

District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, Artesia, NM 88210
District III
1000 Rio Brava Road, Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy Minerals and Natural Resources

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-144
June 1, 2004

For drilling and production facilities, submit to appropriate NMOCD District Office.
For downstream facilities, submit to Santa Fe office

Pit or Below-Grade Tank Registration or Closure

Is pit or below-grade tank covered by a "general plan"? Yes ☐ No ☒

Type of action: Registration of a pit or below-grade tank ☒ Closure of a pit or below-grade tank ☐

Operator: <u>CBS Operating Corp.</u> Telephone: <u>432-685-0878</u> e-mail address: _____				
Address: <u>P O Box 2236</u>				
Facility or well name: <u>NSIII # 160</u> API #: <u>30-015-04952</u> or Qtr/Qtr M Sec <u>31 T16S R31E</u>				
County: <u>Eddy</u> Latitude _____ Longitude _____ NAD: 1927 <input type="checkbox"/> 1983 <input type="checkbox"/> Surface Owner Federal <input type="checkbox"/> State <input type="checkbox"/> Private <input type="checkbox"/> Indian <input type="checkbox"/>				
<table border="1"> <tr> <td> Pit Type: Drilling <input type="checkbox"/> Production <input type="checkbox"/> Disposal <input type="checkbox"/> Workover <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Lined <input type="checkbox"/> Unlined <input checked="" type="checkbox"/> Liner type: Synthetic <input type="checkbox"/> Thickness _____ mil Clay <input type="checkbox"/> Pit Volume _____ bbl <u>4' deep & 5' x 10'</u> </td> <td> Below-grade tank Volume: _____ bbl Type of fluid: _____ Construction material: _____ Double-walled, with leak detection? Yes <input type="checkbox"/> If not, explain why not: _____ </td> </tr> </table>			Pit Type: Drilling <input type="checkbox"/> Production <input type="checkbox"/> Disposal <input type="checkbox"/> Workover <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Lined <input type="checkbox"/> Unlined <input checked="" type="checkbox"/> Liner type: Synthetic <input type="checkbox"/> Thickness _____ mil Clay <input type="checkbox"/> Pit Volume _____ bbl <u>4' deep & 5' x 10'</u>	Below-grade tank Volume: _____ bbl Type of fluid: _____ Construction material: _____ Double-walled, with leak detection? Yes <input type="checkbox"/> If not, explain why not: _____
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Depth to ground water (vertical distance from bottom of pit to seasonal high water elevation of ground water.) <u>no ground water</u>	Less than 50 feet (20 points) 50 feet or more, but less than 100 feet (10 points) 100 feet or more <u>X</u> (0 points)			
Wellhead protection area: (Less than 200 feet from a private domestic water source, or less than 1000 feet from all other water sources.)	Yes (20 points) No <u>X</u> (0 points)			
Distance to surface water: (horizontal distance to all wetlands, playas, irrigation canals, ditches, and perennial and ephemeral watercourses.)	Less than 200 feet (20 points) 200 feet or more, but less than 1000 feet (10 points) 1000 feet or more <u>X</u> (0 points)			
Ranking Score (Total Points)				

If (this is a pit closure): (1) attach a diagram of the facility showing the pit's relationship to other equipment and tanks. (2) Indicate disposal location: (check the onsite box if you are burying in place) onsite ☐ offsite ☐ If offsite, name of facility: _____ (3) Attach a general description of remedial action taken including remediation start date and end date. (4) Groundwater encountered: No ☐ Yes ☐ If yes, show depth below ground surface _____ ft. and attach sample results. (5) Attach soil sample results and a diagram of sample locations and excavations.

Additional Comments: Found hole in casing at surface had to dig emergency pit to contain fluids. Sundry filed to repair.

Continued use of this unlined pit cannot be approved. Please permit & construct a lined pit.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that the above-described pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐, or an (attached) alternative OCD-approved plan ☐.

Date: 11-12-04

Printed Name/Title: M.A. Sirgo / ENGINEER Signature: [Signature]

Your certification and NMOCD approval of this application/closure does not relieve the operator of liability should the contents of the pit or tank contaminate ground water or otherwise endanger public health or the environment. Nor does it relieve the operator of its responsibility for compliance with any other federal, state, or local laws and/or regulations.

