cursive;">P. O. Box 2088</span><br><span style="font-family: cursive;">Santa Fe, New Mexico 87504-2088</span>                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                |  |
| <b>15 Sampling Information:</b><br><b>Sample Purpose:</b><br><input type="checkbox"/> Compliance <input checked="" type="checkbox"/> Grab<br><input type="checkbox"/> Check <input type="checkbox"/> Composite<br><input type="checkbox"/> Monitoring <input type="checkbox"/> Flow Proportioned<br><input type="checkbox"/> Special <input checked="" type="checkbox"/> Sample Split w/Permittee<br><input type="checkbox"/> Chain of Custody |  |                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                |  |
| <b>16 Field Data:</b> pH: <span style="font-family: cursive;">7.7</span> Conductivity: <span style="font-family: cursive;">736</span> umhos @ <span style="font-family: cursive;">65.9°F</span> Temperature: _____ C. Chlorine Residual: _____ mg/l. Flow: _____                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                |  |
| <b>17 Sample Source:</b><br><input type="checkbox"/> Stream <input checked="" type="checkbox"/> Well; Depth: _____<br><input type="checkbox"/> Lake <input type="checkbox"/> Spring<br><input type="checkbox"/> Drain <input type="checkbox"/> Distribution<br><input type="checkbox"/> Pool <input type="checkbox"/> Point-of-Entry<br><input type="checkbox"/> WWTP <input type="checkbox"/> Other: _____                                    |  |                                                                                                                                                                                                                                                                                                                                | <b>18 Field Notes/ Sample #:</b><br><span style="font-family: cursive;">Monitor Well MW-35</span>                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                |  |
| <b>19 Sample Type:</b> <input checked="" type="checkbox"/> Water, <input type="checkbox"/> Soil, <input type="checkbox"/> Food, <input type="checkbox"/> Wastewater, <input type="checkbox"/> Other _____<br>This form accompanies a <u>single sample</u> consisting of:<br><input checked="" type="checkbox"/> 1 liter cubitainers (1 quart)<br><input type="checkbox"/> 4 liter cubitainers (1 gallon)                                       |  |                                                                                                                                                                                                                                                                                                                                | <b>20 Preservation:</b><br><input type="checkbox"/> WNF Water Not Preserved; Filtered<br><input type="checkbox"/> WNN Water Not Preserved; Not Filtered<br><input type="checkbox"/> WPF Water Preserved with Nitric Acid (HNO <sub>3</sub> ); Filtered<br><input type="checkbox"/> WPN Water Preserved with Nitric Acid; Not Filtered<br><input checked="" type="checkbox"/> WNL Water Not Preserved in Field; Please Add HNO <sub>3</sub> at Lab<br><input checked="" type="checkbox"/> ICE Water iced<br><input type="checkbox"/> Other _____ |                                                                                                                                                                                                                                                                                |  |
| <b>21 Analyses Requested:</b> Please check the appropriate box(es) below to indicate the type of analyses required.                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                |  |
| <input checked="" type="checkbox"/> (704) ICAP Scan <input type="checkbox"/> (721) SDWA Group I + other parameter(s) marked below<br><input type="checkbox"/> (720) SDWA Group I Only                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                |  |
| <input type="checkbox"/> Aluminum<br><input type="checkbox"/> Arsenic<br><input type="checkbox"/> Barium<br><input type="checkbox"/> Cadmium<br><input type="checkbox"/> Chromium<br><input type="checkbox"/> Cobalt<br><input type="checkbox"/> Copper<br><input type="checkbox"/> Iron                                                                                                                                                       |  | <input type="checkbox"/> Lead<br><input type="checkbox"/> Manganese<br><input checked="" type="checkbox"/> Mercury<br><input type="checkbox"/> Molybdenum<br><input checked="" type="checkbox"/> Nickel<br><input checked="" type="checkbox"/> Selenium<br><input type="checkbox"/> Silver<br><input type="checkbox"/> Uranium |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Vanadium<br><input type="checkbox"/> Zinc<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____ |  |
| <b>Remarks:</b><br>_____<br>_____<br>_____<br>_____<br>_____                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                |  |



## SCIENTIFIC LABORATORY DIVISION

P.O. Box 4700

700 Camino de Salud, NE

Albuquerque, NM 87196-4700

[505]-841-2500

RECEIVED

ORGANIC CHEMISTRY SECTION [505]-841-2570

May 4, 1994 PM 8 50

Distribution

() User 70320

(X) Submitter 260

(X) SLD Files

## Request

ID No. 014378

ANALYTICAL REPORT  
SLD Accession No. OR-94-0916

To: Roger Anderson  
NM Oil Conserv. Div.  
State Land Office Bldg.  
P.O. Box 2088  
Santa Fe, NM 87504-2088

From: Organic Chemistry Section  
Scientific Laboratory Div.  
700 Camino de Salud, NE  
Albuquerque, NM 87106

Re: A water, Purgeable sample submitted to this laboratory on March 28, 1994

## DEMOGRAPHIC DATA

| COLLECTION     |                       | LOCATION |
|----------------|-----------------------|----------|
| On: 25-Mar-94  | By: Ols . . .         | MW-35    |
| At: 12:00 hrs. | In/Near: Sunland Park |          |

## ANALYTICAL RESULTS: Aromatic &amp; Halogenated Purgeable [EPA-601/2] Screen {754}

| Parameter                | Value | Note | POL   | Units |
|--------------------------|-------|------|-------|-------|
| EPA 601/2 Volatiles (60) | 0.00  | N    | 10.00 | ppb   |

See Laboratory Remarks for Additional Information

Notations & Comments:

PQL = Practical Quantitation Level.

A = Approximate Value; N = None Detected above Detection Limit; P = Compound Present, but not quantified;

T = Trace (&lt;Detection Limit); U = Compound Identity Not Confirmed.

Evidentiary Seals: Not Sealed ☒; Intact: No ☐, Yes ☐ & Broken By: \_\_\_\_\_ Date: \_\_\_\_\_Laboratory Remarks:

Late eluting compound confirmed by GC/MS as Octanal, a C8 aldehyde.

This sample was first analyzed on 4/5/94 and the analytical results were judged unacceptable by the analyst. The sample was re-analyzed on 4/6/94 yielding the results on this form.

## VOLATILE ORGANICS ANALYSIS DATA SHEET

|                                             |                           |
|---------------------------------------------|---------------------------|
| Lab Name: NM SCIENTIFIC LABORATORY DIVISION | Contract: N/A             |
| Lab Code: N/A Case No.: N/A                 | SAS No.: N/A SDG No.: N/A |
| Matrix: (soil/water) Water                  | Lab Sample ID: OR-94-916  |
| Sample wt/vol: 5.0 (g/mL) mL                | SLD Batch No: 127         |
| Level: (low/med) Low                        | Date Received: 3/28/94    |
| % Moisture: not dec. N/A dec. N/A           | Date Extracted: N/A       |
| Extraction: (SepF/Cont/Sonc) N/A            | Date Analyzed: 4/05/94    |
| GPC Cleanup: (Y/N) No pH: '                 | Dilution Factor: 10       |
|                                             | CONCENTRATION UNITS:      |

(Continued on page 2.)

ANALYTICAL REPORT  
 SLD Accession No. OR-94-0916  
 Continuation, Page 2 of 4

(ug/L or ug/Kg) : \_\_\_\_\_ ug/L

This sample was analyzed for the following compounds  
 using EPA Methods 601 & 602

| CAS NO.   | COMPOUND                       | CONC. | Q | PQL  |
|-----------|--------------------------------|-------|---|------|
| 67-64-1   | Acetone                        |       | U | 50.0 |
| 71-43-2   | Benzene                        |       | U | 10.0 |
| 108-86-1  | Bromobenzene                   |       | U | 10.0 |
| 74-97-5   | Bromochloromethane             |       | U | 10.0 |
| 75-27-4   | Bromodichloromethane           |       | U | 10.0 |
| 75-25-2   | Bromoform                      |       | U | 10.0 |
| 78-93-3   | 2-Butanone (MEK)               |       | U | 50.0 |
| 104-51-8  | n-Butylbenzene                 |       | U | 10.0 |
| 135-98-8  | sec-Butylbenzene               |       | U | 10.0 |
| 98-06-6   | tert-Butylbenzene              |       | U | 10.0 |
| 1634-04-4 | tert-Butyl methyl ether (MTBE) |       | U | 50.0 |
| 56-23-5   | Carbon tetrachloride           |       | U | 10.0 |
| 108-90-7  | Chlorobenzene                  |       | U | 10.0 |
| 67-66-3   | Chloroform                     |       | U | 10.0 |
| 95-49-8   | 2-Chlorotoluene                |       | U | 10.0 |
| 106-43-4  | 4-Chlorotoluene                |       | U | 10.0 |
| 96-12-8   | 1,2-Dibromo-3-chloropropane    |       | U | 10.0 |
| 124-48-1  | Dibromochloromethane           |       | U | 10.0 |
| 106-93-4  | 1,2-Dibromoethane              |       | U | 10.0 |
| 74-95-3   | Dibromomethane                 |       | U | 10.0 |
| 95-50-1   | 1,2-Dichlorobenzene            |       | U | 10.0 |
| 541-73-1  | 1,3-Dichlorobenzene            |       | U | 10.0 |
| 106-46-7  | 1,4-Dichlorobenzene            |       | U | 10.0 |
| 75-71-8   | Dichlorodifluoromethane        |       | U | 10.0 |
| 75-34-3   | 1,1-Dichloroethane             |       | U | 10.0 |
| 107-06-2  | 1,2-Dichloroethane             |       | U | 10.0 |
| 75-35-4   | 1,1-Dichloroethene             |       | U | 10.0 |
| 156-59-4  | cis-1,2-Dichloroethene         |       | U | 10.0 |
| 156-60-5  | trans-1,2-Dichloroethene       |       | U | 10.0 |
| 78-87-5   | 1,2-Dichloropropane            |       | U | 10.0 |
| 142-28-9  | 1,3-Dichloropropane            |       | U | 10.0 |
| 590-20-7  | 2,2-Dichloropropane            |       | U | 10.0 |
| 563-58-6  | 1,1-Dichloropropene            |       | U | 10.0 |
| 1006-01-5 | cis-1,3-Dichloropropene        |       | U | 10.0 |
| 1006-02-6 | trans-1,3-Dichloropropene      |       | U | 10.0 |
| 100-41-4  | Ethylbenzene                   |       | U | 10.0 |
| 87-68-3   | Hexachlorobutadiene            |       | U | 10.0 |

(Continued on page 3.)

ANALYTICAL REPORT  
 SLD Accession No. OR-94-0916  
 Continuation, Page 3 of 4

|          |                           |  |   |      |
|----------|---------------------------|--|---|------|
| 98-82-8  | Isopropylbenzene          |  | U | 10.0 |
| 99-87-6  | 4-Isopropyltoluene        |  | U | 10.0 |
| 75-09-2  | Methylene chloride        |  | U | 10.0 |
| 90-12-0  | 1-Methylnaphthalene       |  | U | 10.0 |
| 91-57-6  | 2-Methylnaphthalene       |  | U | 10.0 |
| 91-20-3  | Naphthalene               |  | U | 10.0 |
| 103-65-1 | n-Propylbenzene           |  | U | 10.0 |
| 100-42-5 | Styrene                   |  | U | 10.0 |
| 630-20-6 | 1,1,1,2-Tetrachloroethane |  | U | 10.0 |
| 79-34-5  | 1,1,2,2-Tetrachloroethane |  | U | 10.0 |
| 127-18-4 | Tetrachloroethene         |  | U | 10.0 |
| 109-99-9 | Tetrahydrofuran (THF)     |  | U | 50.0 |
| 108-88-3 | Toluene                   |  | U | 10.0 |
| 87-61-5  | 1,2,3-Trichlorobenzene    |  | U | 10.0 |
| 120-82-1 | 1,2,4-Trichlorobenzene    |  | U | 10.0 |
| 71-55-6  | 1,1,1-Trichloroethane     |  | U | 10.0 |
| 79-00-5  | 1,1,2-Trichloroethane     |  | U | 10.0 |
| 79-01-6  | Trichloroethene           |  | U | 10.0 |
| 75-69-4  | Trichlorofluoromethane    |  | U | 10.0 |
| 96-18-4  | 1,2,3-Trichloropropane    |  | U | 10.0 |
| 95-63-6  | 1,2,4-Trimethylbenzene    |  | U | 10.0 |
| 108-67-8 | 1,3,5-Trimethylbenzene    |  | U | 10.0 |
| 75-01-4  | Vinyl chloride            |  | U | 10.0 |
| 95-47-6  | o-Xylene                  |  | U | 10.0 |
| N/A      | p- & m-Xylene             |  | U | 10.0 |
| N/A      | Total Xylenes             |  | U | 20.0 |

TENTATIVELY IDENTIFIED COMPOUNDS DATA SHEET

The following compounds were tentatively identified by Mass Spec:

| CAS NO.  | COMPOUND | MATCH | RT    | EST. CONC. | Q |
|----------|----------|-------|-------|------------|---|
| 124-13-0 | octanal  | 974   | 19.97 | 1          |   |

\* CONC = CONCENTRATION DETERMINED

PQL = Practical Quantitation Limit (Approximately 10 times MDL)

\* Q = Qualifier Definitions:

B - Indicates compound was detected in the Lab Blank as well as in the sample.

D - Indicates value taken from a secondary (diluted) sample analysis.

E - Indicates compound concentration exceeded the range of the standard curve.

(Continued on page 4.)

ANALYTICAL REPORT  
SLD Accession No. OR-94-0916  
Continuation, Page 4 of 4

- J - Indicates an estimated value for tentatively identified compounds, or for compounds detected and identified but present at a concentration less than the quantitation limit.  
N - Indicates that more than one peak was used for quantitation.  
U - Indicates compound was analyzed for, but not detected above the concentration listed (Quantitation Limit).

QUALITY CONTROL SUMMARY FOR VOLATILES SCREEN

METHOD BLANK: A laboratory method blank was analyzed along with this sample to assure the absence of interfering contaminants from lab reagents, instruments, or the general laboratory environment. Unless listed below, no contaminants were detected in this blank above the reported detection limit.

| COMPOUND DETECTED     | CONCENTRATION (PPB) |
|-----------------------|---------------------|
| No Compounds Detected |                     |

SURROGATE RECOVERIES:

| SURROGATE               | CONCENTRATION | % RECOVERY |
|-------------------------|---------------|------------|
| Bromofluorobenzene      | 25.0 ppb      | 97.2       |
| 2-Bromo-1-chloropropane | 25.0 ppb      | 101.0      |

SPIKE RECOVERY: The % recoveries for compounds in the batch spike were from 80% to 120% with the exception of the compounds listed below:

| COMPOUND      | CONCENTRATION | % RECOVERY |
|---------------|---------------|------------|
| No exceptions | . ppb         | .          |

Analyst:

Patrick F. Basile  
Patrick F. Basile  
Analyst, Organic Chemistry

Reviewed By:

Richard F. Meyerhein  
Richard F. Meyerhein 05/04/94  
Supervisor, Organic Chemistry Section

## ORGANIC CHEMISTRY ANALYTICAL REQUEST FORM

SCIENTIFIC LABORATORY DIVISION

700 CAMINO DE SALUD N.E., ALBUQUERQUE, NM 87106

Organic Chemistry Section - Telephone: (505) 841-2570

SLD No.

OR94 0916 C

Date

Received: 3-28-94

Request ID No. 014378-C

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                |                      |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|----------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------|
| 2 User Code #: 1710131210                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3 Request ID No.:                                              | 4 Priority Code #: 3 | 5 Facility Name: Brickland Refinery | 6 County: Dona Ana                                                                                                                                                                                                                                                                                                                                                                                                                                     | 7 City: Sunland Park | 8 State: N.M. |
| 9 Sample Location: MW-35                                                                                                                                                                                                                                                                                                                                                                                                                                         | 10 Collected By: William 10/15/01 On: 94103125 At: 112010 hrs. |                      |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |               |
| 11 Codes: Submitter WSS # Organization                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                |                      |                                     | 12 Latitude (DDMMSS) Longitude (DDMMSS) 2 Digit ID (if needed)                                                                                                                                                                                                                                                                                                                                                                                         |                      |               |
| 13 Report Name To: Roger Anderson Address: New Mexico Oil Conservation Division P. O. Box 2088 City, State Zip: Santa Fe, New Mexico 87504-2088                                                                                                                                                                                                                                                                                                                  |                                                                |                      |                                     | 14 Phone #: (505) 827-5812                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |               |
| 15 Sampling Information: Sample Purpose: <input checked="" type="checkbox"/> Grab <input type="checkbox"/> Composite <input type="checkbox"/> Compliance <input type="checkbox"/> Check <input checked="" type="checkbox"/> Monitoring <input type="checkbox"/> Special <input type="checkbox"/> Flow Proportioned <input type="checkbox"/> Equal Aliquot <input checked="" type="checkbox"/> Sample Split w/Permittee <input type="checkbox"/> Chain of Custody |                                                                |                      |                                     | 16 Field Data: pH: 7.7 Conductivity: 736 umhos @ 65.9°F Temperature: °C Residual: mg/l Flow:                                                                                                                                                                                                                                                                                                                                                           |                      |               |
| 17 Sample Source: <input type="checkbox"/> Stream <input type="checkbox"/> Lake <input type="checkbox"/> Drain <input type="checkbox"/> Pool <input type="checkbox"/> WWTP <input checked="" type="checkbox"/> Well; Depth: <input type="checkbox"/> Spring <input type="checkbox"/> Distribution <input type="checkbox"/> Point-of-Entry <input type="checkbox"/> Other:                                                                                        |                                                                |                      |                                     | 18 Field Notes/Sample #: Monitor Well - MW-35                                                                                                                                                                                                                                                                                                                                                                                                          |                      |               |
| 19 Sample Type: <input checked="" type="checkbox"/> Water <input type="checkbox"/> Soil <input type="checkbox"/> Food <input type="checkbox"/> Wastewater <input type="checkbox"/> Other This form accompanies a single sample consisting of: 2 septum vial(s) (volume = 40 ml) glass jugs (volume = ) (volume = )                                                                                                                                               |                                                                |                      |                                     | 20 Preservation: <input type="checkbox"/> NP No Preservation; Sample stored at room temperature <input checked="" type="checkbox"/> P-Ice Sample stored in an ice bath (Not Frozen) <input type="checkbox"/> P-TS Sample Preserved with Sodium Thiosulfate to remove chlorine residual <input type="checkbox"/> P-HCl Sample Preserved with Hydrochloric Acid (2 drops/40 ml) <input checked="" type="checkbox"/> Other H <sub>2</sub> SO <sub>4</sub> |                      |               |

21 Analyses Requested: Please check the appropriate box(es) below to indicate the type of analytical screen(s) required. Whenever possible, list specific compounds suspected or required.

## Volatile Screens:

- ☐ (753) Aliphatic Headspace (1-5 Carbons)  
☒ (754) Aromatic & Halogenated Purgeables (EPA 601 & 602)  
☐ (765) Mass Spectrometer Purgeables (EPA 624)  
☐ (766) SDWA Total Trihalomethanes (EPA 501.1)  
☐ (774) SDWA VOC's I [8 Regulated +] (EPA 502.2)  
☐ (775) SDWA VOC's II [EDB & DBCP] (EPA 504)

## Other Specific Compounds or Classes:

- ☐ - ( )  
☐ - ( )  
☐ - ( )

## Semivolatile Screens:

- ☐ (763) Acid Extractables  
☐ (751) Aliphatic Hydrocarbons  
☐ (755) Base/Neutral Extractables (EPA 625)  
☐ (756) Base/Neutral/Acid Extractables (EPA 8270)  
☐ (758) Herbicides, Chlorophenoxy Acid  
☐ (759) Herbicides, Triazines  
☐ (760) Organochlorine Pesticides  
☐ (761) Organophosphate Pesticides  
☐ (767) Polychlorinated Biphenyls (PCB's)  
☐ (764) Polynuclear Aromatic Hydrocarbons  
☐ (762) SDWA Pesticides & Herbicides

Remarks:

## SCIENTIFIC LABORATORY DIVISION

P.O. Box 4700  
Albuquerque, NM 87196-4700700 Camino de Salud, NE  
[505]-841-2500

WATER CHEMISTRY SECTION [505]-841-2555

June 2, 1994

Request  
ID No. 028741**ANALYTICAL REPORT**  
**SLD Accession No. WC-94-1190**Distribution☐ User 70320  
☒ Submitter 260  
☒ SLD Files

To: R. Anderson  
NM Oil Conserv. Div.  
State Land Office Bldg.  
P.O. Box 2088  
Santa Fe, NM 87504-2088

From: Water Chemistry Section  
Scientific Laboratory Div.  
700 Camino de Salud, N.E.  
P.O. Box 4700  
Albuquerque, NM 87196-4700

Re: A water, Nonpres/No sample submitted to this laboratory on March 28, 1994

## DEMOGRAPHIC DATA

| COLLECTION                           | LOCATION |
|--------------------------------------|----------|
| On: 25-Mar-94 By: Ols . . .          | MW-3X5   |
| At: 12:00 hrs. In/Near: Sunland Park |          |

## ANALYTICAL RESULTS

| Analysis         | Value   | D. Lmt. | Units |
|------------------|---------|---------|-------|
| calcium          | 139.00  |         | mG/L  |
| magnesium        | 67.30   |         | mG/L  |
| potassium        | 11.00   |         | mG/L  |
| sodium           | 1430.00 |         | mG/L  |
| bicarbonate      | 692.00  |         | mG/L  |
| carbonate        | 0.00    |         | mG/L  |
| chloride         | 1659.00 |         | mG/L  |
| fluoride         | 1.30    |         | mG/L  |
| sulfate          | 745.00  |         | mG/L  |
| Ion Balance      | 102.00  |         | %     |
| total diss resid | 4424.00 |         | mG/L  |

Reviewed By:

C. Rachael Howell 05/18/94  
Analyst, Water Chemistry Section

# WATER CHEMISTRY ANALYTICAL REQUEST FORM

## SCIENTIFIC LABORATORY DIVISION

700 CAMINO DE SALUD, ALBUQUERQUE, NM 87106

Water Chemistry Section - Telephone: (505) 841-2555

SLD No. 1

Date Received: \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                               |  |                                |  |                                                                                                         |  |                                                                                                   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|--|---------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------|--|
| <b>2 User Code #:</b> <span style="border-bottom: 1px solid black; padding: 0 10px;">710131210</span>                                                                                                                                                                                                                                                                         |  | <b>3 Request ID No.:</b> _____ |  | <b>4 Priority Code #:</b> <span style="border-bottom: 1px solid black; padding: 0 10px;">3</span>       |  | <small>(If "1" or "2", call EIO-SLD Coordinator)</small>                                          |  |
| <b>5 Facility Name:</b> <span style="border-bottom: 1px solid black; padding: 0 10px;">Brickland Refinery</span>                                                                                                                                                                                                                                                              |  |                                |  | <b>6 County:</b> <span style="border-bottom: 1px solid black; padding: 0 10px;">Dona Ana</span>         |  | <b>7 City:</b> <span style="border-bottom: 1px solid black; padding: 0 10px;">Sunland Park</span> |  |
| <b>8 State:</b> <span style="border-bottom: 1px solid black; padding: 0 10px;">NM</span>                                                                                                                                                                                                                                                                                      |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <b>9 Sample Location:</b> <span style="border-bottom: 1px solid black; padding: 0 10px;">MW-35</span>                                                                                                                                                                                                                                                                         |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <b>10 Collected By:</b> <span style="border-bottom: 1px solid black; padding: 0 10px;">William</span> <span style="border-bottom: 1px solid black; padding: 0 10px;">12/15/01</span> <b>On:</b> <span style="border-bottom: 1px solid black; padding: 0 10px;">94/03/25</span> <b>At:</b> <span style="border-bottom: 1px solid black; padding: 0 10px;">11:20:10</span> hrs. |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <b>11 Codes:</b> <span style="border-bottom: 1px solid black; padding: 0 10px;"></span>                                                                                                                                                                                                                                                                                       |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <b>12 Latitude (DDMMSS):</b> <span style="border-bottom: 1px solid black; padding: 0 10px;"></span>                                                                                                                                                                                                                                                                           |  |                                |  | <b>12 Longitude (DDMMSS):</b> <span style="border-bottom: 1px solid black; padding: 0 10px;"></span>    |  |                                                                                                   |  |
| <b>13 Report To:</b> <span style="border-bottom: 1px solid black; padding: 0 10px;">Roger Anderson</span>                                                                                                                                                                                                                                                                     |  |                                |  | <b>14 Phone #:</b> <span style="border-bottom: 1px solid black; padding: 0 10px;">(505) 827-5812</span> |  |                                                                                                   |  |
| <b>Address:</b> <span style="border-bottom: 1px solid black; padding: 0 10px;">New Mexico Oil Conservation Division</span>                                                                                                                                                                                                                                                    |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <b>P. O. 2088</b>                                                                                                                                                                                                                                                                                                                                                             |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <b>City, State Zip:</b> <span style="border-bottom: 1px solid black; padding: 0 10px;">Santa Fe, New Mexico 87504-2088</span>                                                                                                                                                                                                                                                 |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <b>15 Sampling Information:</b>                                                                                                                                                                                                                                                                                                                                               |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <b>Sample Purpose:</b> <input checked="" type="checkbox"/> Grab <input type="checkbox"/> Composite <small>(Composite Time Period)</small>                                                                                                                                                                                                                                     |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <input type="checkbox"/> Compliance <input type="checkbox"/> Check <input checked="" type="checkbox"/> Monitoring <input type="checkbox"/> Special                                                                                                                                                                                                                            |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <input type="checkbox"/> Flow Proportioned <input type="checkbox"/> Equal Aliquot <input checked="" type="checkbox"/> Sample Split w/Permittee <input type="checkbox"/> Chain of Custody                                                                                                                                                                                      |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <b>16 Field Data:</b> pH: <span style="border-bottom: 1px solid black; padding: 0 10px;">7.7</span> Conductivity: <span style="border-bottom: 1px solid black; padding: 0 10px;">236</span> umhos @ <span style="border-bottom: 1px solid black; padding: 0 10px;">65.9</span> °F Temperature: _____ Chlorine Residual: _____ mg/l Flow: _____                                |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <b>17 Sample Source:</b>                                                                                                                                                                                                                                                                                                                                                      |  |                                |  | <b>18 Field Notes/ Sample #:</b>                                                                        |  |                                                                                                   |  |
| <input type="checkbox"/> Stream <input type="checkbox"/> Lake <input type="checkbox"/> Drain <input type="checkbox"/> Pond <input type="checkbox"/> WTP                                                                                                                                                                                                                       |  |                                |  | <input checked="" type="checkbox"/> Well; Depth: _____                                                  |  |                                                                                                   |  |
| <input type="checkbox"/> Spring <input type="checkbox"/> Distribution <input type="checkbox"/> Point-of-Entry <input type="checkbox"/> Other: _____                                                                                                                                                                                                                           |  |                                |  | <span style="border-bottom: 1px solid black; padding: 0 10px;">Monitor Well MW-35</span>                |  |                                                                                                   |  |
| <b>19 Sample Type:</b> <input checked="" type="checkbox"/> Water <input type="checkbox"/> Soil <input type="checkbox"/> Food <input type="checkbox"/> Wastewater <input type="checkbox"/> Other _____                                                                                                                                                                         |  |                                |  | <b>20 Preservation:</b>                                                                                 |  |                                                                                                   |  |
| This form accompanies a <u>single sample</u> consisting of:                                                                                                                                                                                                                                                                                                                   |  |                                |  | <input type="checkbox"/> WNF Water Not Preserved; Filtered                                              |  |                                                                                                   |  |
| <input type="checkbox"/> 1 liter cubitainers (1 quart)                                                                                                                                                                                                                                                                                                                        |  |                                |  | <input checked="" type="checkbox"/> WNN Water Not Preserved; Not Filtered                               |  |                                                                                                   |  |
| <input type="checkbox"/> 4 liter cubitainers (1 gallon)                                                                                                                                                                                                                                                                                                                       |  |                                |  | <input type="checkbox"/> WPF Water Preserved with Sulfuric Acid (H2SO4); Filtered                       |  |                                                                                                   |  |
| <input type="checkbox"/> _____                                                                                                                                                                                                                                                                                                                                                |  |                                |  | <input type="checkbox"/> WPN Water Preserved with Sulfuric Acid; Not Filtered                           |  |                                                                                                   |  |
| <input type="checkbox"/> _____                                                                                                                                                                                                                                                                                                                                                |  |                                |  | <input type="checkbox"/> WNL Water Not Preserved in Field; Please Add H2SO4 at Lab                      |  |                                                                                                   |  |
| <input type="checkbox"/> _____                                                                                                                                                                                                                                                                                                                                                |  |                                |  | <input checked="" type="checkbox"/> ICE Water Iced                                                      |  |                                                                                                   |  |
| <input type="checkbox"/> _____                                                                                                                                                                                                                                                                                                                                                |  |                                |  | <input type="checkbox"/> Other _____                                                                    |  |                                                                                                   |  |
| <b>21 Analyses Requested:</b> Please check the appropriate box(es) below to indicate the type of analyses required.                                                                                                                                                                                                                                                           |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <b>Group Analyses:</b>                                                                                                                                                                                                                                                                                                                                                        |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <input type="checkbox"/> (854) SDWA Group II (Nitrate as N)                                                                                                                                                                                                                                                                                                                   |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <input type="checkbox"/> (861) SDWA Group III (Fluoride)                                                                                                                                                                                                                                                                                                                      |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <input type="checkbox"/> (860) SDWA Complete Secondary                                                                                                                                                                                                                                                                                                                        |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <input type="checkbox"/> (859) SWQB SS Anion - Cation Group +                                                                                                                                                                                                                                                                                                                 |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <input type="checkbox"/> (868) SWQB NPS Anion, Cation, Physical + TSS                                                                                                                                                                                                                                                                                                         |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <input type="checkbox"/> (869) SWQB Nutrient Analysis Group +                                                                                                                                                                                                                                                                                                                 |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <input checked="" type="checkbox"/> (867) Major Anions & Cations                                                                                                                                                                                                                                                                                                              |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <b>Cations:</b>                                                                                                                                                                                                                                                                                                                                                               |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <input type="checkbox"/> Calcium (as Ca) _____                                                                                                                                                                                                                                                                                                                                |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <input type="checkbox"/> Magnesium (as Mg) _____                                                                                                                                                                                                                                                                                                                              |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <input type="checkbox"/> Potassium (as K) _____                                                                                                                                                                                                                                                                                                                               |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <input type="checkbox"/> Sodium (as Na) _____                                                                                                                                                                                                                                                                                                                                 |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <input type="checkbox"/> Total Hardness (as CaCO3) _____                                                                                                                                                                                                                                                                                                                      |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <b>Anions:</b>                                                                                                                                                                                                                                                                                                                                                                |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <input type="checkbox"/> Alkalinity (as CaCO3) _____                                                                                                                                                                                                                                                                                                                          |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <input type="checkbox"/> Bicarbonate (as HCO3) _____                                                                                                                                                                                                                                                                                                                          |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <input type="checkbox"/> Carbonate (as CO3) _____                                                                                                                                                                                                                                                                                                                             |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <input type="checkbox"/> Chloride (as Cl) _____                                                                                                                                                                                                                                                                                                                               |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <input type="checkbox"/> Fluoride (as F) _____                                                                                                                                                                                                                                                                                                                                |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <input type="checkbox"/> Sulfate (as SO4) _____                                                                                                                                                                                                                                                                                                                               |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <input checked="" type="checkbox"/> Ion Charge Balance _____                                                                                                                                                                                                                                                                                                                  |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <b>Physical Parameters:</b>                                                                                                                                                                                                                                                                                                                                                   |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <input type="checkbox"/> Color _____                                                                                                                                                                                                                                                                                                                                          |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <input type="checkbox"/> Conductance (Micromhos @ 25 C) _____                                                                                                                                                                                                                                                                                                                 |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <input type="checkbox"/> Odor _____                                                                                                                                                                                                                                                                                                                                           |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <input type="checkbox"/> pH _____                                                                                                                                                                                                                                                                                                                                             |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <input type="checkbox"/> Surfactants _____                                                                                                                                                                                                                                                                                                                                    |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <input type="checkbox"/> Total Dissolved Solids _____                                                                                                                                                                                                                                                                                                                         |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <input type="checkbox"/> Turbidity _____                                                                                                                                                                                                                                                                                                                                      |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <b>Other:</b>                                                                                                                                                                                                                                                                                                                                                                 |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <input type="checkbox"/> _____                                                                                                                                                                                                                                                                                                                                                |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <input type="checkbox"/> _____                                                                                                                                                                                                                                                                                                                                                |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <input type="checkbox"/> _____                                                                                                                                                                                                                                                                                                                                                |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <input type="checkbox"/> _____                                                                                                                                                                                                                                                                                                                                                |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <b>Surface and Waste Water:</b>                                                                                                                                                                                                                                                                                                                                               |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <input type="checkbox"/> Biological Oxygen Demand _____                                                                                                                                                                                                                                                                                                                       |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <input type="checkbox"/> Total Suspended Solids _____                                                                                                                                                                                                                                                                                                                         |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <input type="checkbox"/> Chemical Oxygen Demand _____                                                                                                                                                                                                                                                                                                                         |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <input type="checkbox"/> Total Organic Carbon _____                                                                                                                                                                                                                                                                                                                           |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <input type="checkbox"/> Cyanide _____                                                                                                                                                                                                                                                                                                                                        |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <b>Nutrients:</b>                                                                                                                                                                                                                                                                                                                                                             |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <input type="checkbox"/> Nitrate + Nitrite (as N) _____                                                                                                                                                                                                                                                                                                                       |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <input type="checkbox"/> Ammonia (as N) _____                                                                                                                                                                                                                                                                                                                                 |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <input type="checkbox"/> Total Kjeldahl (as N) _____                                                                                                                                                                                                                                                                                                                          |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <input type="checkbox"/> Nitrite (as N) _____                                                                                                                                                                                                                                                                                                                                 |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <input type="checkbox"/> Orthophosphate (as P) _____                                                                                                                                                                                                                                                                                                                          |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <input type="checkbox"/> Total Phosphorus (as P) _____                                                                                                                                                                                                                                                                                                                        |  |                                |  |                                                                                                         |  |                                                                                                   |  |
| <b>Remarks:</b>                                                                                                                                                                                                                                                                                                                                                               |  |                                |  |                                                                                                         |  |                                                                                                   |  |

## SCIENTIFIC LABORATORY DIVISION

P.O. Box 4700  
Albuquerque, NM 87196-4700700 Camino de Salud, NE  
[505]-841-2500

ORGANIC CHEMISTRY SECTION [505]-841-2570

May 23, 1994

Request  
ID No. 014375ANALYTICAL REPORT  
SLD Accession No. OR-94-0917Distribution☐ User 70320  
☒ Submitter 260  
☒ SLD FilesTo: Roger Anderson  
NM Oil Conserv. Div.  
State Land Office Bldg.  
P.O. Box 2088  
Santa Fe, NM 87504-2088From: Organic Chemistry Section  
Scientific Laboratory Div.  
700 Camino de Salud, N.E.  
P.O. Box 4700  
Albuquerque, NM 87196-4700

Re: A water, Purgeable sample submitted to this laboratory on March 28, 1994

## DEMOGRAPHIC DATA

| COLLECTION     |                       | LOCATION |
|----------------|-----------------------|----------|
| On: 25-Mar-94  | By: Ols . . .         | MW-6X5   |
| At: 11:30 hrs. | In/Near: Sunland Park |          |

## ANALYTICAL RESULTS: Aromatic &amp; Halogenated Purgeable [EPA-601/2] Screen {754}

| Parameter        | Value  | Note | PQL   | Units |
|------------------|--------|------|-------|-------|
| Tetrahydrofuran  | 11.00  | T    | 50.00 | ppb   |
| Benzene          | 101.00 |      | 10.00 | ppb   |
| Toluene          | 2.60   | T    | 10.00 | ppb   |
| Ethylbenzene     | 46.00  |      | 10.00 | ppb   |
| p- & m-Xylene    | 13.00  |      | 10.00 | ppb   |
| o-Xylene         | 8.90   | T    | 10.00 | ppb   |
| Isopropylbenzene | 21.00  |      | 10.00 | ppb   |

See Laboratory Remarks for Additional Information

Notations & Comments:

PQL = Practical Quantitation Level.

A = Approximate Value; N = None Detected above Detection Limit; P = Compound Present, but not quantified;

T = Trace (&lt;Detection Limit); U = Compound Identity Not Confirmed.

Evidentiary Seals: Not Sealed ☒; Intact: No ☐, Yes ☐ & Broken By: \_\_\_\_\_ Date: \_\_\_\_\_Laboratory Remarks:

Foamy sample; unable to achieve a lower detection limit.

Reported compound identities were confirmed by GC/MS.

| Compound               | Note | Value | PQL (ppb) |
|------------------------|------|-------|-----------|
| n-Propylbenzene        |      | 52    | 10        |
| 1,2,4-Trimethylbenzene |      | 270   | 10        |
| Naphthlene             |      | 13    | 10        |
| Methylene chloride     |      | 29    | 10        |

VOLATILE ORGANICS ANALYSIS DATA SHEET

(Continued on page 2.)



ANALYTICAL REPORT  
 SLD Accession No. OR-94-0917  
 Continuation, Page 2 of 4

Lab Name: NM SCIENTIFIC LABORATORY DIVISION Contract: N/A  
 Lab Code: N/A Case No.: N/A SAS No.: N/A SDG No.: N/A  
 Matrix: (soil/water) Water Lab Sample ID: OR-94-917  
 Sample wt/vol: 5.0 (g/mL) mL SLD Batch No: 127  
 Level: (low/med) Low Date Received: 3/28/94  
 % Moisture: not dec. N/A dec. N/A Date Extracted: N/A  
 Extraction: (SepF/Cont/Sonc) N/A Date Analyzed: 4/05/94  
 GPC Cleanup: (Y/N) No pH:        Dilution Factor: 10  
 CONCENTRATION UNITS:  
 (ug/L or ug/Kg):        ug/L

This sample was analyzed for the following compounds  
 using EPA Methods 601 & 602

| CAS NO.   | COMPOUND                       | CONC. | Q | POL  |
|-----------|--------------------------------|-------|---|------|
| 67-64-1   | Acetone                        |       | U | 50.0 |
| 71-43-2   | Benzene                        | 101   |   | 10.0 |
| 108-86-1  | Bromobenzene                   |       | U | 10.0 |
| 74-97-5   | Bromochloromethane             |       | U | 10.0 |
| 75-27-4   | Bromodichloromethane           |       | U | 10.0 |
| 75-25-2   | Bromoform                      |       | U | 10.0 |
| 78-93-3   | 2-Butanone (MEK)               |       | U | 50.0 |
| 104-51-8  | n-Butylbenzene                 |       | U | 10.0 |
| 135-98-8  | sec-Butylbenzene               |       | U | 10.0 |
| 98-06-6   | tert-Butylbenzene              |       | U | 10.0 |
| 1634-04-4 | tert-Butyl methyl ether (MTBE) |       | U | 50.0 |
| 56-23-5   | Carbon tetrachloride           |       | U | 10.0 |
| 108-90-7  | Chlorobenzene                  |       | U | 10.0 |
| 67-66-3   | Chloroform                     |       | U | 10.0 |
| 95-49-8   | 2-Chlorotoluene                |       | U | 10.0 |
| 106-43-4  | 4-Chlorotoluene                |       | U | 10.0 |
| 96-12-8   | 1,2-Dibromo-3-chloropropane    |       | U | 10.0 |
| 124-48-1  | Dibromochloromethane           |       | U | 10.0 |
| 106-93-4  | 1,2-Dibromoethane              |       | U | 10.0 |
| 74-95-3   | Dibromomethane                 |       | U | 10.0 |
| 95-50-1   | 1,2-Dichlorobenzene            |       | U | 10.0 |
| 541-73-1  | 1,3-Dichlorobenzene            |       | U | 10.0 |
| 106-46-7  | 1,4-Dichlorobenzene            |       | U | 10.0 |
| 75-71-8   | Dichlorodifluoromethane        |       | U | 10.0 |
| 75-34-3   | 1,1-Dichloroethane             |       | U | 10.0 |
| 107-06-2  | 1,2-Dichloroethane             |       | U | 10.0 |
| 75-35-4   | 1,1-Dichloroethene             |       | U | 10.0 |
| 156-59-4  | cis-1,2-Dichloroethene         |       | U | 10.0 |

(Continued on page 3.)

ANALYTICAL REPORT  
SLD Accession No. OR-94-0917  
Continuation, Page 3 of 4

|           |                           |      |   |      |
|-----------|---------------------------|------|---|------|
| 156-60-5  | trans-1,2-Dichloroethene  |      | U | 10.0 |
| 78-87-5   | 1,2-Dichloropropane       |      | U | 10.0 |
| 142-28-9  | 1,3-Dichloropropane       |      | U | 10.0 |
| 590-20-7  | 2,2-Dichloropropane       |      | U | 10.0 |
| 563-58-6  | 1,1-Dichloropropene       |      | U | 10.0 |
| 1006-01-5 | cis-1,3-Dichloropropene   |      | U | 10.0 |
| 1006-02-6 | trans-1,3-Dichloropropene |      | U | 10.0 |
| 100-41-4  | Ethylbenzene              | 46   |   | 10.0 |
| 87-68-3   | Hexachlorobutadiene       |      | U | 10.0 |
| 98-82-8   | Isopropylbenzene          | 21   |   | 10.0 |
| 99-87-6   | 4-Isopropyltoluene        |      | U | 10.0 |
| 75-09-2   | Methylene chloride        | 29   |   | 10.0 |
| 90-12-0   | 1-Methylnaphthalene       |      | U | 10.0 |
| 91-57-6   | 2-Methylnaphthalene       |      | U | 10.0 |
| 91-20-3   | Naphthalene               | 13   |   | 10.0 |
| 103-65-1  | n-Propylbenzene           | 52   |   | 10.0 |
| 100-42-5  | Styrene                   |      | U | 10.0 |
| 630-20-6  | 1,1,1,2-Tetrachloroethane |      | U | 10.0 |
| 79-34-5   | 1,1,2,2-Tetrachloroethane |      | U | 10.0 |
| 127-18-4  | Tetrachloroethene         |      | U | 10.0 |
| 109-99-9  | Tetrahydrofuran (THF)     | 11   | J | 50.0 |
| 108-88-3  | Toluene                   | 2.6  | J | 10.0 |
| 87-61-5   | 1,2,3-Trichlorobenzene    |      | U | 10.0 |
| 120-82-1  | 1,2,4-Trichlorobenzene    |      | U | 10.0 |
| 71-55-6   | 1,1,1-Trichloroethane     |      | U | 10.0 |
| 79-00-5   | 1,1,2-Trichloroethane     |      | U | 10.0 |
| 79-01-6   | Trichloroethene           |      | U | 10.0 |
| 75-69-4   | Trichlorofluoromethane    |      | U | 10.0 |
| 96-18-4   | 1,2,3-Trichloropropane    |      | U | 10.0 |
| 95-63-6   | 1,2,4-Trimethylbenzene    | 270  |   | 10.0 |
| 108-67-8  | 1,3,5-Trimethylbenzene    |      | U | 10.0 |
| 75-01-4   | Vinyl chloride            |      | U | 10.0 |
| 95-47-6   | o-Xylene                  | 8.9  | J | 10.0 |
| N/A       | p- & m-Xylene             | 13   |   | 10.0 |
| N/A       | Total Xylenes             | 21.9 |   | 20.0 |

TENTATIVELY IDENTIFIED COMPOUNDS DATA SHEET

The following compounds were tentatively identified by Mass Spec:

| CAS NO.  | COMPOUND          | MATCH | RT    | EST. CONC. | Q |
|----------|-------------------|-------|-------|------------|---|
| 637-50-3 | 1-propenylbenzene | 953   | 20.65 | 200        |   |

(Continued on page 4.)

ANALYTICAL REPORT  
 SLD Accession No. OR-94-0917  
 Continuation, Page 4 of 4

|           |                                    |     |       |     |  |
|-----------|------------------------------------|-----|-------|-----|--|
| 933-98-2  | 1-ethyl-2,3-dimethyl-<br>benzene   | 974 | 21.35 | 100 |  |
| 7525-62-4 | 1-ethenyl-3-ethyl-<br>benzene      | 900 | 21.60 | 100 |  |
| 874-41-9  | 1-ethyl-2,4-dimethyl-<br>benzene   | 834 | 21.17 | 100 |  |
| 611-14-3  | 1-ethyl-2-methyl-<br>benzene       | 973 | 19.29 | 90  |  |
| 488-23-3  | 1,2,3,4-tetramethyl-<br>benzene    | 968 | 22.12 | 90  |  |
| 824-63-5  | 2,3-dihydro-2-methyl-<br>1h-indene | 970 | 22.62 | 50  |  |

\* CONC = CONCENTRAION DETERMINED

PQL = Practical Quantitation Limit (Approximately 10 times MDL)

\* Q = Qualifier Definitions:

- B - Indicates compound was detected in the Lab Blank as well as in the sample.
- D - Indicates value taken from a secondary (diluted) sample analysis.
- E - Indicates compound concentration exceeded the range of the standard curve.
- J - Indicates an estimated value for tentatively identified compounds, or for compounds detected and identified but present at a concentration less than the quantitation limit.
- N - Indicates that more than one peak was used for quantitation.
- U - Indicates compound was analyzed for, but not detected above the concentration listed (Quantitation Limit).

QUALITY CONTROL SUMMARY FOR VOLATILES SCREEN

METHOD BLANK: A laboratory method blank was analyzed along with this sample to assure the absence of interfering contaminants from lab reagents, instruments, or the general laboratory environment. Unless listed below, no contaminants were detected in this blank above the reported detection limit.

|                       |                     |
|-----------------------|---------------------|
| COMPOUND DETECTED     | CONCENTRATION (PPB) |
| No Compounds Detected |                     |

|                       |               |            |
|-----------------------|---------------|------------|
| SURROGATE RECOVERIES: |               |            |
| SURROGATE             | CONCENTRATION | % RECOVERY |

(Continued on page 5.)

ANALYTICAL REPORT  
SLD Accession No. OR-94-0917  
Continuation, Page 5 of 4

|                         |      |     |      |
|-------------------------|------|-----|------|
| Bromofluorobenzene      | 25.0 | ppb | 90.0 |
| 2-Bromo-1-chloropropane | 25.0 | ppb | 92.0 |

SPIKE RECOVERY: The % recoveries for compounds in the batch spike were from 80% to 120% with the exception of the compounds listed below:

| COMPOUND      | CONCENTRATION | % RECOVERY |
|---------------|---------------|------------|
| No exceptions | . ppb         | .          |

Analyst: Patrick Basile  
Patrick F. Basile  
Analyst, Organic Chemistry

Reviewed By: R. Meyerhein  
Richard F. Meyerhein 05/04/94  
Supervisor, Organic Chemistry Section

## ORGANIC CHEMISTRY ANALYTICAL REQUEST FORM

SCIENTIFIC LABORATORY DIVISION  
700 CAMINO DE SALUD N.E., ALBUQUERQUE, NM 87106  
Organic Chemistry Section - Telephone: (505) 841-2570

SLD No. 0R94 0917 C

Date Received: 3-28-94

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------|
| 2 User Code #: 7103210                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3 Request ID No.: 014375-C | 4 Priority Code #: 3                                           | 5 Facility Name: Brickland Refinery | 6 County: Dona Ana                                                                                                                                                                                                                                                                                                                                                                                                                                     | 7 City: Sankul Park | 8 State: NM |
| 9 Sample Location: MW-65                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            |                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |             |
| 10 Collected By: William J. Allison                                                                                                                                                                                                                                                                                                                                                                                                                              |                            | On: 94103125                                                   |                                     | At: 11/1310 hrs.                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |             |
| 11 Codes: Submitter WSS # Organization                                                                                                                                                                                                                                                                                                                                                                                                                           |                            | 12 Latitude (DDMMSS) Longitude (DDMMSS) 2 Digit ID (if needed) |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |             |
| 13 Report To: Roger Anderson                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            | 14 Phone #: (505) 827-5812                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |             |
| Address: New Mexico Oil Conservation Division                                                                                                                                                                                                                                                                                                                                                                                                                    |                            |                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |             |
| P. O. Box 2088                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |             |
| City, State Zip: Santa Fe, New Mexico 87504-2088                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |             |
| 15 Sampling Information: Sample Purpose: <input checked="" type="checkbox"/> Grab <input type="checkbox"/> Composite <input type="checkbox"/> Compliance <input type="checkbox"/> Check <input checked="" type="checkbox"/> Monitoring <input type="checkbox"/> Special <input type="checkbox"/> Flow Proportioned <input type="checkbox"/> Equal Aliquot <input checked="" type="checkbox"/> Sample Split w/Permittee <input type="checkbox"/> Chain of Custody |                            |                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |             |
| 16 Field Data: pH: 6.89, Conductivity: 660 umhos @ 66.6 °F, Temperature: °C, Chlorine Residual: mg/l, Flow: _____                                                                                                                                                                                                                                                                                                                                                |                            |                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |             |
| 17 Sample Source: <input type="checkbox"/> Stream <input type="checkbox"/> Lake <input type="checkbox"/> Drain <input type="checkbox"/> Pool <input type="checkbox"/> WWTP <input checked="" type="checkbox"/> Well; Depth: _____ <input type="checkbox"/> Spring <input type="checkbox"/> Distribution <input type="checkbox"/> Point-of-Entry <input type="checkbox"/> Other: _____                                                                            |                            |                                                                |                                     | 18 Field Notes/<br>Sample #: Monitor Well MW-65                                                                                                                                                                                                                                                                                                                                                                                                        |                     |             |
| 19 Sample Type: <input checked="" type="checkbox"/> Water, <input type="checkbox"/> Soil, <input type="checkbox"/> Food, <input type="checkbox"/> Wastewater, <input type="checkbox"/> Other<br>This form accompanies a single sample consisting of:<br>2 septum vial(s) (volume = 40 ml)<br>glass jugs (volume = _____) (volume = _____)                                                                                                                        |                            |                                                                |                                     | 20 Preservation: <input type="checkbox"/> NP No Preservation; Sample stored at room temperature <input checked="" type="checkbox"/> P-Ice Sample stored in an ice bath (Not Frozen) <input type="checkbox"/> P-TS Sample Preserved with Sodium Thiosulfate to remove chlorine residual <input type="checkbox"/> P-HCl Sample Preserved with Hydrochloric Acid (2 drops/40 ml) <input checked="" type="checkbox"/> Other H <sub>2</sub> SO <sub>4</sub> |                     |             |

21 Analyses Requested: Please check the appropriate box(es) below to indicate the type of analytical screen(s) required. Whenever possible, list specific compounds suspected or required.

## Volatile Screens:

- ☐ - (753) Aliphatic Headspace (1-5 Carbons)  
☒ - (754) Aromatic & Halogenated Purgeables (EPA 601 & 602)  
☐ - (765) Mass Spectrometer Purgeables (EPA 624)  
☐ - (766) SDWA Total Trihalomethanes (EPA 501.1)  
☐ - (774) SDWA VOC's I [8 Regulated +] (EPA 502.2)  
☐ - (775) SDWA VOC's II [EDB & DBCP] (EPA 504)

## Other Specific Compounds or Classes:

- ☐ - { }  
☐ - { }  
☐ - { }

## Semivolatile Screens:

- ☐ - (763) Acid Extractables  
☐ - (751) Aliphatic Hydrocarbons  
☐ - (755) Base/Neutral Extractables (EPA 625)  
☐ - (756) Base/Neutral/Acid Extractables (EPA 8270)  
☐ - (758) Herbicides, Chlorophenoxy Acid  
☐ - (759) Herbicides, Triazines  
☐ - (760) Organochlorine Pesticides  
☐ - (761) Organophosphate Pesticides  
☐ - (767) Polychlorinated Biphenyls (PCB's)  
☐ - (764) Polynuclear Aromatic Hydrocarbons  
☐ - (762) SDWA Pesticides & Herbicides

Remarks:

## SCIENTIFIC LABORATORY DIVISION

P.O. Box 4700  
Albuquerque, NM 87196-4700700 Camino de Salud, NE  
[505]-841-2500

WATER CHEMISTRY SECTION [505]-841-2555

May 26, 1994

Request  
ID No. 014376**ANALYTICAL REPORT**  
**SLD Accession No. WC-94-1189**Distribution☐ User 70320  
☒ Submitter 260  
☒ SLD Files

To: R. Anderson  
NM Oil Conserv. Div.  
State Land Office Bldg.  
P.O. Box 2088  
Santa Fe, NM 87504-2088

From: Water Chemistry Section  
Scientific Laboratory Div.  
700 Camino de Salud, N.E.  
P.O. Box 4700  
Albuquerque, NM 87196-4700

Re: A water, Nonpres/No sample submitted to this laboratory on March 28, 1994

**DEMOGRAPHIC DATA**

| COLLECTION     |                       | LOCATION |
|----------------|-----------------------|----------|
| On: 25-Mar-94  | By: Ols . . .         | MW-6X S  |
| At: 11:30 hrs. | In/Near: Sunland Park |          |

**ANALYTICAL RESULTS**

| Analysis         | Value   | D. Lmt. | Units |
|------------------|---------|---------|-------|
| calcium          | 147.00  |         | mG/L  |
| magnesium        | 108.00  |         | mG/L  |
| potassium        | 16.00   |         | mG/L  |
| sodium           | 1575.00 |         | mG/L  |
| bicarbonate      | 1772.00 |         | mG/L  |
| carbonate        | 0.00    |         | mG/L  |
| chloride         | 1796.00 |         | mG/L  |
| fluoride         | 1.00    |         | mG/L  |
| sulfate          | 107.00  |         | mG/L  |
| Ion Balance      | 104.00  |         | %     |
| total diss resid | 5200.00 |         | mG/L  |

Reviewed By:

