OK-Outside Vulnerable No IPHq

State of New Mexico

Energy, Minerals and Natural Resources Department

SUBMIT 1 COPY TO

APPROPRIATE

DISTRICT OFFICE

AND 1 COPY TO

SANTA FE OFFICE

P.O. Drawer DD, Artesia, NM
District III

P.O. Box 1980, Hobbs, NM

District I

District II

1000 Rio Brazo Rd., Aztec, NM

P.O. BOX 2088 MAR

SANTA FE, NEW MEXICO 87504 2088

A 1AR 2004

PIT REMEDIATION AND CLOSURE REPORT

30-045-38354 Operator: XTO ENERGY, INC. Telephone: (505) 324-1090 Address: 2700 FARMINGTON AVE., BLDG. K SUITE 1, FARMINGTON, NM 87401 Facility or Well Name: GALT MN B # 14 Location: Unit or Qtr/Qtr Sec K Sec 6 T Z 7N R 10W County San Juan Pit Type: Separator___ Dehydrator___ Other_ PRODUCTION TANK Land Type: BLM X, State, Fee, Other length NA, width NA, depth Pit Location: Pit dimensions: (Attach diagram) Reference: wellhead X, other Footage from reference: ___96 Direction from reference: _____ Degrees / East North West South **Depth To Groundwater:** Less than 50 feet (20 points) 50 feet to 99 feet (Vertical distance from (10 points) Greater than 100 feet (0 points) contaminants to seasonal high water elevation of groundwater) Wellhead Protection Area: (20 points) Yes (Less than 200 feet from a private No (0 points) domestic water source, or; less than 1000 feet from all other water sources) Distance To Surface Water: Less than 100 feet (20 points) 100 feet to 1000 feet (10 points) (Horizontal distance to perennial Greater than 1000 feet 0 (0 points) lakes, ponds, rivers, streams, creeks, irrigation canals and ditches) **RANKING SCORE (TOTAL POINTS):** revised: 03/12/01 bei1202.wpd

Date Completed: 1/2/03Date Remediation Started: Approx. cubic yards _____NA Excavation X Remediation Method: (Check all appropriate Insitu Bioremediation _____ Landfarmed sections) Other CLOSE AS IS. Onsite X Offsite ____ Remediation Location: (i.e. landfarmed onsite, name and location of offsite facility) General Description of Remedial Action: Excavation. Test hole advanced. No remediation necessary. NO TAY ANALYSIS WAS CONDUCTED. No <u>X</u> Yes ____ Depth ____ Groundwater Encountered: Sample location <u>see Attached Documents</u> Final Pit Closure Sampling: (if multiple samples, attach sample results Sample depth (Test hole bottom) and diagram of sample locations and depths) Sample date //Z/03 Sample time //40 Sample Results (ppm) Soil: Benzene Water: Benzene (ppb) _____ Total BTEX (ppb) (ppm) Toluene (ppm) 0.0 Field Headspace Ethylbenzene (ppb) TPH (ppm) Total Xylenes (ppb) Yes _____ Groundwater Sample: No (If yes, attach sample results) I HEREBY CERTIFY THAT THE INFORMATION ABOVE IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF DATE //z/03 PRINTED NAME Jeffrey C. Blagg SIGNATURE July C. Stegg AND TITLE President P.E. # 11607

1/2/03 - MORN.

TRAVEL NOTES:

CALLOUT:

1/2/03 - MORN

ONSITE: