

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

String-Reinforced

Liner Seams: Welded Y Factory Other

State of New Mexico Energy Minerals and Natural Resources Department Oil Conservation Division

1220 South St. Francis Dr. Santa Fe. NM 87505

SEP - 4 LUUO

OCD-ARTESIA

July 21, 2008

For temporary pits, closed-loop systems, and below-grade tanks, submit to the appropriate NMOCD District Office.

For permanent pits and exceptions submit to the Santa Fe Environmental Bureau office and provide a copy to the appropriate NMOCD

| | 5tilla 1 0, 1414 07303 | District Office. | |
|---|---|---|----------------------------------|
| | Loop System, Below-Gr e Method Permit or Clos | , | JAN 29 2009 |
| Closure of a pi | closed-loop system, below-grade t, closed-loop system, below-grade o an existing permit | tank, or proposed alternative method e tank, or proposed alternative method sitted or non-permitted pits closed loo | i system, |
| below-grade tank, or proposed altern | | • | • |
| Instructions: Please submit one application (For | m C-144) per individual pit, closed-lo | oop system, below-grade tank or alternati | ve request |
| Please be advised that approval of this request does not relieve t environment. Nor does approval relieve the operator of its response. | he operator of liability should operation on sibility to comply with any other applications. | s result in pollution of surface water, ground icable governmental authority's rules, regula | water or the tions or ordinances |
| Operator. Bunt Oil Co | OGR | ID#: 3080 | |
| Address. 801 Changey St. Unit # | 9 Fort Worth TX | | |
| Facility or well name: Tookson B # 4 | 6 | | |
| API Number: 30.015, 36306 | OCD Permit Number: | | |
| U/L or Qtr/Qtr _ E Section _ 24 T | ownship 17 Range 36 | O County: Edg | |
| Center of Proposed Design Latitude 53 49 | 15 Longitude 103 | 65 50 NAD: □ | 1927 🔀 1983 |
| Surface Owner: 🔀 Federal 🗌 State 🔲 Private 🔲 Tribal | Trust or Indian Allotment | | |
| 2. Pit: Subsection F or G of 19.15.17.11 NMAC | | ······································ | |
| · · | | ~ | |
| Temporary: ☑ Drilling ☐ Workover | | | |
| Permanent Emergency Cavitation P&A | CITDE A HDD C DV | S. F. Oahar | |
| Lined Unlined Liner type: Thickness 12 | _mil 🔲 LLDPE 🔀 HDPE 🗌 PV(| | |

| Closed-loop System: Subsection H of 19.15.17.11 NMAC |
|--|
| Type of Operation: P&A Drilling a new well Workover or Drilling (Applies to activities which require prior approval of a permit or notice of |
| intent) |
| Drying Pad Above Ground Steel Tanks Haul-off Bins Other |
| ☐ Lined ☐ Unlined Liner type: Thicknessmil ☐ LLDPE ☐ HDPE ☐ PVC ☐ Other |
| Liner Seams: Welded Factory Other |
| 4 |
| Below-grade tank: Subsection I of 19.15.17.11 NMAC |
| Volume:bbl Type of fluid: |
| Tank Construction material: |
| Secondary containment with leak detection Visible sidewalls, liner, 6-inch lift and automatic overflow shut-off |
| ☐ Visible sidewalls and liner ☐ Visible sidewalls only ☐ Other |
| Liner type: Thicknessmil |
| 5. |

mal Closure /20/08

Alternative Method:

Al Conservation Division

Accepted for record NMOCD

FEB 0 4 2009

Volume: 3500 bbl Dimensions: L100 x W 50 x D 8

Submittal of an exception request is required. Exceptions must be submitted to the Santa Fe Environmental Bureau office for consideration of approval.

| Operator Application Certification: I hereby certify that the information submitted with this application is true, accur | rate and complete to the best of my knowledge and belief |
|--|--|
| Name (Print): Belton Mathews | |
| | Date: 8 29 2008 |
| e-mail address: 600; Lh@ PVT Network | S. Metephone: 575 - 677-23/3 |
| OCD Approval: Permit Application (including closure Plan) Closure P Signed By Willy Scarces OCD Representative Signature: | A |
| Title: | OCD Permit Number: |
| 21. <u>Closure Report (required within 60 days of closure completion)</u> : Subsection Instructions: Operators are required to obtain an approved closure plan prior The closure report is required to be submitted to the division within 60 days of t section of the form until an approved closure plan has been obtained and the cl | to implementing any closure activities and submitting the closure report. the completion of the closure activities. Please do not complete this |
| 22. Closure Metbod: Waste Excavation and Removal On-Site Closure Method Alternation If different from approved plan, please explain. | ative Closure Method Waste Removal (Closed-loop systems only) |
| 23. <u>Closure Report Regarding Waste Removal Closure For Closed-loop Systems</u> Instructions: Please indentify the facility or facilities for where the liquids, dril two facilities were utilized. | lling fluids and drill cuttings were disposed. Use attachment if more than |
| Disposal Facility Name: Disposal Facility Name: Were the closed-loop system operations and associated activities performed on or Yes (If yes, please demonstrate compliance to the items below) No Required for impacted areas which will not be used for future service and operate Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique | r in areas that will not be used for future service-and operations? |
| Disposal Facility Name: Were the closed-loop system operations and associated activities performed on or Yes (If yes, please demonstrate compliance to the items below) No Required for impacted areas which will not be used for future service and operate Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation | Disposal Faculity Permit Number: r in areas that will not be used for future service-and operations? ions: tems must be attached to the closure report. Please indicate, by a check |
| Disposal Facility Name: | Disposal Faculity Permit Number: r in areas that will not be used for future service-and operations? ions: tems must be attached to the closure report. Please indicate, by a check tude |
| Disposal Facility Name: Were the closed-loop system operations and associated activities performed on or Yes (If yes, please demonstrate compliance to the items below) No Required for impacted areas which will not be used for future service and operate Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique 24. Closure Report Attachment Checklist: Instructions: Each of the following it mark in the box, that the documents are attached. Proof of Closure Notice (surface owner and division) Proof of Deed Notice (required for on-site closure) Plot Plan (for on-site closures and temporary pits) Confirmation Sampling Analytical Results (if applicable) Waste Material Sampling Analytical Results (required for on-site closure) Disposal Facility Name and Permit Number Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique Site Reclamation (Photo Documentation) On-site Closure Location: Latitude Longit 15. Operator Closure Certification: I hereby certify that the information and attachments submitted with this closure in the proof of the following in the proof of the following in the proof of the following in the followi | Disposal Faculity Permit Number: r in areas that will not be used for future service-and operations? ions: tems must be attached to the closure report. Please indicate, by a check tude |
| Disposal Facility Name: Were the closed-loop system operations and associated activities performed on or Yes (If yes, please demonstrate compliance to the items below) No Required for impacted areas which will not be used for future service and operate Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique 14. Closure Report Attachment Checklist: Instructions: Each of the following it mark in the box, that the documents are attached. Proof of Closure Notice (surface owner and division) Proof of Deed Notice (required for on-site closure) Plot Plan (for on-site closures and temporary pits) Confirmation Sampling Analytical Results (if applicable) Waste Material Sampling Analytical Results (required for on-site closure) Disposal Facility Name and Permit Number Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique Site Reclamation (Photo Documentation) On-site Closure Location: Latitude Longit 1s. Operator Closure Certification: I hereby certify that the information and attachments submitted with this closure requirents belief. I also certify that the closure complies with all applicable closure requirents. | Disposal Faculity Permit Number: r in areas that will not be used for future service-and operations? ions: tems must be attached to the closure report. Please indicate, by a check tude |

January 26, 2009

NMOCD Artesia ATTN: Mike Bratcher 1301 W. Grand Ave. Artesia, NM 88210

RE: Burnett Oil Co. Jackson B #46 C-144 Final Report

Mr. Bratcher:

We have completed the closing of the above listed pit. All pit contents were hauled to CRI for disposal. Seeding will be conducted as OCD requires.

Also find copy of letter authorizing me to sign closure.

If you have any questions, please call.

Thanks,

Eddie W. Seay, Agent Eddie Seay Consulting 601 W. Illinois

Hobbs, NM 88242 (575)392-2236 seay04@leaco.net

cc: Burnett Oil



December 22, 2008

New Mexico Oil Conservation Division

RE: Authorized Agent

Eddie Seay is an authorized agent for Burnett Oil Company, Inc. (BOCI) to sign regulatory documents on the behalf of BOCI.

Sincerely,

Mark A Jacoby

Engineering Manager

STATE OF TEXAS

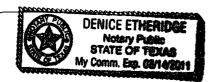
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COUNTY OF TARRANT §

This instrument was acknowledged before me on December 22, 2008 by Mark Jacoby, Engineering Manager, Burnett Oil Company.

My Commission Expires



Notary Public



ANALYTICAL RESULTS FOR **EDDIE SEAY CONSULTING** ATTN: EDDIE SEAY

601 W. ILLINOIS HOBBS, NM 88242 FAX TO: (575) 392-6949

Receiving Date: 11/20/08

Reporting Date: 11/26/08

Sampling Date: 11/19/08 Sample Type: SOIL

Project Owner: BURNETT OIL

Sample Condition: COOL & INTACT

Project Name: JACKSON B #46 PIT

Sample Received By: ML

LAB NUMBI SAMPLE ID

Project Location: LOCO HILLS, NM SECT. 24 - T17 R30

Analyzed By: ZL

ETHYL TOTAL

BENZENE TOLUENE BENZENE XYLENES

(ma/ka)

(ma/ka)

(ma/ka)

(ma/ka)

| | (mg/kg/ | (mg/ng/ | (mg/ng/ | (1119/119) |
|-----------------------------|----------|----------|----------|------------|
| ANALYSIS DATE | 11/25/08 | 11/25/08 | 11/25/08 | 11/25/08 |
| H16365-1 JB-46-1 | <0.050 | <0.050 | <0.050 | <0.150 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Quality Control | 0.053 | 0.049 | 0.052 | 0.139 |
| True Value QC | 0.050 | 0.050 | 0.050 | 0.150 |
| % Recovery | 106 | 98.0 | 104 | 92.7 |
| Relative Percent Difference | 3.4 | 2.1 | 1.2 | 3.0 |

METHOD: EPA SW-846 8260B

TEXAS NELAP CERTIFICATION T104704398-08-TX FOR BENZENE, TOLUENE, ETHYL BENZENE,

AND TOTAL XYLENES.

Lab Director



ANALYTICAL RESULTS FOR **EDDIE SEAY CONSULTING** ATTN: EDDIE SEAY 601 W. ILLINOIS

HOBBS, NM 88242 FAX TO: (575) 392-6949

Receiving Date: 11/20/08 Reporting Date: 11/24/08

Project Owner: BURNETT OIL

Project Name: JACKSON B #46 PIT

Project Location: LOCO HILLS, NM SECT. 24 - T17 R30

Sampling Date: 11/19/08

Sample Type: SOIL

Sample Condition: COOL & INTACT

Sample Received By: ML Analyzed By: AB/HM

| | GRO | DRO | |
|-----------------------------|----------------|--------------------------------------|----------|
| | (C_6-C_{10}) | (>C ₁₀ -C ₂₈) | CI* |
| LAB NUMBER SAMPLE ID | (mg/kg) | (mg/kg) | (mg/kg) |
| ANALYSIS DATE | 11/21/08 | 11/21/08 | 11/21/08 |
| H16365-1 JB-46-1 | <10.0 | <10.0 | 128 |
| | | | |
| Quality Control | 586 | 517 | 500 |
| True Value QC | 500 | 500 | 500 |
| % Recovery | 117 | 103 | 100 |
| Relative Percent Difference | 10.9 | 0.1 | <0.1 |

METHODS: TPH GRO & DRO: EPA SW-846 8015 M; Std. Methods 4500-CIB

Note: Analysis performed on a 1:4 w:v aqueous extract.

Lab Director



CHAIN-OF-CUSTODY AND ANALYSIS REQUEST

(505) 393-2326 Fax (505) 393-2476 Company Name: Consultano BILL TO ANALYSIS REQUEST Project Manager: P.O. #: Address: LaC \ Company: State: NM Zip: 88747 Attn: Fax #: 2.6949 Addres Project Owner: City: Project Name: State: 124-T17 830 Project Location Phone #: Sampler Name: Fax #: MATRIX PRESERV SAMPLING FOR LAB USE ONLY (G)RAB OR (C) DMIS GROUNDWATER WASTEWATER Sample I.D. Lab I.D. ACID/BASE ICE / COOL SLUDGE OTHER SOF DATE TIME H16365-1 JB-46-11/19 4:15 Terms and Conditions: interest will be charged on all accounts more than PLEASE NOTE: Liability and Damages, Cardinal's liability and client's exclusive remedy for any claim srizing whether based in contract or bort, shall be limited to the amount paid by the client for the analyses. All claims including those for negligence and any other cause whatsoever shall be deemed waived unless made in writing and received by Cardinal within 30 days after completion of the applicable 30 days past due at the rate of 24% per annum from the original date of invoice, service. In no event shall Cardinal be liable for incidental or consequental darmages, including without limitation, business interruptions, loss of use, or loss of profits incurred by client, its subsidiaries, and all costs of collections, including attorney's fees. affiliates or successors arising out of or related to the performance of services hereunder by Cardinal, regardless of whether such claim is based upon any of the above stated reasons or otherwise, Date: // 20 Sampler Relinguished: Received By: Phone Result: ☐ Yes □ No Add'l Phone #: Fax Result: ☐ Yes □ No Add'I Fax #: Co:4:900 REMARKS: Relinguished By: Date: Received By Time: Delivered By: (Circle One) Temp. CHECKED BY: Sample Condition Cool Intact

Yes Yes

No No (initials) Sampler - UPS - Bus - Other:

[†] Cardinal cannot accept verbal changes. Please fax written changes to 575-393-2476.

- Confirmation Sampling:
 - Operator shall collect, at a minimum, a five point, composite sample.
 - Operator shall <u>collect individual grab samples</u> from <u>any</u>
 <u>area that is wet, discolored or showing other evidence of</u>
 a release
 - Operator shall analyze for benzene, total BTEX, TPH, the GRO and DRO combined fraction and chlorides <u>beneath</u> a temporary pit.
 - Operator shall analyze for benzene, total BTEX, TPH, and chlorides beneath a permanent pit or below-grade tank

New Mexico Oil Conservation Division

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TEMPORARY PITS CONFIRMATION SAMPLING



- Where ground water is more than 100 feet below the bottom of the temporary pit:
 - Operator shall demonstrate that
 - Benzene, as determined by EPA SW-846 method 8021B or 826θB or other EPA method that the division approves, does not exceed 0.2 mg/kg;
 - Total BTEX, as determined by EPA SW-846 method 8021B or 8260B or other EPA method that the division approves, does not exceed 50 mg/kg.
 - TPH, as determined by EPA SW-846 method 418.1 or other EPA method that the division approves, does not exceed 2500 mg/kg;
 - GRO and DRO combined fraction, as determined by EPA SW-846 method 8015M; does not exceed 500 mg/kg; and
 - Chlorides, as determined by EPA method 300.1, do not exceed 1000 mg/kg or the background concentration, whichever is greater

New Mexico Oil Conservation Division

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