C. Rachael Howell 05/18/94  
Analyst, Water Chemistry Section

# WATER CHEMISTRY ANALYTICAL REQUEST FORM

SCIENTIFIC LABORATORY DIVISION

700 CAMINO DE SALUD, ALBUQUERQUE, NM 87106

Water Chemistry Section - Telephone: (505) 841-2555

SLD No. 1

Date

Received: \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------|--|
| <b>2 User Code #:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;">7 1 0 1 3 1 2 1 0</span>                                                                                                                                                                                                                                                                                                                           |  | <b>3 Request ID No.:</b> _____ |  | Place Form ID Sticker Here                                                                                                  |                                                                                                              | <b>4 Priority Code #:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;">3</span>  |  | (If "1" or "2", call EID-SLD Coordinator)                                                                   |  |
| <b>5 Facility Name:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 200px;">Brickland Refinery</span>                                                                                                                                                                                                                                                                                                                        |  |                                |  | <b>6 County:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;">Doña Ana</span>         |                                                                                                              | <b>7 City:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;">Sunland Park</span> |  | <b>8 State:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;">NM</span> |  |
| <b>9 Sample Location:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 300px;">MW-165</span>                                                                                                                                                                                                                                                                                                                                  |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <b>10 Collected By:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;">William</span> <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;">10/1/507</span> <b>On:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;">94/03/25</span> <b>At:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;">11/13/0</span> hrs. |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <b>11 Codes:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 200px;"></span>                                                                                                                                                                                                                                                                                                                                                 |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <b>12 Latitude (DDMMSS):</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>                                                                                                                                                                                                                                                                                                                                     |  |                                |  | <b>12 Longitude (DDMMSS):</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>    |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <b>13 Report To:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;">Roger Anderson</span>                                                                                                                                                                                                                                                                                                                               |  |                                |  | <b>14 Phone #:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;">(505) 827-5812</span> |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <b>Address:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 300px;">New Mexico Oil Conservation Division</span>                                                                                                                                                                                                                                                                                                              |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <b>P. O. 2088</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <b>City, State Zip:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 300px;">Santa Fe, New Mexico 87504-2088</span>                                                                                                                                                                                                                                                                                                           |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <b>15 Sampling Information:</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <b>Sample Purpose:</b> <input checked="" type="checkbox"/> Grab <input type="checkbox"/> Composite (Composite Time Period)                                                                                                                                                                                                                                                                                                                                  |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <input type="checkbox"/> Compliance <input type="checkbox"/> Flow Proportioned                                                                                                                                                                                                                                                                                                                                                                              |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <input type="checkbox"/> Check <input type="checkbox"/> Equal Aliquot                                                                                                                                                                                                                                                                                                                                                                                       |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <input checked="" type="checkbox"/> Monitoring <input checked="" type="checkbox"/> Sample Split w/Permittee                                                                                                                                                                                                                                                                                                                                                 |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <input type="checkbox"/> Special <input type="checkbox"/> Chain of Custody                                                                                                                                                                                                                                                                                                                                                                                  |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <b>16 Field Data:</b> pH: <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;">6.89</span> Conductivity: <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;">660</span> umhos @ <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;">66.6</span> °F Temperature: _____ °C Residual: _____ mg/l Flow: _____                                                          |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <b>17 Sample Source:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                |  |                                                                                                                             | <b>18 Field Notes/ Sample #:</b>                                                                             |                                                                                                                       |  |                                                                                                             |  |
| <input type="checkbox"/> Stream <input checked="" type="checkbox"/> Well; Depth: _____                                                                                                                                                                                                                                                                                                                                                                      |  |                                |  |                                                                                                                             | <span style="border-bottom: 1px solid black; display: inline-block; width: 200px;">Monitor Well MW-65</span> |                                                                                                                       |  |                                                                                                             |  |
| <input type="checkbox"/> Lake <input type="checkbox"/> Spring                                                                                                                                                                                                                                                                                                                                                                                               |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <input type="checkbox"/> Drain <input type="checkbox"/> Distribution                                                                                                                                                                                                                                                                                                                                                                                        |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <input type="checkbox"/> Pool <input type="checkbox"/> Point-of-Entry                                                                                                                                                                                                                                                                                                                                                                                       |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <input type="checkbox"/> WWTP <input type="checkbox"/> Other: _____                                                                                                                                                                                                                                                                                                                                                                                         |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <b>19 Sample Type:</b> <input checked="" type="checkbox"/> Water <input type="checkbox"/> Soil <input type="checkbox"/> Food                                                                                                                                                                                                                                                                                                                                |  |                                |  |                                                                                                                             | <b>20 Preservation:</b>                                                                                      |                                                                                                                       |  |                                                                                                             |  |
| <input type="checkbox"/> Wastewater <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                    |  |                                |  |                                                                                                                             | <input type="checkbox"/> WNF Water Not Preserved; Filtered                                                   |                                                                                                                       |  |                                                                                                             |  |
| This form accompanies a <u>single sample</u> consisting of:                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                |  |                                                                                                                             | <input checked="" type="checkbox"/> WNN Water Not Preserved; Not Filtered                                    |                                                                                                                       |  |                                                                                                             |  |
| _____ 1 liter cubitainers (1 quart)                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                |  |                                                                                                                             | <input type="checkbox"/> WPF Water Preserved with Sulfuric Acid (H2SO4); Filtered                            |                                                                                                                       |  |                                                                                                             |  |
| _____ 4 liter cubitainers (1 gallon)                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                |  |                                                                                                                             | <input type="checkbox"/> WPN Water Preserved with Sulfuric Acid; Not Filtered                                |                                                                                                                       |  |                                                                                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                |  |                                                                                                                             | <input type="checkbox"/> WNL Water Not Preserved in Field; Please Add H2SO4 at Lab                           |                                                                                                                       |  |                                                                                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                |  |                                                                                                                             | <input checked="" type="checkbox"/> ICE Water Iced                                                           |                                                                                                                       |  |                                                                                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                |  |                                                                                                                             | <input type="checkbox"/> Other _____                                                                         |                                                                                                                       |  |                                                                                                             |  |
| <b>21 Analyses Requested:</b> Please check the appropriate box(es) below to indicate the type of analyses required.                                                                                                                                                                                                                                                                                                                                         |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <b>Group Analyses:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <input type="checkbox"/> (854) SDWA Group II (Nitrate as N)                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <input type="checkbox"/> (861) SDWA Group III (Fluoride)                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <input type="checkbox"/> (860) SDWA Complete Secondary                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <input type="checkbox"/> (859) SWQB SS Anion - Cation Group +                                                                                                                                                                                                                                                                                                                                                                                               |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <input type="checkbox"/> (868) SWQB NPS Anion, Cation, Physical + TSS                                                                                                                                                                                                                                                                                                                                                                                       |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <input type="checkbox"/> (869) SWQB Nutrient Analysis Group +                                                                                                                                                                                                                                                                                                                                                                                               |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <input checked="" type="checkbox"/> (867) Major Anions & Cations                                                                                                                                                                                                                                                                                                                                                                                            |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <b>Cations:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <input type="checkbox"/> Calcium (as Ca) _____                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <input type="checkbox"/> Magnesium (as Mg) _____                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <input type="checkbox"/> Potassium (as K) _____                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <input type="checkbox"/> Sodium (as Na) _____                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <input type="checkbox"/> Total Hardness (as CaCO3) _____                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <b>Anions:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <input type="checkbox"/> Alkalinity (as CaCO3) _____                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <input type="checkbox"/> Bicarbonate (as HCO3) _____                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <input type="checkbox"/> Carbonate (as CO3) _____                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <input type="checkbox"/> Chloride (as Cl) _____                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <input type="checkbox"/> Fluoride (as F) _____                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <input type="checkbox"/> Sulfate (as SO4) _____                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <input checked="" type="checkbox"/> Ion Charge Balance _____                                                                                                                                                                                                                                                                                                                                                                                                |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <b>Physical Parameters:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <input type="checkbox"/> Color _____                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <input type="checkbox"/> Conductance (Micromhos @ 25 C) _____                                                                                                                                                                                                                                                                                                                                                                                               |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <input type="checkbox"/> Odor _____                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <input type="checkbox"/> pH _____                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <input type="checkbox"/> Surfactants _____                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <input type="checkbox"/> Total Dissolved Solids _____                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <input type="checkbox"/> Turbidity _____                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <b>Other:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <input type="checkbox"/> _____                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <input type="checkbox"/> _____                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <input type="checkbox"/> _____                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <input type="checkbox"/> _____                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <b>Surface and Waste Water:</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <input type="checkbox"/> Biological Oxygen Demand _____                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <input type="checkbox"/> Total Suspended Solids _____                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <input type="checkbox"/> Chemical Oxygen Demand _____                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <input type="checkbox"/> Total Organic Carbon _____                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <input type="checkbox"/> Cyanide _____                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <b>Nutrients:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <input type="checkbox"/> Nitrate + Nitrite (as N) _____                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <input type="checkbox"/> Ammonia (as N) _____                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <input type="checkbox"/> Total Kjeldahl (as N) _____                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <input type="checkbox"/> Nitrite (as N) _____                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <input type="checkbox"/> Orthophosphate (as P) _____                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <input type="checkbox"/> Total Phosphorus (as P) _____                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| <b>Remarks:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                |  |                                                                                                                             |                                                                                                              |                                                                                                                       |  |                                                                                                             |  |

## SCIENTIFIC LABORATORY DIVISION

P.O. Box 4700  
Albuquerque, NM 87196-4700700 Camino de Salud, NE  
[505]-841-2500

AIR &amp; HEAVY METALS SECTION [505]-841-2553

May 11, 1994

Request  
ID No. 014377ANALYTICAL REPORT  
SLD Accession No. IC-94-0047Distribution☐ User 70320  
☒ Submitter 260  
☒ SLD FilesTo: R. Anderson  
NM Oil Conserv. Div.  
State Land Office Bldg.  
P.O. Box 2088  
Santa Fe, NM 87504-2088From: Air & Heavy Metals Section  
Scientific Laboratory Div.  
700 Camino de Salud, NE  
Albuquerque, NM 87106

Re: A water, Nonpres/No sample submitted to this laboratory on March 28, 1994

User:NM Energy & Min - Oil Conserv.  
, NM

## DEMOGRAPHIC DATA

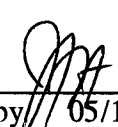
| COLLECTION     |                       | LOCATION |
|----------------|-----------------------|----------|
| On: 25-Mar-94  | By: Ols . . .         | MW-68S   |
| At: 11:30 hrs. | In/Near: Sunland Park |          |

## ANALYTICAL RESULTS in mg/L

| Analysis  | Value  | Analysis   | Value  | Analysis  | Value    |
|-----------|--------|------------|--------|-----------|----------|
| Aluminum  | 4.40   | Copper     | < 0.10 | Silver    | < 0.10   |
| Barium    | 1.40   | Iron       | 12.00  | Strontium | 4.90     |
| Beryllium | < 0.10 | Lead       | < 0.10 | Tin       | < 0.10   |
| Boron     | 1.20   | Magnesium  | 100.00 | Vanadium  | < 0.10   |
| Cadmium   | < 0.10 | Manganese  | 1.30   | Zinc      | < 0.10   |
| Calcium   | 270.00 | Molybdenum | < 0.10 | Mercury   | < 0.0005 |
| Chromium  | < 0.10 | Nickel     | < 0.10 | Selenium  | < 0.0050 |
| Cobalt    | < 0.05 | Silicon    | 0.20   |           |          |

Laboratory Remarks:ICP by method 270.2 on 4/29/94 by RAH.  
Mercury by method 245.1 on 4/13/94 by SD.  
Selenium by method 270.2 on 4/8/94 by RAH.

Reviewed By:

