French Dr., Hobbs, NM 88240 <u>A II</u> W. Grand Avenue, Artesia, NM 88210 <u>frict III</u> JO Rio Brazos Road, Aztec, NM 87410 istrict IV 220 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

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

Form C-144 March 12, 2004

## Pit or Below-Grade Tank Registration or Closure

	it or below-grade tank $\boxed{X}$ Closure of a pit or b	
Operator:Mewbourne Oil CompanyTelepi	hone: 505-393-5905	e-mail address:
wnoseff@mewbourne.com		,
Address:PO Box 5270Hobbs, NM 88240Facility or well name:Crow Flats 28 Federal #1	API#:30 015 36214U/L or (	Qtr/QtrMSec_28_T16SR28E
County: _EddyLatitudeN32°53'57.16"		
Surface Owner Federal X State Private Indian		
Pit	Below-grade tank	
Type: Drilling X Production Disposal D	Volume:bbl Type of fluid:	
Workover	Construction material:	
Lined X Unlined	Double-walled, with leak detection? Yes	☐ If not, explain why not.
Liner type: Synthetic  Thickness 12_mil Clay  Volume		
24,000bbl		
Depth to ground water (vertical distance from bottom of pit to seasonal high water elevation of ground water.)	Less than 50 feet	(20 points)
	50 feet or more, but less than 100 feet	(10 points)
	100 feet or more	( 0 points) X
	Yes	(20 points)
Wellhead protection area: (Less than 200 feet from a private domestic	No X	( 0 points) X
water source, or less than 1000 feet from all other water sources.)		
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 X	( 0 points) X
	Ranking Score (Total Points)	0 points
If this is a pit closure: (1) attach a diagram of the facility showing the pi	t's relationship to other equipment and tanks.	(2) Indicate disposal location:
onsite Offsite If offsite, name of facility	. (3) Attach a general description of rem	nedial action taken including remediation start date and end
date. (4) Groundwater encountered: No 🗌 Yes 🔲 If yes, show depth be	elow ground surfaceft. and atta	ach sample results. (5) Attach soil sample results and a
diagram of sample locations and excavations.		
I hereby certify that the information above is true and complete to the bes has been/will be constructed or closed according to NMOCD guidelin Date:12/17/07 Printed Name/Title_ Jackey Lathan / Hobbs Regulatory Asst Your certification and NMOCD approval of this application/closure does	es X, a general permit , or an (attached) a	alternative OCD-approved plan .
otherwise endanger public health or the environment. Nor does it relieve regulations.	the operator of its responsibility for compliance	e with any other federal, state, or local laws and/or
Approval:	PARFA	
Date.	DENIEL	
Printed Name/Title	Signature	
AS A	N	
MU! FORM IS INCOMPLETE AND CE.		
CAN NOT BE PROCESSED. —		