

District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, Artesia, NM 88210
District III
1000 Rio Bravo 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: <u>mastres@aol.com</u>		
Address: <u>P O Box 2236 Midland TX 79702</u>		
Facility or well name: <u>NSIU 160</u>	API #: <u>30-015-04953</u>	U/L or Qe/Qtr: <u>N</u> Sec: <u>31</u> T: <u>16S</u> R: <u>31E</u>
County: <u>Eddy</u>	Latitude: _____	Longitude: _____ NAD: 1927 <input type="checkbox"/> 1983 <input type="checkbox"/> Surface Owner Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> Private <input type="checkbox"/> Indian <input type="checkbox"/>
Pit Type: Drilling <input type="checkbox"/> Production <input type="checkbox"/> Disposal <input type="checkbox"/> Workover <input type="checkbox"/> Emergency <input type="checkbox"/> Lined <input type="checkbox"/> Unlined <input type="checkbox"/> Liner type: Synthetic <input type="checkbox"/> Thickness _____ mil Clay <input type="checkbox"/> Pit Volume _____ bbl		
Below-grade tank Volume: <u>50</u> bbl Type of fluid: <u>water & skim oil</u> Construction material: <u>fiberglass</u> Double-walled, with leak detection? Yes <input type="checkbox"/> If not, explain why not. <u>Good tank - will test area</u> <u>for any contamination after removal</u>		
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 50 feet or more, but less than 100 feet 100 feet or more <u>X</u>	(20 points) (10 points) (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 No <u>X</u>	(20 points) (0 points)
Distance to surface water: (horizontal distance to all wetlands, playas, irrigation canals, ditches, and perennial and ephemeral watercourses.)	Less than 200 feet 200 feet or more, but less than 1000 feet 1000 feet or more <u>X</u>	(20 points) (10 points) (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: Set a 50 bbl fiberglass tank in ground to contain discharge until well repair is complete. Then remove tank and remediate as per Sundry Notice.

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: 12-7-04

Printed Name/Title: M. A. Sirgo, III/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:

Printed Name/Title: [Signature]

Signature: [Signature]

Date: DEC 13 2004

Approved under the condition
that the casing repair will be
finished and the remediation
started by January 31, 2005.

N.M. Oil Cons. DIV-Dist. 2
1801 W. Grand Avenue
Alamogordo, NM 88210FORM 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
2. Name of Operator CBS Operating Corp.
3a. Address PO Box 2236
Midland, Tx 79702
3b. 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-Unit N-Sec 31-16s-31e

RECEIVED

DEC 17 2004

OFF-ARTESIA

5. Lease Serial No. NM 081277
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 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 checked="" 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 type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other close emergency pit
	<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 recompleat 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 recompleat 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.)

Closed emergency pit used for surface leak at wellhead

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

M. A. Sirgo III

Title Engineer

Signature

Date

12 - 3 - 2004

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by /s/ Joe G. Lara
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.

Title

Peti Eng

Date

12/15/04

Office

CPU

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)