  
Jim F. Ashby 05/11/94  
Supervisor, Air & Heavy Metals Section



# AIR & HEAVY METALS ANALYTICAL REQUEST FORM

SCIENTIFIC LABORATORY DIVISION

700 CAMINO DE SALUD N.E., ALBUQUERQUE, NM 87106

Air & Heavy Metals Section - Telephone: (505) 841-2553

SLD No. 1

Date Received: \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                  |                                                                                                                     |                                                                                                                             |                                                                                                                        |                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>2 User Code #:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;">7 1 0 1 3 1 2 1 0</span>                                                                                                                                                                                                                                                                                |  | <b>3 Request ID No.:</b> _____                                                                                   |                                                                                                                     | <b>4 Priority Code #:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;">3</span>        |                                                                                                                        | <small>(If "1" or "2", call EID-SLD Coordinator)</small>                                                    |
| <b>5 Facility Name:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 200px;">Brickland Refinery</span>                                                                                                                                                                                                                                                                             |  |                                                                                                                  | <b>6 County:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;">Dona Ana</span> |                                                                                                                             | <b>7 City:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;">Santitas Park</span> | <b>8 State:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;">NM</span> |
| <b>9 Sample Location:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 300px;">MLW-65</span>                                                                                                                                                                                                                                                                                       |  |                                                                                                                  |                                                                                                                     |                                                                                                                             |                                                                                                                        |                                                                                                             |
| <b>10 Collected By:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;">William</span>                                                                                                                                                                                                                                                                                        |  | <b>10 On:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;">94/03/25</span> |                                                                                                                     | <b>10 At:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;">11/13/10</span> hrs.       |                                                                                                                        |                                                                                                             |
| <small>First</small>                                                                                                                                                                                                                                                                                                                                                                                             |  | <small>Date: (YY/MM/DD)</small>                                                                                  |                                                                                                                     | <small>Time: 24 hr. clock<br/>3:00 pm = 1500 hrs.</small>                                                                   |                                                                                                                        |                                                                                                             |
| <b>11 Codes:</b>                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                  |                                                                                                                     | <b>12 Latitude (DDMMSS)</b>                                                                                                 |                                                                                                                        |                                                                                                             |
| <small>Submitter</small>                                                                                                                                                                                                                                                                                                                                                                                         |  | <small>WSS #</small>                                                                                             |                                                                                                                     | <small>Organization</small>                                                                                                 |                                                                                                                        |                                                                                                             |
| <b>13 Report To:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;">Roger Anderson</span>                                                                                                                                                                                                                                                                                    |  |                                                                                                                  |                                                                                                                     | <b>14 Phone #:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;">(505) 827-5812</span> |                                                                                                                        |                                                                                                             |
| <b>Address:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 200px;">New Mexico Oil Conservation Division</span>                                                                                                                                                                                                                                                                   |  |                                                                                                                  |                                                                                                                     | <b>15 Sampling Information:</b>                                                                                             |                                                                                                                        |                                                                                                             |
| <span style="border-bottom: 1px solid black; display: inline-block; width: 200px;">P. O. Box 2088</span>                                                                                                                                                                                                                                                                                                         |  |                                                                                                                  |                                                                                                                     | <input checked="" type="checkbox"/> Grab <span style="float: right;"><small>(Composite Time Period)</small></span>          |                                                                                                                        |                                                                                                             |
| <span style="border-bottom: 1px solid black; display: inline-block; width: 200px;">Santa Fe, New Mexico 87504-2088</span>                                                                                                                                                                                                                                                                                        |  |                                                                                                                  |                                                                                                                     | <input type="checkbox"/> Composite                                                                                          |                                                                                                                        |                                                                                                             |
| <b>City, State Zip</b>                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                  |                                                                                                                     | <input type="checkbox"/> Flow Proportioned                                                                                  |                                                                                                                        |                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                  |                                                                                                                     | <input type="checkbox"/> Equal Aliquot                                                                                      |                                                                                                                        |                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                  |                                                                                                                     | <input checked="" type="checkbox"/> Monitoring                                                                              |                                                                                                                        |                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                  |                                                                                                                     | <input checked="" type="checkbox"/> Sample Split w/Permittee                                                                |                                                                                                                        |                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                  |                                                                                                                     | <input type="checkbox"/> Chain of Custody                                                                                   |                                                                                                                        |                                                                                                             |
| <b>16 Field Data:</b> pH: <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;">6.89</span> , Conductivity: <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;">660</span> umhos @ <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;">66.6</span> °F. Temperature: _____ °C. Chlorine Residual: _____ mg/l. Flow: _____ |  |                                                                                                                  |                                                                                                                     |                                                                                                                             |                                                                                                                        |                                                                                                             |
| <b>17 Sample Source:</b>                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                  |                                                                                                                     | <b>18 Field Notes/ Sample #:</b>                                                                                            |                                                                                                                        |                                                                                                             |
| <input type="checkbox"/> Stream <input checked="" type="checkbox"/> Well; Depth: _____                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                  |                                                                                                                     | <span style="border-bottom: 1px solid black; display: inline-block; width: 200px;">Monitor Well MLW-65</span>               |                                                                                                                        |                                                                                                             |
| <input type="checkbox"/> Lake <input type="checkbox"/> Spring                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                  |                                                                                                                     |                                                                                                                             |                                                                                                                        |                                                                                                             |
| <input type="checkbox"/> Drain <input type="checkbox"/> Distribution                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                  |                                                                                                                     |                                                                                                                             |                                                                                                                        |                                                                                                             |
| <input type="checkbox"/> Pool <input type="checkbox"/> Point-of-Entry                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                  |                                                                                                                     |                                                                                                                             |                                                                                                                        |                                                                                                             |
| <input type="checkbox"/> WWTP <input type="checkbox"/> Other: _____                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                  |                                                                                                                     |                                                                                                                             |                                                                                                                        |                                                                                                             |
| <b>19 Sample Type:</b> <input checked="" type="checkbox"/> Water, <input type="checkbox"/> Soil, <input type="checkbox"/> Food, <input type="checkbox"/> Wastewater, <input type="checkbox"/> Other                                                                                                                                                                                                              |  |                                                                                                                  |                                                                                                                     | <b>20 Preservation:</b>                                                                                                     |                                                                                                                        |                                                                                                             |
| This form accompanies a <u>single sample</u> consisting of:                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                  |                                                                                                                     | <input type="checkbox"/> WNF Water Not Preserved; Filtered                                                                  |                                                                                                                        |                                                                                                             |
| <input checked="" type="checkbox"/> - 1 liter cubitainers (1 quart)                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                  |                                                                                                                     | <input checked="" type="checkbox"/> WNN Water Not Preserved; Not Filtered                                                   |                                                                                                                        |                                                                                                             |
| <input type="checkbox"/> - 4 liter cubitainers (1 gallon)                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                  |                                                                                                                     | <input type="checkbox"/> WPF Water Preserved with Nitric Acid (HNO3); Filtered                                              |                                                                                                                        |                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                  |                                                                                                                     | <input type="checkbox"/> WPN Water Preserved with Nitric Acid; Not Filtered                                                 |                                                                                                                        |                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                  |                                                                                                                     | <input checked="" type="checkbox"/> WNL Water Not Preserved in Field; Please Add HNO3 at Lab                                |                                                                                                                        |                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                  |                                                                                                                     | <input checked="" type="checkbox"/> ICE Water Iced                                                                          |                                                                                                                        |                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                  |                                                                                                                     | <input type="checkbox"/> Other                                                                                              |                                                                                                                        |                                                                                                             |
| <b>21 Analyses Requested:</b> Please check the appropriate box(es) below to indicate the type of analyses required.                                                                                                                                                                                                                                                                                              |  |                                                                                                                  |                                                                                                                     |                                                                                                                             |                                                                                                                        |                                                                                                             |
| <input checked="" type="checkbox"/> (704) ICAP Scan <input type="checkbox"/> (721) SDWA Group I + other parameter(s) marked below                                                                                                                                                                                                                                                                                |  |                                                                                                                  |                                                                                                                     |                                                                                                                             |                                                                                                                        |                                                                                                             |
| <input type="checkbox"/> (720) SDWA Group I Only                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                  |                                                                                                                     |                                                                                                                             |                                                                                                                        |                                                                                                             |
| <input type="checkbox"/> Aluminum                                                                                                                                                                                                                                                                                                                                                                                |  | <input type="checkbox"/> Lead                                                                                    |                                                                                                                     | <input type="checkbox"/> Vanadium                                                                                           |                                                                                                                        |                                                                                                             |
| <input type="checkbox"/> Arsenic                                                                                                                                                                                                                                                                                                                                                                                 |  | <input type="checkbox"/> Manganese                                                                               |                                                                                                                     | <input type="checkbox"/> Zinc                                                                                               |                                                                                                                        |                                                                                                             |
| <input type="checkbox"/> Barium                                                                                                                                                                                                                                                                                                                                                                                  |  | <input checked="" type="checkbox"/> Mercury                                                                      |                                                                                                                     | <input type="checkbox"/> _____                                                                                              |                                                                                                                        |                                                                                                             |
| <input type="checkbox"/> Cadmium                                                                                                                                                                                                                                                                                                                                                                                 |  | <input type="checkbox"/> Molybdenum                                                                              |                                                                                                                     | <input type="checkbox"/> _____                                                                                              |                                                                                                                        |                                                                                                             |
| <input type="checkbox"/> Chromium                                                                                                                                                                                                                                                                                                                                                                                |  | <input type="checkbox"/> Nickel                                                                                  |                                                                                                                     | <input type="checkbox"/> _____                                                                                              |                                                                                                                        |                                                                                                             |
| <input type="checkbox"/> Cobalt                                                                                                                                                                                                                                                                                                                                                                                  |  | <input checked="" type="checkbox"/> Selenium                                                                     |                                                                                                                     | <input type="checkbox"/> _____                                                                                              |                                                                                                                        |                                                                                                             |
| <input type="checkbox"/> Copper                                                                                                                                                                                                                                                                                                                                                                                  |  | <input type="checkbox"/> Silver                                                                                  |                                                                                                                     | <input type="checkbox"/> _____                                                                                              |                                                                                                                        |                                                                                                             |
| <input type="checkbox"/> Iron                                                                                                                                                                                                                                                                                                                                                                                    |  | <input type="checkbox"/> Uranium                                                                                 |                                                                                                                     | <input type="checkbox"/> _____                                                                                              |                                                                                                                        |                                                                                                             |
| <b>Remarks:</b>                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                  |                                                                                                                     |                                                                                                                             |                                                                                                                        |                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                  |                                                                                                                     |                                                                                                                             |                                                                                                                        |                                                                                                             |

## SCIENTIFIC LABORATORY DIVISION

P.O. Box 4700  
Albuquerque, NM 87196-4700700 Camino de Salud, NE  
[505]-841-2500

ORGANIC CHEMISTRY SECTION [505]-841-2570

May 23, 1994

Request  
ID No. 014372ANALYTICAL REPORT  
SLD Accession No. OR-94-0918Distribution( ) User 70320  
(X) Submitter 260  
(X) SLD FilesTo: Roger Anderson  
NM Oil Conserv. Div.  
State Land Office Bldg.  
P.O. Box 2088  
Santa Fe, NM 87504-2088From: Organic Chemistry Section  
Scientific Laboratory Div.  
700 Camino de Salud, N.E.  
P.O. Box 4700  
Albuquerque, NM 87196-4700

Re: A water, Purgeable sample submitted to this laboratory on March 28, 1994

## DEMOGRAPHIC DATA

| COLLECTION     |                       | LOCATION |
|----------------|-----------------------|----------|
| On: 25-Mar-94  | By: Ols . . .         | MW-9X 5  |
| At: 10:40 hrs. | In/Near: Sunland Park |          |

## ANALYTICAL RESULTS: Aromatic &amp; Halogenated Purgeable [EPA-601/2] Screen {754}

| Parameter                | Value | Note | PQL  | Units |
|--------------------------|-------|------|------|-------|
| EPA 601/2 Volatiles (60) | 0.00  | N    | 1.00 | ppb   |

See Laboratory Remarks for Additional Information

Notations & Comments:

PQL = Practical Quantitation Level.

A = Approximate Value; N = None Detected above Detection Limit; P = Compound Present, but not quantified;  
T = Trace (<Detection Limit); U = Compound Identity Not Confirmed.Evidentiary Seals: Not Sealed ☒; Intact: No ☐, Yes ☐ & Broken By: \_\_\_\_\_ Date: \_\_\_\_\_Laboratory Remarks:

No target compounds observed, however C8, C9, C10, aldehydes observed on GC/MS, but not quantified.

Reported compound identities were confirmed by GC/MS.

## VOLATILE ORGANICS ANALYSIS DATA SHEET

|                                             |                             |
|---------------------------------------------|-----------------------------|
| Lab Name: NM SCIENTIFIC LABORATORY DIVISION | Contract: N/A               |
| Lab Code: N/A                               | Case No.: N/A               |
| Matrix: (soil/water) Water                  | SAS No.: N/A                |
| Sample wt/vol: 5.0 (g/mL) mL                | SDG No.: N/A                |
| Level: (low/med) Low                        | Lab Sample ID: OR-94-918    |
| % Moisture: not dec. N/A dec. N/A           | SLD Batch No: 127           |
| Extraction: (SepF/Cont/Sonc) N/A            | Date Received: 3/28/94      |
| GPC Cleanup: (Y/N) No pH: _____             | Date Extracted: N/A         |
|                                             | Date Analyzed: 4/05/94      |
|                                             | Dilution Factor: 1          |
|                                             | CONCENTRATION UNITS:        |
|                                             | (ug/L or ug/Kg): _____ ug/L |

(Continued on page 2.)