Approval: [Signature] Printed Name/Title: _____ Signature: [Signature] **NOV 16 2004**

N.M. Oil Cons. Div-Dist. 2
1301 W. Grand Avenue
Albuquerque NM 88210
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
OMB No. 1004-0137
Expires: March 31, 2007

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE- Other instructions on reverse side

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

NOV 19 2004

2. Name of Operator
CBS OPERATING CORP.

OCC-ARTESIA

3a. Address P O BOX 2236
MIDLAND TX 797023b. Phone No. (include area code)
432/685-0878

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

330' FSL & 1357.4' FWL UL N Sec. 31 T16S R31E

5. Lease Serial No.

NM081277

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

NORTH SQUARE LAKE UNIT

8. Well Name and No.

NORTH SQUARE LAKE UNIT 160

9. API Well No.

30-015-04953

10. Field and Pool, or Exploratory Area

SQUARE LAKE GB SA

11. County or Parish, State

EDDY NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input checked="" type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompletable horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletable in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

1. Dig out around casing at surface.
2. Repair surface connection and hole at surface in casing.
3. Close emergency pit.
4. Return to production.

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

M. A. Sirgo, III

Title Engineer

Signature

Date November 12, 2004

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

(ORIG. SGD.) ALEXIS C. SWOSODA

PETROLEUM ENGINEER NOV 17 2004

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

Accepted for record - NMOCD

UNITED STATES DEPARTMENT OF THE INTERIOR
Bureau of Land Management
New Mexico State Office

RECEIVED

2004 NOV 16 PM 2:32

REPORT OF UNDESIRABLE EVENT

BUREAU OF LAND MGMT.
ROSWEIL OFFICE

DATE OF OCCURRENCE/DISCOVERY: 11-09-04 TIME OF OCCURRENCE: Found in morning
DATE REPORTED TO BLM: 11-12-04 TIME REPORTED: 10:30 a.m. as per conversation
with Paul Evans
BLM OFFICE REPORTED TO: (RESOURCE AREA/DISTRICT/OTHER): _____
LOCATION: ($\frac{1}{4}$ $\frac{1}{4}$) SW4 SW4 SECTION 31 T. 16S R. 31E MERIDIAN _____
COUNTY: Eddy STATE: NM WELL NAME North Square Lake Unit #160
OPERATOR: COMPANY NAME CBS Operating Corp PHONE NO. 432/685-0878
CONTACT PERSON'S NAME Manny Sirgo
SURFACE OWNER: Federal MINERAL OWNER: Federal
(FEDERAL/INDIAN/FEE/STATE)
LEASE NO.: NM081277 RIGHT-OF-WAY NO.: _____
UNIT NAME / COMMUNITIZATION AGREEMENT No.: North Square Lake Unit
TYPE OF EVENT, CIRCLE APPROPRIATE ITEM(S):
BLOWOUT, FIRE, FATALITY, INJURY, PROPERTY DAMAGE, OIL SPILL, SALTWATER SPILL,
OIL AND SALTWATER SPILL, TOXIC FLUID SPILL, HAZARDOUS MATERIAL SPILL,
UNCONTROLLED FLOW OF WELLBORE FLUIDS, OTHER (SPECIFY): _____
CAUSE OF EVENT: Surface leak in casing
HazMat Notified: (for spills) _____
Law Enforcement Notified: (for thefts) _____
CAUSE AND EXTENT OF PERSONAL INJURIES/CAUSE OF DEATH(S):
None
Safety Officer Notified: _____
EFFECTS OF EVENT: Discharge of produced water with oil skim
ACTION TAKEN TO CONTROL EVENT: Dug emergency pit 4' deep 5' wide x
10' long and fenced pit/File Sundry Notice to repair casing
LENGTH OF TIME TO CONTROL BLOWOUT OR FIRE: N/A
VOLUMES DISCHARGED: OIL _____ WATER _____ GAS _____
OTHER AGENCIES NOTIFIED: Fax copy of same to NMCD-Artesia

ACTION TAKEN OR TO BE TAKEN TO PREVENT RECURRENCE: Repair casing at surface

FINAL INVESTIGATION:

TEAM NAME(S) _____

FIELD INSPECTION DATE _____

SUMMARY OF RESULTS OF INSPECTION _____

RESOURCE LOSS WAS (CIRCLE ITEM): AVOIDABLE

UNAVOIDABLE

DATE OF MEMO NOTIFYING MINERALS MANAGEMENT SERVICE THAT LOSS WAS AVOIDABLE: _____

DATE/TIME/PERSON NOTIFIED:

DISTRICT OFFICE _____

STATE OFFICE _____

WASHINGTON OFFICE _____

SUMMARY OF RESULTS OF RECLAMATION/CORRECTIVE ACTION:

REMARKS: _____

SIGNATURE OF AUTHORIZED OFFICER: _____

M. A. Sirgo, III

DATE: Nov. 12, 2004

TITLE: M. A. Sirgo, III
Engineer