ANALYTICAL REPORT  
 SLD Accession No. OR-94-0918  
 Continuation, Page 2 of 4

This sample was analyzed for the following compounds  
 using EPA Methods 601 & 602

| CAS NO.   | COMPOUND                       | CONC. | Q | POL |
|-----------|--------------------------------|-------|---|-----|
| 67-64-1   | Acetone                        |       | U | 5.0 |
| 71-43-2   | Benzene                        |       | U | 1.0 |
| 108-86-1  | Bromobenzene                   |       | U | 1.0 |
| 74-97-5   | Bromochloromethane             |       | U | 1.0 |
| 75-27-4   | Bromodichloromethane           |       | U | 1.0 |
| 75-25-2   | Bromoform                      |       | U | 1.0 |
| 78-93-3   | 2-Butanone (MEK)               |       | U | 5.0 |
| 104-51-8  | n-Butylbenzene                 |       | U | 1.0 |
| 135-98-8  | sec-Butylbenzene               |       | U | 1.0 |
| 98-06-6   | tert-Butylbenzene              |       | U | 1.0 |
| 1634-04-4 | tert-Butyl methyl ether (MTBE) |       | U | 5.0 |
| 56-23-5   | Carbon tetrachloride           |       | U | 1.0 |
| 108-90-7  | Chlorobenzene                  |       | U | 1.0 |
| 67-66-3   | Chloroform                     |       | U | 1.0 |
| 95-49-8   | 2-Chlorotoluene                |       | U | 1.0 |
| 106-43-4  | 4-Chlorotoluene                |       | U | 1.0 |
| 96-12-8   | 1,2-Dibromo-3-chloropropane    |       | U | 1.0 |
| 124-48-1  | Dibromochloromethane           |       | U | 1.0 |
| 106-93-4  | 1,2-Dibromoethane              |       | U | 1.0 |
| 74-95-3   | Dibromomethane                 |       | U | 1.0 |
| 95-50-1   | 1,2-Dichlorobenzene            |       | U | 1.0 |
| 541-73-1  | 1,3-Dichlorobenzene            |       | U | 1.0 |
| 106-46-7  | 1,4-Dichlorobenzene            |       | U | 1.0 |
| 75-71-8   | Dichlorodifluoromethane        |       | U | 1.0 |
| 75-34-3   | 1,1-Dichloroethane             |       | U | 1.0 |
| 107-06-2  | 1,2-Dichloroethane             |       | U | 1.0 |
| 75-35-4   | 1,1-Dichloroethene             |       | U | 1.0 |
| 156-59-4  | cis-1,2-Dichloroethene         |       | U | 1.0 |
| 156-60-5  | trans-1,2-Dichloroethene       |       | U | 1.0 |
| 78-87-5   | 1,2-Dichloropropane            |       | U | 1.0 |
| 142-28-9  | 1,3-Dichloropropane            |       | U | 1.0 |
| 590-20-7  | 2,2-Dichloropropane            |       | U | 1.0 |
| 563-58-6  | 1,1-Dichloropropene            |       | U | 1.0 |
| 1006-01-5 | cis-1,3-Dichloropropene        |       | U | 1.0 |
| 1006-02-6 | trans-1,3-Dichloropropene      |       | U | 1.0 |
| 100-41-4  | Ethylbenzene                   |       | U | 1.0 |
| 87-68-3   | Hexachlorobutadiene            |       | U | 1.0 |
| 98-82-8   | Isopropylbenzene               |       | U | 1.0 |
| 99-87-6   | 4-Isopropyltoluene             |       | U | 1.0 |

(Continued on page 3.)

ANALYTICAL REPORT  
 SLD Accession No. OR-94-0918  
 Continuation, Page 3 of 4

|          |                           |  |   |     |
|----------|---------------------------|--|---|-----|
| 75-09-2  | Methylene chloride        |  | U | 1.0 |
| 90-12-0  | 1-Methylnaphthalene       |  | U | 1.0 |
| 91-57-6  | 2-Methylnaphthalene       |  | U | 1.0 |
| 91-20-3  | Naphthalene               |  | U | 1.0 |
| 103-65-1 | n-Propylbenzene           |  | U | 1.0 |
| 100-42-5 | Styrene                   |  | U | 1.0 |
| 630-20-6 | 1,1,1,2-Tetrachloroethane |  | U | 1.0 |
| 79-34-5  | 1,1,2,2-Tetrachloroethane |  | U | 1.0 |
| 127-18-4 | Tetrachloroethene         |  | U | 1.0 |
| 109-99-9 | Tetrahydrofuran (THF)     |  | U | 5.0 |
| 108-88-3 | Toluene                   |  | U | 1.0 |
| 87-61-5  | 1,2,3-Trichlorobenzene    |  | U | 1.0 |
| 120-82-1 | 1,2,4-Trichlorobenzene    |  | U | 1.0 |
| 71-55-6  | 1,1,1-Trichloroethane     |  | U | 1.0 |
| 79-00-5  | 1,1,2-Trichloroethane     |  | U | 1.0 |
| 79-01-6  | Trichloroethene           |  | U | 1.0 |
| 75-69-4  | Trichlorofluoromethane    |  | U | 1.0 |
| 96-18-4  | 1,2,3-Trichloropropane    |  | U | 1.0 |
| 95-63-6  | 1,2,4-Trimethylbenzene    |  | U | 1.0 |
| 108-67-8 | 1,3,5-Trimethylbenzene    |  | U | 1.0 |
| 75-01-4  | Vinyl chloride            |  | U | 1.0 |
| 95-47-6  | o-Xylene                  |  | U | 1.0 |
| N/A      | p- & m-Xylene             |  | U | 1.0 |

TENTATIVELY IDENTIFIED COMPOUNDS DATA SHEET

The following compounds were tentatively identified by Mass Spec:

| CAS NO.   | COMPOUND   | MATCH | RT    | EST. CONC. | Q |
|-----------|------------|-------|-------|------------|---|
| 124-19-6  | nonanal    | 967   | 21.97 | 5          |   |
| 112-31-2  | decanal    | 978   | 23.84 | 2          |   |
| 124-13-0  | octanal    | 984   | 20.   | 2          |   |
| 6032-29-7 | 2-pentanol | 839   | 7.01  | 2          |   |

\* CONC = CONCENTRATION DETERMINED

PQL = Practical Quantitation Limit (Approximately 10 times MDL)

\* Q = Qualifier Definitions:

B - Indicates compound was detected in the Lab Blank as well as in the sample.

D - Indicates value taken from a secondary (diluted) sample analysis.

E - Indicates compound concentration exceeded the range of the standard curve.

J - Indicates an estimated value for tentatively identified compounds,

(Continued on page 4.)

or for compounds detected and identified but present at a concentration less than the quantitation limit.

- N - Indicates that more than one peak was used for quantitation.  
U - Indicates compound was analyzed for, but not detected above the concentration listed (Quantitation Limit).

QUALITY CONTROL SUMMARY FOR VOLATILES SCREEN

METHOD BLANK: A laboratory method blank was analyzed along with this sample to assure the absence of interfering contaminants from lab reagents, instruments, or the general laboratory environment. Unless listed below, no contaminants were detected in this blank above the reported detection limit.

| COMPOUND DETECTED     | CONCENTRATION (PPB) |
|-----------------------|---------------------|
| No Compounds Detected |                     |

SURROGATE RECOVERIES:

| SURROGATE               | CONCENTRATION | % RECOVERY |
|-------------------------|---------------|------------|
| Bromofluorobenzene      | 25.0 ppb      | 98.0       |
| 2-Bromo-1-chloropropane | 25.0 ppb      | 101.0      |

SPIKE RECOVERY: The % recoveries for compounds in the batch spike were from 80% to 120% with the exception of the compounds listed below:

| COMPOUND      | CONCENTRATION | % RECOVERY |
|---------------|---------------|------------|
| No exceptions | . ppb         | .          |

Analyst:

Patrick F. Basile  
Patrick F. Basile  
Analyst, Organic Chemistry

Reviewed By:

Richard F. Meyerhein  
Richard F. Meyerhein 05/04/94  
Supervisor, Organic Chemistry Section

## ORGANIC CHEMISTRY ANALYTICAL REQUEST FORM

SCIENTIFIC LABORATORY DIVISION

700 CAMINO DE SALUD N.E., ALBUQUERQUE, NM 87106

Organic Chemistry Section - Telephone: (505) 841-2570

SLD No.

OR94 0918 C

Date

Received: 3-28-94

Request ID No. 014372-C

|                                                                                                                                                                                              |                   |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                      |             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------|-------------|
| 2 User Code #: 7103210                                                                                                                                                                       | 3 Request ID No.: | 4 Priority Code #: 3 | 5 Facility Name: Brickland Refinery                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 6 County: Dona Ana | 7 City: Sunland Park | 8 State: NM |
| 9 Sample Location: MW-95                                                                                                                                                                     |                   |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                      |             |
| 10 Collected By: William Olsson On: 94/03/25 At: 11040 hrs. Date: (YY/MM/DD) Time: 24 hr. clock 3:00 pm - 1500 hrs.                                                                          |                   |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                      |             |
| 11 Codes: Submitter WSS # Organization                                                                                                                                                       |                   |                      | 12 Latitude (DDMMSS) Longitude (DDMMSS) 2 Digit ID (if needed)                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                      |             |
| 13 Report To: Roger Anderson                                                                                                                                                                 |                   |                      | 14 Phone #: (505) 827-5812                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                      |             |
| Address: New Mexico Oil Conservation Division                                                                                                                                                |                   |                      | 15 Sampling Information: Sample Purpose: <input checked="" type="checkbox"/> Grab <input type="checkbox"/> Composite (Composite Time Period) <input type="checkbox"/> Compliance <input type="checkbox"/> Check <input type="checkbox"/> Flow Proportioned <input type="checkbox"/> Equal Aliquot <input checked="" type="checkbox"/> Monitoring <input checked="" type="checkbox"/> Sample Split w/Permittee <input type="checkbox"/> Special <input type="checkbox"/> Chain of Custody |                    |                      |             |
| City, State Zip: Santa Fe, New Mexico 87504-2088                                                                                                                                             |                   |                      | Chlorine Residual: mg/l. Flow:                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                      |             |
| 16 Field Data: pH: 7.1 Conductivity: 634 umhos @ 65.2 °F Temperature:                                                                                                                        |                   |                      | 17 Sample Source: <input checked="" type="checkbox"/> Well; Depth: <input type="checkbox"/> Spring <input type="checkbox"/> Distribution <input type="checkbox"/> Point-of-Entry <input type="checkbox"/> Other:                                                                                                                                                                                                                                                                         |                    |                      |             |
| 19 Sample Type: <input checked="" type="checkbox"/> Water, <input type="checkbox"/> Soil, <input type="checkbox"/> Food, <input type="checkbox"/> Wastewater, <input type="checkbox"/> Other |                   |                      | 18 Field Notes/ Sample #: Monitor well MW-95                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                      |             |
| This form accompanies a single sample consisting of: 2 septum vial(s) (volume = 40 ml) glass jugs (volume = ) (volume = )                                                                    |                   |                      | 20 Preservation: <input type="checkbox"/> NP No Preservation; Sample stored at room temperature <input checked="" type="checkbox"/> P-Ice Sample stored in an ice bath (Not Frozen) <input type="checkbox"/> P-TS Sample Preserved with Sodium Thiosulfate to remove chlorine residual <input type="checkbox"/> P-HCl Sample Preserved with Hydrochloric Acid (2 drops/40 ml) <input checked="" type="checkbox"/> Other H <sub>2</sub> SO <sub>4</sub>                                   |                    |                      |             |

21 Analyses Requested: Please check the appropriate box(es) below to indicate the type of analytical screen(s) required. Whenever possible, list specific compounds suspected or required.

## Volatile Screens:

- ☐ - (753) Aliphatic Headspace (1-5 Carbons)  
☒ - (754) Aromatic & Halogenated Purgeables (EPA 601 & 602)  
☐ - (765) Mass Spectrometer Purgeables (EPA 624)  
☐ - (766) SDWA Total Trihalomethanes (EPA 501.1)  
☐ - (774) SDWA VOC's I [8 Regulated +] (EPA 502.2)  
☐ - (775) SDWA VOC's II [EDB & DBCP] (EPA 504)

## Other Specific Compounds or Classes:

- ☐ - ( )  
☐ - ( )  
☐ - ( )

## Semivolatile Screens:

- ☐ - (763) Acid Extractables  
☐ - (751) Aliphatic Hydrocarbons  
☐ - (755) Base/Neutral Extractables (EPA 625)  
☐ - (756) Base/Neutral/Acid Extractables (EPA 8270)  
☐ - (758) Herbicides, Chlorophenoxy Acid  
☐ - (759) Herbicides, Triazines  
☐ - (760) Organochlorine Pesticides  
☐ - (761) Organophosphate Pesticides  
☐ - (767) Polychlorinated Biphenyls (PCB's)  
☐ - (764) Polynuclear Aromatic Hydrocarbons  
☐ - (762) SDWA Pesticides & Herbicides

Remarks: