District I
1625 N French Dr , Hobbs, NM 88240

D. . . H

District II

1301 W Grand Ave , Artesia, NM 88210

District III

 $1000\ Rio\ Brazos\ Rd$  , Aztec, NM  $\ 87410$ 

District IV

1220 S St Francis Dr , Santa Fe, NM 87505

State of New Mexico Energy Minerals and Natural Resources Department

Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505  $Form \ C\text{-}144$   $July \ 21, \ 2008$  For temporary pits, closed-loop sytems, and below-grade

For temporary pits, closed-loop sytems, 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 District Office

| Pit, Closed-Loop System, Below-Grade Tank, or                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Proposed Alternative Method Permit or Closure Plan Application                                                                                                                                        |
| Type of action Permit of a pit, closed-loop system, below-grade tank, or proposed alternative method                                                                                                  |
| X Closure of a pit, closed-loop system, below-grade tank, or proposed alternative method                                                                                                              |
| Modification to an existing permit                                                                                                                                                                    |
| Closure plan only submitted for an existing permitted or non-permitted pit, closed-loop system, below-grade tank, or proposed alternative method                                                      |
| Instructions: Please submit one application (Form C-144) per individual pit, closed-loop system, below-grade tank or alternative request                                                              |
| Please be advised that approval of this request does not relieve the operator of hability should operations result in pollution of surface water, ground water or the                                 |
| environment. Nor does approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances                               |
| Operator: Burlington Resources Oil & Gas Company, LP OGRID#. 14538                                                                                                                                    |
| Address P.O. Box 4289, Farmington, NM 87499                                                                                                                                                           |
| Facility or well name: Mims State COM 1S                                                                                                                                                              |
| API Number. 30-045-34586 OCD Permit Number                                                                                                                                                            |
| U/L or Qtr/Qtr F(SE/NW) Section: 16 Township 29N Range 9W County San Juan                                                                                                                             |
| Center of Proposed Design: Latitude: 36.72835 °N Longitude: 107.7868 °W NAD: 1927 X 1983  Surface Owner: Federal State X Private Tribal Trust or Indian Allotment                                     |
| Surface Owner: Federal State X Private Tribal Trust or Indian Allotment                                                                                                                               |
| 2 X Pit: Subsection F or G of 19 15 17 11 NMAC                                                                                                                                                        |
| Temporary X Drilling Workover                                                                                                                                                                         |
| Permanent Emergency Cavitation P&A                                                                                                                                                                    |
| X Lined Unlined Liner type Thickness 12 mil X LLDPE HDPE PVC Other                                                                                                                                    |
| X String-Reinforced                                                                                                                                                                                   |
| Liner Seams         X         Welded         X         Factory         Other         Volume         4400         bbl         Dimensions L         65'         x W         45'         x D         10' |
| 3                                                                                                                                                                                                     |
| 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)                                                   |
| notice of intent)  Drying Pad Above Ground Steel Tanks Haul-off Bins Other                                                                                                                            |
| Lined Unlined Liner type Thicknessmil LLDPE HDPE PVD Other                                                                                                                                            |
| Liner Seams Welded Factory Other                                                                                                                                                                      |
| Below-grade tank: Subsection I of 19 15 17 11 NMAC                                                                                                                                                    |
| Below-grade tank: Subsection I of 19 15 17 11 NMAC  Volume  OIL CONS. DIV. DIST. 3                                                                                                                    |
| Volume bbl Type of fluid Tank Construction material                                                                                                                                                   |
| Below-grade tank: Subsection I of 19 15 17 11 NMAC  Volume                                                                                                                                            |
| Visible sidewalls and liner Visible sidewalls only Other                                                                                                                                              |
| Liner Type Thickness mil HDPE PVC Other                                                                                                                                                               |
| 5                                                                                                                                                                                                     |
| Alternative Method:                                                                                                                                                                                   |
| Submittal of an exception request is required Exceptions must be submitted to the Santa Fe Environmental Bureau office for consideration of approval                                                  |

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| 6                                                                                                                                                                                                                                                                            |                 |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------|
| Fencing: Subsection D of 19 15 17 11 NMAC (Applies to permanent pit, temporary pits, and below-grade tanks)                                                                                                                                                                  |                 |          |
| Chain link, six feet in height, two strands of barbed wire at top (Required if located within 1000 feet of a permanent residence, school, hospital, inst                                                                                                                     | itution or chin | ·ch)     |
| Four foot height, four strands of barbed wire evenly spaced between one and four feet                                                                                                                                                                                        | TATION OF CHAI  | c.i.y    |
| Alternate Please specify                                                                                                                                                                                                                                                     |                 |          |
|                                                                                                                                                                                                                                                                              |                 |          |
| 7                                                                                                                                                                                                                                                                            |                 |          |
| Netting: Subsection E of 19 15 17 11 NMAC (Applies to permanent pits and permanent open top tanks)                                                                                                                                                                           |                 |          |
| Screen Netting Other                                                                                                                                                                                                                                                         |                 |          |
| Monthly inspections (If netting or screening is not physically feasible)                                                                                                                                                                                                     |                 |          |
| 8                                                                                                                                                                                                                                                                            |                 |          |
| Signs: Subsection C of 19 15 17 11 NMAC                                                                                                                                                                                                                                      |                 |          |
| 12" X 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers                                                                                                                                                                           |                 |          |
| X Signed in compliance with 19 15 3 103 NMAC                                                                                                                                                                                                                                 |                 |          |
| 9                                                                                                                                                                                                                                                                            |                 |          |
| Administrative Approvals and Exceptions:                                                                                                                                                                                                                                     |                 |          |
| Justifications and/or demonstrations of equivalency are required Please refer to 19 15 17 NMAC for guidance                                                                                                                                                                  |                 |          |
| Please check a box if one or more of the following is requested, if not leave blank:                                                                                                                                                                                         |                 |          |
| Administrative approval(s) Requests must be submitted to the appropriate division district of the Santa Fe Environmental Bureau office for consi                                                                                                                             | deration of ap  | proval   |
| (Fencing/BGT Liner)                                                                                                                                                                                                                                                          |                 |          |
| Exception(s) Requests must be submitted to the Santa Fe Environmental Bureau office for consideration of approval                                                                                                                                                            |                 |          |
| 10                                                                                                                                                                                                                                                                           |                 |          |
| Siting Criteria (regarding permitting) 19 15 17 10 NMAC                                                                                                                                                                                                                      |                 |          |
| Instructions: The applicant must demonstrate compliance for each siting criteria below in the application. Recommendations of acceptable                                                                                                                                     |                 |          |
| source material are provided below. Requests regarding changes to certain siting criteria may require administrative approval from the appropriate district office or may be considered an exception which must be submitted to the Santa Fe Environmental Bureau Office for |                 |          |
| consideration of approval. Applicant must attach justification for request. Please refer to 19.15.17.10 NMAC for guidance. Siting criteria                                                                                                                                   | 1<br>1          |          |
| does not apply to drying pads or above grade-tanks associated with a closed-loop system.                                                                                                                                                                                     |                 |          |
| Ground water is less than 50 feet below the bottom of the temporary pit, permanent pit, or below-grade tank.                                                                                                                                                                 | Yes             | No       |
| - NM Office of the State Engineer - IWATERS database search, USGS, Data obtained from nearby wells                                                                                                                                                                           |                 | _        |
| Within 300 feet of a continuously flowing watercourse, or 200 feet of any other watercourse, lakebed, sinkhole, or playa lake                                                                                                                                                | Yes             | □No      |
| (measured from the ordinary high-water mark).                                                                                                                                                                                                                                | _               |          |
| - Topographic map, Visual inspection (certification) of the proposed site                                                                                                                                                                                                    |                 |          |
| Within 300 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial                                                                                                                                                     | Yes             | □No      |
| application.                                                                                                                                                                                                                                                                 |                 |          |
| (Applies to temporary, emergency, or cavitation pits and below-grade tanks)                                                                                                                                                                                                  | ∐NA             |          |
| - Visual inspection (certification) of the proposed site, Aerial photo, Satellite image                                                                                                                                                                                      |                 |          |
| Within 1000 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application.                                                                                                                                       | Yes             | No       |
| (Applied to permanent pits)                                                                                                                                                                                                                                                  | ÑA              |          |
| - Visual inspection (certification) of the proposed site, Aerial photo, Satellite image                                                                                                                                                                                      | _               |          |
| Within 500 horizonal feet of a private, domestic fresh water well or spring that less than five households use for domestic or stock watering                                                                                                                                | Yes             | No       |
| purposes, or within 1000 horizontal feet of any other fresh water well or spring, in existence at the time of initial application.                                                                                                                                           |                 | _        |
| - NM Office of the State Engineer - iWATERS database search, Visual inspection (certification) of the proposed site                                                                                                                                                          |                 |          |
|                                                                                                                                                                                                                                                                              | l               | <b>□</b> |
| Within incorporated municipal boundaries or within a defined municipal fresh water well field covered under a municipal ordinance adopted pursuant to NMSA 1978, Section 3-27-3, as amended                                                                                  | Yes             | ∐No      |
| - Written confirmation or verification from the municipality, Written approval obtained from the municipality                                                                                                                                                                |                 |          |
| Within 500 feet of a wetland.                                                                                                                                                                                                                                                | Yes             | No       |
| - US Fish and Wildlife Wetland Identification map, Topographic map, Visual inspection (certification) of the proposed site                                                                                                                                                   | _               |          |
| Within the area overlying a subsurface mine.                                                                                                                                                                                                                                 | Yes             | No       |
| - Written confirmation or verification or map from the NM EMNRD - Mining and Mineral Division                                                                                                                                                                                |                 | _        |
| Within an unstable area.                                                                                                                                                                                                                                                     | Yes             | No       |
| - Engineering measures incorporated into the design, NM Bureau of Geology & Mineral Resources, USGS, NM Geological                                                                                                                                                           |                 |          |
| Society, Topographic map  Within a 100-year floodplain                                                                                                                                                                                                                       | Yes             | □No      |
| - FEMA map                                                                                                                                                                                                                                                                   | 🗀 😘             | L.,      |

| Temporary Pits, Emergency Pits and Below-grade Tanks Permit Application Attachment Checklist: Subsection B of 19 15 17 9 NMAC                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Instructions Each of the following items must be attached to the application Please indicate, by a check mark in the box, that the documents are attached                                                                                                                                                                                                                                      |
| Hydrogeologic Report (Below-grade Tanks) - based upon the requirements of Paragraph (4) of Subsection B of 19 15 17 9 NMAC                                                                                                                                                                                                                                                                     |
| Hydrogeologic Data (Temporary and Emergency Pits) - based upon the requirements of Paragraph (2) of Subsection B of 19 15 17 9                                                                                                                                                                                                                                                                 |
| Siting Criteria Compliance Demonstrations - based upon the appropriate requirements of 19 15 17 10 NMAC                                                                                                                                                                                                                                                                                        |
| Design Plan - based upon the appropriate requirements of 19 15 17 11 NMAC                                                                                                                                                                                                                                                                                                                      |
| Operating and Maintenance Plan - based upon the appropriate requirements of 19 15 17 12 NMAC                                                                                                                                                                                                                                                                                                   |
| Closure Plan (Please complete Boxes 14 through 18, if applicable) - based upon the appropriate requirements of Subsection C of                                                                                                                                                                                                                                                                 |
| 19 15 17 9 NMAC and 19 15 17 13 NMAC  Previously Approved Design (attach copy of design)  API  or Permit                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                |
| Closed-loop Systems Permit Application Attachment Checklist: Subsection B of 19 15 17 9 NMAC Instructions Each of the following items must be attached to the application Please indicate, by a check mark in the box, that the documents are attached Geologic and Hydrogeologic Data (only for on-site closure) - based upon the requirements of Paragraph (3) of Subsection B of 19 15 17 9 |
| Siting Criteria Compliance Demonstrations (only for on-site closure) - based upon the appropriate requirements of 19 15 17 10 NMAC                                                                                                                                                                                                                                                             |
| Design Plan - based upon the appropriate requirements of 19 15 17 11 NMAC                                                                                                                                                                                                                                                                                                                      |
| Operating and Maintenance Plan - based upon the appropriate requirements of 19 15 17 12 NMAC                                                                                                                                                                                                                                                                                                   |
| Closure Plan (Please complete Boxes 14 through 18, if applicable) - based upon the appropriate requirements of Subsection C of 19 15 17 9  NMAC and 19 15 17 13 NMAC                                                                                                                                                                                                                           |
| Previously Approved Design (attach copy of design)  API                                                                                                                                                                                                                                                                                                                                        |
| Previously Approved Operating and Maintenance Plan API                                                                                                                                                                                                                                                                                                                                         |
| 13                                                                                                                                                                                                                                                                                                                                                                                             |
| Permanent Pits Permit Application Checklist: Subsection B of 19 15 17 9 NMAC                                                                                                                                                                                                                                                                                                                   |
| Instructions: Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are attached.                                                                                                                                                                                                                                   |
| Hydrogeologic Report - based upon the requirements of Paragraph (I) of Subsection B of 19 15 17 9 NMAC                                                                                                                                                                                                                                                                                         |
| Siting Criteria Compliance Demonstrations - based upon the appropriate requirements of 19 15 17 10 NMAC                                                                                                                                                                                                                                                                                        |
| Climatological Factors Assessment                                                                                                                                                                                                                                                                                                                                                              |
| Certified Engineering Design Plans - based upon the appropriate requirements of 19 15 17 11 NMAC                                                                                                                                                                                                                                                                                               |
| Dike Protection and Structural Integrity Design based upon the appropriate requirements of 19 15 17 11 NMAC  Leak Detection Design - based upon the appropriate requirements of 19 15 17 11 NMAC                                                                                                                                                                                               |
| Liner Specifications and Compatibility Assessment - based upon the appropriate requirements of 19 15 17 11 NMAC                                                                                                                                                                                                                                                                                |
| Quality Control/Quality Assurance Construction and Installation Plan                                                                                                                                                                                                                                                                                                                           |
| Operating and Maintenance Plan - based upon the appropriate requirements of 19 15 17 12 NMAC                                                                                                                                                                                                                                                                                                   |
| Freeboard and Overtopping Prevention Plan - based upon the appropriate requirements of 19 15 17 11 NMAC                                                                                                                                                                                                                                                                                        |
| Nussance or Hazardous Odors, including H2S, Prevention Plan                                                                                                                                                                                                                                                                                                                                    |
| Emergency Response Plan                                                                                                                                                                                                                                                                                                                                                                        |
| Oil Field Waste Stream Characterization                                                                                                                                                                                                                                                                                                                                                        |
| Monitoring and Inspection Plan  Erosion Control Plan                                                                                                                                                                                                                                                                                                                                           |
| Closure Plan - based upon the appropriate requirements of Subsection C of 19 15 179-NMAC and 19 15 1713 NMAC.                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                |
| 14 Proposed Closure: 19 15 17 13 NMAC                                                                                                                                                                                                                                                                                                                                                          |
| Instructions: Please complete the applicable boxes, Boxes 14 through 18, in regards to the proposed closure plan.                                                                                                                                                                                                                                                                              |
| Type Drilling Workover Emergency Cavitation P&A Permanent Pit Below-grade Tank Closed-loop System  Alternative                                                                                                                                                                                                                                                                                 |
| Proposed Closure Method Waste Excavation and Removal                                                                                                                                                                                                                                                                                                                                           |
| Waste Removal (Closed-loop systems only)                                                                                                                                                                                                                                                                                                                                                       |
| On-site Closure Method (only for temporary pits and closed-loop systems)                                                                                                                                                                                                                                                                                                                       |
| In-place Burial On-site Trench                                                                                                                                                                                                                                                                                                                                                                 |
| Alternative Closure Method (Exceptions must be submitted to the Santa Fe Environmental Bureau for consideration)                                                                                                                                                                                                                                                                               |
| 15 Waste Excavation and Removal Closure Plan Checklist; (19 15 17 13 NMAC) Instructions: Each of the following items must be attached to the closure plan.                                                                                                                                                                                                                                     |
| Please indicate, by a check mark in the box, that the documents are attached.                                                                                                                                                                                                                                                                                                                  |
| Protocols and Procedures - based upon the appropriate requirements of 19 15 17 13 NMAC                                                                                                                                                                                                                                                                                                         |
| Confirmation Sampling Plan (if applicable) - based upon the appropriate requirements of Subsection F of 19 15.17 13 NMAC                                                                                                                                                                                                                                                                       |
| Disposal Facility Name and Permit Number (for liquids, drilling fluids and drill cuttings)  Seel Boolefill and Coura Person Secretary I have disposed an appropriate of Subsection II of 10 15 17 13 NIMAC                                                                                                                                                                                     |
| Soil Backfill and Cover Design Specifications - based upon the appropriate requirements of Subsection H of 19 15 17 13 NMAC                                                                                                                                                                                                                                                                    |
| Re-vegetation Plan - based upon the appropriate requirements of Subsection I of 19 15 17 13 NMAC                                                                                                                                                                                                                                                                                               |
| Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19 15 17 13 NMAC                                                                                                                                                                                                                                                                                            |

| 16 Waste Removal Closure For Closed-loop Systems                                                          | That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19 15 17 13 D NMAC)                                                                                                                                                                                                            | <b>)</b>                    |
|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| Instructions Please identify the facility or facilities for facilities are required                       | or the disposal of liquids, drilling fluids and drill cuttings Use attachment if more than tw                                                                                                                                                                                                | )<br>vo                     |
| Disposal Facility Name                                                                                    | Disposal Facility Permit #                                                                                                                                                                                                                                                                   | <del></del>                 |
| Disposal Facility Name                                                                                    | Disposal Facility Permit #                                                                                                                                                                                                                                                                   |                             |
| Will any of the proposed closed-loop system open Yes (If yes, please provide the information              | rations and associated activities occur on or in areas that will not be used for future No                                                                                                                                                                                                   | e service and               |
| · ·                                                                                                       | or future service and operations tion - based upon the appropriate requirements of Subsection H of 19 15 17 13 NM opriate requirements of Subsection I of 19 15 17 13 NMAC                                                                                                                   | IAC                         |
| <del></del>                                                                                               | proprate requirements of Subsection G of 19 15 17 13 NMAC                                                                                                                                                                                                                                    |                             |
|                                                                                                           |                                                                                                                                                                                                                                                                                              |                             |
| 17 Siting Criteria (Regarding on-site closure met                                                         |                                                                                                                                                                                                                                                                                              |                             |
| certain siting criteria may require administrative approva                                                | n of comphance in the closure plan Recommendations of acceptable source material are provided<br>I from the appropriate district office or may be considered an exception which must be submitted<br>demonstrations of equivalency are required Please refer to 1915 17 10 NMAC for guidance |                             |
| Ground water is less than 50 feet below the botto                                                         | om of the burned waste                                                                                                                                                                                                                                                                       | Yes No                      |
| - NM Office of the State Engineer - (WATERS of                                                            | latabase search, USGS Data obtained from nearby wells                                                                                                                                                                                                                                        | N/A                         |
| Ground water is between 50 and 100 feet below t                                                           | the bottom of the buried waste                                                                                                                                                                                                                                                               | Yes No                      |
| - NM Office of the State Engineer - 1WATERS da                                                            | atabase search, USGS, Data obtained from nearby wells                                                                                                                                                                                                                                        | N/A                         |
| Ground water is more than 100 feet below the bo                                                           | ttom of the buried waste                                                                                                                                                                                                                                                                     | Yes No                      |
| - NM Office of the State Engineer - (WATERS da                                                            | atabase search, USGS, Data obtained from nearby wells                                                                                                                                                                                                                                        | N/A □                       |
| Within 300 feet of a continuously flowing watercourse (measured from the ordinary high-water mark)        | e, or 200 feet of any other significant watercourse or lakebed, sinkhole, or playa lake                                                                                                                                                                                                      | Yes No                      |
| - Topographic map, Visual inspection (certification                                                       | on) of the proposed site                                                                                                                                                                                                                                                                     |                             |
| Within 300 feet from a permanent residence, school, h - Visual inspection (certification) of the proposed | ospital, institution, or church in existence at the time of initial application site, Aerial photo, satellite image                                                                                                                                                                          | Yes No                      |
|                                                                                                           |                                                                                                                                                                                                                                                                                              | Yes No                      |
| purposes, or within 1000 horizontal fee of any other fr                                                   | water well or spring that less than five households use for domestic or stock watering esh water well or spring, in existence at the time of the initial application tabase, Visual inspection (certification) of the proposed site                                                          |                             |
| Within incorporated municipal boundaries or within a pursuant to NMSA 1978, Section 3-27-3, as amended    | defined municipal fresh water well field covered under a municipal ordinance adopted                                                                                                                                                                                                         | Yes No                      |
| Within 500 feet of a wetland                                                                              | unicipality, Written approval obtained from the municipality                                                                                                                                                                                                                                 | Yes No                      |
| Within the area overlying a subsurface mine                                                               | p, Topographic map, Visual inspection (certification) of the proposed site                                                                                                                                                                                                                   |                             |
| - Written confirantion or verification or map from                                                        | the NM EMNRD-Mining and Mineral Division                                                                                                                                                                                                                                                     | L Tes LINO                  |
| Within an unstable area                                                                                   | •                                                                                                                                                                                                                                                                                            | Yes No                      |
|                                                                                                           | gn, NM Bureau of Geology & Mineral Resources, USGS, NM Geological-Society,                                                                                                                                                                                                                   |                             |
| Topographic map Within a 100-year floodplain                                                              |                                                                                                                                                                                                                                                                                              | Yes No                      |
| - FEMA map                                                                                                |                                                                                                                                                                                                                                                                                              |                             |
|                                                                                                           | NMAC) Instructions: Each of the following items must bee attached to the clo                                                                                                                                                                                                                 | sure plan. Please indicate, |
| by a check mark in the box, that the documents                                                            | ns - based upon the appropriate requirements of 19 15 17 10 NMAC                                                                                                                                                                                                                             |                             |
|                                                                                                           | on the appropriate requirements of Subsection F of 19 15 17 13 NMAC                                                                                                                                                                                                                          |                             |
|                                                                                                           | th (if applicable) based upon the appropriate requirements of 19 15 17 11 NMAC                                                                                                                                                                                                               |                             |
|                                                                                                           | Pit (for in place burial of a drying pad) - based upon the appropriate requirements of                                                                                                                                                                                                       | of 19 15 17 11 NMAC         |
|                                                                                                           | e appropriate requirements of 19 15 17 13 NMAC                                                                                                                                                                                                                                               |                             |
| Confirmation Sampling Plan (if applicable                                                                 | e) - based upon the appropriate requirements of Subsection F of 19 15 17 13 NMA                                                                                                                                                                                                              | AC .                        |
| · Waste Material Sampling Plan - based up                                                                 | on the appropriate requirements of Subsection F of 19 15 17 13 NMAC                                                                                                                                                                                                                          |                             |
| Disposal Facility Name and Permit Numb                                                                    | er (for liquids, drilling fluids and drill cuttings or in case on-site closure standards                                                                                                                                                                                                     | cannot be achieved)         |
|                                                                                                           | priate requirements of Subsection H of 19 15 17 13 NMAC                                                                                                                                                                                                                                      |                             |
|                                                                                                           | opriate requirements of Subsection I of 19 15 17 13 NMAC                                                                                                                                                                                                                                     |                             |
| Site Rectaination Fran - based upon the ap                                                                | opropriate requirements of Subsection G of 19 15 17 13 NMAC                                                                                                                                                                                                                                  |                             |

| 19 Operator Application Certification:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                   |                                                                                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| l hereby certify that the information submitted with this application is true, accurate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | e and complete to the be                                                                                                                          | est of my knowledge and behef                                                                                                                                                                                                           |
| Name (Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Title                                                                                                                                             |                                                                                                                                                                                                                                         |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Date                                                                                                                                              |                                                                                                                                                                                                                                         |
| e-mail address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Telephone                                                                                                                                         |                                                                                                                                                                                                                                         |
| OCD Approval: Permit Application (including closure plan) OCD Representative Signature:  Title: Closure Report (required within 60 days of closure completion): Subsect Instructions Operators are required to obtain an approved closure plan prior to a report is required to be submitted to the division within 60 days of the completion approved closure plan has been obtained and the closure activities have been completion.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Closure Plan (only)  OCD Perm  non K of 19 15 17 13 NMAC mplementing any closu of the closure activities pleted  X Closure  Alternative Closure I | Approval Date:   it Number:   re activities and submitting the closure report. The closure Please do not complete this section of the form until an  Completion Date: February 2, 2009  Method Waste Removal (Closed-loop systems only) |
| Instructions: Please identify the facility or facilities for where the liquids, drilling were utilized.  Disposal Facility Name  Disposal Facility Name  Were the closed-loop system operations and associated activities performed on a second control of the second co | Disposal Facility Disposal Facility Disposal Facility Disposal Facility or in areas that will not No                                              | Permit Number                                                                                                                                                                                                                           |
| Closure Report Attachment Checklist: Instructions: Each of the follow the box, that the documents are attached.  X Proof of Closure Notice (surface owner and division)  X Proof of Deed Notice (required for on-site closure)  X Plot Plan (for on-site closures and temporary pits)  X Confirmation Sampling Analytical Results (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ving items must be atta                                                                                                                           | ched to the closure report. Please indicate, by a check mark in                                                                                                                                                                         |
| Waste Material Sampling Analytical Results (if applicable)  X Disposal Facility Name and Permit Number  X Soil Backfilling and Cover Installation  X Re-vegetation Application Rates and Seeding Technique  X Site Reclamation (Photo Documentation)  On-site Closure Location Latitude 36.72859  *N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | N Longitude 10                                                                                                                                    | 007.78714 °W NAD                                                                                                                                                                                                                        |
| Operator Closure Certification:  I hereby certify that the information and attachments submitted with this closure re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | •                                                                                                                                                 |                                                                                                                                                                                                                                         |
| the closure complies with all applicable closure requirements and conditions speci                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ified in the approved cl                                                                                                                          | osure plan                                                                                                                                                                                                                              |
| Name (Print) Ethel Tally                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Title                                                                                                                                             | Staff Regulatory Technician                                                                                                                                                                                                             |
| Signature Chel Pally                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Date                                                                                                                                              | 2/12/10                                                                                                                                                                                                                                 |
| e-mail address ethel tally@conocophilips com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Telephone                                                                                                                                         | 505/599-4027                                                                                                                                                                                                                            |

# Burlington Resources Oil Gas Company, LP San Juan Basin Closure Report

Lease Name: Mims State COM 1S

API No.: 30-045-34586

In accordance with Rule 19.15.17.13 NMAC the following information describes the closure of the temporary pit referenced above. All proper documentation regarding closure activities is being included with the C-144. The temporary pit for this location was constructed and location drilled before June 16, 2008 (effective date for Rule 19.15.17). While closure of the temporary pit did fall within the rule some dates for submittals are after the rig release date.

- ` Details on Capping and Covering, where applicable. (See report)
- Plot Plan (Pit Diagram) (Included as an attachment)
- Inspection Reports (Included as an attachment)
- Sampling Results (Included as an attachment)
- C-105 (Included as an attachment)
- Copy of Deed Notice will be filed with County Clerk (Not required on Federal, State, or Tribal land as stated by FAQ dated October 30, 2008)

#### **General Plan:**

1. All free standing liquids will be removed at the start of the pit closure process from the pit and disposed of in a division—approved facility or recycle, reuse or reclaim the liquids in a manner that the appropriate division district office approves.

All recovered liquids were disposed of at Basin Disposal (Permit #NM-01-005) and any sludge or soil required to be removed to facilitate closure was hauled to Envirotech Land Farm (Permit #NM-01-011) and JFJ Landfarm % IEI (Permit #NM-01-0010B).

2. The preferred method of closure for all temporary pits will be on-site burial, assuming that all the criteria listed in sub-section (B) of 19.15.17.13 are met.

The pit was closed using onsite burial.

3. The surface owner shall be notified of BR's closing of the temporary pit as per the approved closure plan using certified mail, return receipt requested.

The closure process notification to the landowner was sent via certified mail. (See Attached)(Well located on Private Land, certified mail is not required for Federal Land per BLM/OCD MOU.)

Within 6 months of the Rig Off status occurring BR will ensure that temporary pits are closed, re-contoured, and reseeded.

Provision 4 of the closure plan requirements were not met due to rig move off date as noted on C-105 which was prior to pit rule change. Burlington will ensure compliance with this rule in the future.

- 5. Notice of Closure will be given to the Aztec Division office between 72 hours and one week of closure via email, or verbally. The notification of closure will include the following:
  - i. Operator's name
  - ii Location by Unit Letter, Section, Township, and Range. Well name and API number.

Notification is attached.

6. Liner of temporary pit shall be removed above "mud level" after stabilization. Removal of liner will consist of manually or mechanically cutting liner at mud level and removing all remaining liner. Care will be taken to remove "All" of the liner i.e., edges of liner entrenched or buried. All excessive liner will be disposed of at a licensed disposal facility.

Liner of temporary pit was removed above "mud level" after stabilization. Removal of the liner consisted of manually cutting liner at mud level and removing all remaining liner. Care was taken to remove "ALL" of the liner i.e., edges of liner entrenched or buried. All excessive liner was disposed of at a licensed disposal facility, (San Juan County Landfill).

7. Pit contents shall be mixed with non-waste containing, earthen material in order to achieve the solidification process. The solidification process will be accomplished using a combination of natural drying and mechanically mixing. Pit contents will be mixed with non-waste, earthen material to a consistency that is deemed a safe and stable. The mixing ratio shall not exceed 3 parts clean soil to 1 part pit contents.

Burlington mixed the Pit contents with non-waste containing, earthen material in order to achieve the solidification process. The solidification process was accomplished by using a combination of natural drying and mechanically mixing. Pit contents were mixed with non-waste, earthen material to a consistency that is deemed as safe and stable. The mixing ratio consisted of approximately 3 parts clean soil to 1 part pit contents.

8. A five point composite sample will be taken of the pit using sampling tools and all samples tested per Subsection B of 19.15.17.13(B)(1)(b). In the event that the criteria are not met, all contents will be handled per Subparagraph (a) of Paragraph (1) of Subsection B of 19.15.17.13 i.e., Dig and haul.

A five point composite sample was taken of the pit using sampling tools and all samples tested per Subsection B of 19.15.17.1 3(B)(1)(b). (Sample results attached).

| Components | Tests Method              | Limit (mg/Kg) | Results  |
|------------|---------------------------|---------------|----------|
| Benzene    | EPA SW-846 8021B or 8260B | 0.2           | ND ug/kg |
| BTEX       | EPA SW-846 8021B or 8260B | 50            | ND ug/kG |
| TPH        | EPA SW-846 418.1          | 2500          | 465mg/kg |
| GRO/DRO    | EPA SW-846 8015M          | 500           | ND mg/Kg |
| Chlorides  | EPA 300.1                 | (1000)/500    | 250 mg/L |

—9. Upon completion of solidification and testing standards being passed, the pit area will be backfilled with — compacted, non-waste containing, earthen material. A minimum of four feet of cover shall be achieved and the cover shall include one foot of suitable material to establish vegetation at the site, or the background thickness of topsoil, whichever is greater. If standard testing fails BR will dig and haul all contents pursuant to 19.15.17.13.i.a. After doing such, confirmation sampling will be conducted to ensure a release has not occurred.

The pit material passed solidification and testing standards. The pit area was then backfilled with compacted, non-waste containing, earthen material. More than four feet of cover was achieved and the cover included one foot of suitable material to establish vegetation at the site.

10. During the stabilization process if the liner is ripped by equipment the Aztec OCD office will be notified within 48 hours and the liner will be repaired if possible. If the liner can not be repaired then all contents will be excavated and removed.

The integrity of the liner was not damaged in the pit closure process.

11. Dig and Haul Material will be transported to the Envirotech Land Farm located 16 miles south of Bloomfield on Angel Peak Road, CR 7175. Permit # NM010011

Dig and Haul was not required.

12. Re-contouring of location will match fit, shape, line, form and texture of the surrounding. Re-shaping will include drainage control, prevent ponding, and prevent erosion. Natural drainages will be unimpeded and water bars and/or silt traps will be place in areas where needed to prevent erosion on a large scale. Final recontour shall have a uniform appearance with smooth surface, fitting the natural landscape.

The pit area was re-contoured to match fit, shape, line, form and texture of the surrounding area. Reshaping included drainage control, to prevent ponding and erosion. Natural drainages were unimpeded and water bars and/or silt traps were placed in areas where needed to prevent erosion on a large scale. Final recontour has a uniform appearance with smooth surface, fitting the natural landscape.

13. Notification will be sent to OCD when the reclaimed area is seeded.

Provision 13 was accomplished on 03/10/2009 with the following seeding regiment:

| Туре                     | Variety or<br>Cultivator | PLS/A |
|--------------------------|--------------------------|-------|
| Western wheatgrass       | Arrıba                   | 3 0   |
| Indian ricegrass         | Paloma or<br>Rimrock     | 3.0   |
| Slender wheatgrass       | San Luis                 | 2.0   |
| Crested wheatgrass       | Hy-crest                 | 3 0   |
| Bottlebrush Squirreltail | Unknown                  | 2.0   |
| Four-wing Saltbrush      | Delar                    | 25    |

14. BR shall seed the disturbed areas the first growing season after the operator closes the pit. Seeding will be accomplished via drilling on the contour whenever practical or by other division-approved methods. BLM or Forest Service stipulated seed mixes will used on federal lands. Vegetative cover will equal 70% of the native perennial vegetative cover (un-impacted) consisting of at least three native plant species, including at least one grass, but not including noxious weeds, and maintain that cover through two successive growing seasons. Repeat seeding or planting will be continued until successful vegetative growth occurs.

Provision 14 was accomplished on 03/10/2009 with the above seeding regiment. Seeing was accomplished via drilling on the contour whenever practical or by other division-approved methods. The OCD will be notified once two successive growing seasons have been accomplished by submitting a C-103.

15. The temporary pit will be located with a steel marker, no less than four inches in diameter, cemented in a hole three feet deep in the center of the onsite burial upon the abandonment of all the wells on the pad. The marker will be flush with the ground to allow access of the active well pad and for safety concerns. The marker will include a threaded collar to be used for future abandonment. The top of the marker will contain a welded steel 12" square plate that indicates the onsite burial of the temporary pit. The plate will be easily removable and a four foot tall riser will be threaded into the top of the collar marker and welded around the base with the operator's information at the time of all wells on the pad are abandoned. The operator's information will include the following: Operator Name, Lease Name, Well Name and number, Unit Number, Section, Township, Range and an indicator that the marker is an onsite burial location.

Provision 15 was accomplished by installing a steel marker in the temporary pit, no less than four inches in diameter, cemented in a hole three feet deep in the center of the onsite burial. The marker is flush with the ground to allow access of the active well pad and for safety concerns. The top of the marker contains a welded steel 12" square plate that indicates the onsite burial of the temporary pit. The plate contains the following: Operator Name, Lease Name, Well Name and number, Unit Number, Section, Township, Range and an indicator that the marker is an onsite burial location.

The plate will be easily removable and a four foot tall riser will be threaded into the top of the collar marker and welded around the base with the following operator's information at the time of all wells on the pad are abandoned. The riser will be labeled: BR, BLM, Mims State COM 1S, UL-F, Sec. 16, T 29N, R 9W, API # 30-045-34586



ConocoPhillips Company GRFS / PTRRC – San Juan Business Unit Juanita Farrell 3401 East 30<sup>th</sup> Street Farmington, NM 87402 Telephone: (505) 326-9597 Facsimile: (505) 324-6136

July 30, 2008

### VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

7110-6605-9590-0026-0432

Blanco Land Inc. c/o SNM Properties LLC PO Box 717 Bloomfield, NM 87413

Re:

Mims State Com 1S

NW Section 16, T29N, R9W San Juan County, New Mexico

### Dear Landowner:

Pursuant to Paragraph 1 (b) of Subsection F of 19.15.17.13 NMAC, an operator shall provide the surface owner of the operator's proposal to close a temporary pit on-site in compliance with the on-site closure methods specified in the same Subsection of the NMAC. In compliance of this requirement, please consider this notification of ConocoPhillips' intent to close the temporary pit on the above referenced location.

If you have any questions, please contact Steven Gillette @ (505)326-9883.

Sincerely,

### Juanita Farrell

Juanita Farrell Staff Associate, PTRRC STATE OF NEW MEXICO §

COUNTY OF SAN JUAN §

01/19/2010 12:38 PM

B1504 P633 R \$11.00

201000633

### RECORDATION NOTICE OF PIT BURIAL

In accordance with Section 19.15.17.13.F.1.f of the NMAC, operator hereby provides notice in the public record of an on-site burial of a temporary pit at the following location:

Section: 16

Unit Letter(1/4, 1/4): F

Well Name: Mims State Com 1S

| Township:                                                                                                                                                                                                    | 29N                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Range:                                                                                                                                                                                                       | 9W,                                                                                                                                                                  |
| County:                                                                                                                                                                                                      | San Juan                                                                                                                                                             |
| State:                                                                                                                                                                                                       | New Mexico                                                                                                                                                           |
| IN WITNESS WHEREOF, this Recordation indicated below by the undersigned.  Burlington Resources Oil & Gas Company By: BROG GP Inc., its sole General Fartner  By: Michael L. Mankin  Title: Supervisor, PTRRC | on Notice of Pit Burial has been executed on the date                                                                                                                |
| STATE OF SAN JUAN §                                                                                                                                                                                          |                                                                                                                                                                      |
| COUNTY OF NEW MEXICO §                                                                                                                                                                                       |                                                                                                                                                                      |
| This instrument was acknowledged before me this A Mankin of Burlington Resources Oil and Gas Compbehalf of said corporation.                                                                                 | day of January 2010, by Michael L. pany, By: BROG GP Inc., its sole General Partner, on  Notary Public  OFFICIAL SEAL JUANITA FARRELL NOTARY PUBLIC - STATE OF NEW M |

My commission expires:\_\_

LATITUDE: 36.72835°N
LONGITUDE: 107.78680°W
DATUM: NAD 83

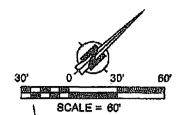
SLOPES TO BE CONSTRUCTED TO
MATCH THE ORIGINAL CONTOURS
AS CLOSE AS POSSIBLE.

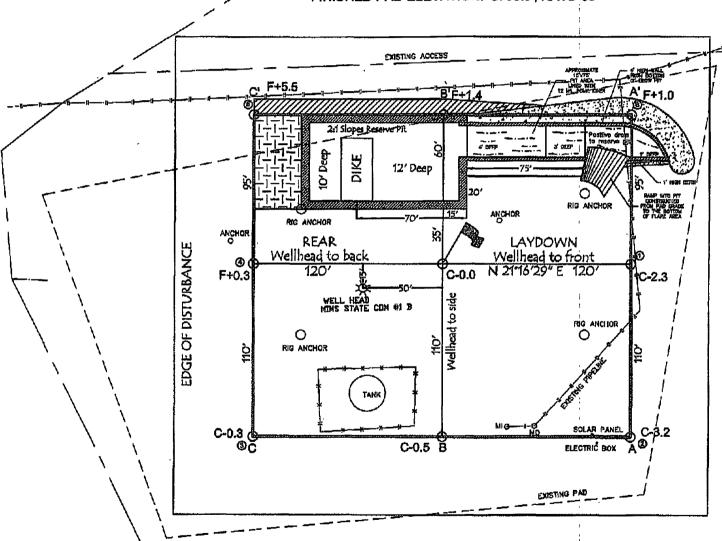
### **BURLINGTON RESOURCES O&G CO LP**

MIMS STATE COM #1 S
1418' FNL & 1767' FWL
LOCATED IN THE SE/4 NW/4 OF SECTION 16,
T29N, R9W, N.M.P.M.,
SAN JUAN COUNTY, NEW MEXICO

SAN JUAN COUNTY, NEW MEXICO GROUND ELEVATION: 5788', NAVD 88

FINISHED PAD ELEVATION: 5788.3', NAVD 88





305' 1: 840' = 2.38 ACRES OF DISTURBANCE

SCALE: 1" = 60' JOB No.: COP118 PATE: 11/09/07 RESERVE PIT DIKE: TO BE 8' ABOVE DEEP SIDE (OVERFLOW — 3' WIDE AND 1' ABOVE SHALLOW SIDE).
RUSSELL SURVEYING, INC. IS NOT LIABLE FOR UNDERGROUND UTILITIES OR PIPELINES.
CONTRACTOR SHOULD CALL ONE—CALL FOR LOCATION OF ANY & (60 OR UNMARKED, BURIED PIPELINES OR
CABLES ON WELL PAD, IN CONSTRUCTION ZONE AND/OR ACCESS HOAD AT LEAST TWO (2) WORKING DAYS PRIOR
TO CONSTRUCTION.



Russell Surveying 1409 W. Aztec Blvd. #2 Aztec, Néw Mexico 87410 (605) 334-8637

201000633 01/19/2010 12:38 PW

DISTRICT | 1825 N. French Dr., Hobbs, N.M. 88240

#### State of New Mexico Energy, Minerals & Natural Resources Department

Form C-102 Revised October 12, 2005

DISTRICT II 1301 W. Grand Avenue, Artesia, N.M. 88210

DISTRICT III 1000 Rio Brazos Rd., Astec. N.M. 87410 OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe. NM 87505 Submit to Appropriate District Office State Lease — 4 Copies Fee Lease — 3 Copies

☐ AMENDED REPORT

DISTRICT IV 1220 S. St. Prancis Dr., Santa Pe. NM 8750S

| *****      | 7 A A. MTALT         |           | . ~~~~                | DEDICATION                               | T TOT 4 CT  |
|------------|----------------------|-----------|-----------------------|------------------------------------------|-------------|
| 387 1.21 1 | I / W "A /IVI / NAI. | 4 4 1 1 3 | A ( '11 314' A ( '14' | - 1 1 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ., .,, .,,, |
|            |                      |           |                       |                                          |             |
|            |                      | A1117     | AURUAUL               | DEHIVATION                               | 1 1 1 1 1 1 |

| <sup>1</sup> API' Number | *Pool Code **Pool Name BASIN FRUIT                            |                   |
|--------------------------|---------------------------------------------------------------|-------------------|
| Property Code            | *Property Name MIMS STATE COM                                 | Well Number       |
| OGRID No.                | *Opérator Name<br>BUREINGTON RESOURCES OIL AND GAS COMPANY LP | * Elevation 5788* |

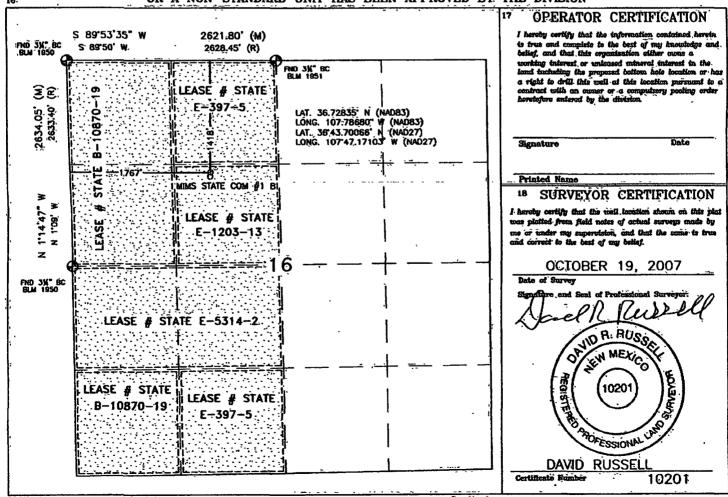
<sup>10</sup> Surface Location

| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Peet from the | Best/West line | County   |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|----------|
| F             | 16.     | 29N      | .9W   |         | 1418'         | NORTH            | 1:767'        | WEST           | SAN JUAN |

<sup>11</sup> Bottom Hole Location If Different From Surface

|                | Bottom Hole Botteton in Building Buridee |          |             |         |                               |                  |                         |                |          |  |  |
|----------------|------------------------------------------|----------|-------------|---------|-------------------------------|------------------|-------------------------|----------------|----------|--|--|
| UL or lot no.  | Section                                  | Township | Range       | Lot Idn | Feet from the                 | North/South line | Feet from the           | East/West line | County * |  |  |
| Dedicated Acre |                                          |          | 15 Joint or | Infill  | <sup>14</sup> Consolidation C | ode :            | <sup>15</sup> Order No. |                |          |  |  |
| 320.00         | Acres                                    | (W/2)    |             |         |                               |                  |                         |                |          |  |  |

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



LATITUDE: 36.72835°N **BURLINGTON RESOURCES O&G CO LP** LONGITUDE: 107,78680°W MIMS STATE COM #1 S DATUM: NAD 83 1418' FNL & 1767' FWL LOCATED IN THE SE/4 NW/4 OF SECTION 18, SLOPES TO BE CONSTRUCTED TO MATCH THE ORIGINAL CONTOURS AS CLOSE AS POSSIBLE. T29N, R9W, N.M.P.M., SAN JUAN COUNTY, NEW MEXICO 60' **GROUND ELEVATION: 5788', NAVD 88** FINISHED PAD ELEVATION: 5788.3', NAVD 88 SCALE = 60 EXISTING ACCESS B'F+1.4 2.1 Slopes Reserve PR 4' DEEP PIKE 12' Deep 2 RIG ANCHOR ANCHOR RIG ANCHOR ANCHOR LAYDOWN REAR EDGE OF DISTURBANCE Wellhead to front Wellhead to back <u>120</u> N 2116'29" E 120' C-0.0 F+0,3 C-2.3 to side WELL HEAD MINS STATE COM #1 B RIG ANCHOR Wellhead ( 0 0 5 RIG ANCHOR SOLAR PANEL C-0.3 d ΦČ C-0.5 B ELECTRIC BOX EXISTING PAD NOTE: **Russell Surveying** 305' x 340' = 2.38 ACRES OF DISTURBANCE RESERVE PIT DIKE: TO BE 8' ABOVE DEEP SIDE (OVERFLOW — 3' WIDE AND 1' ABOVE SHALLOW SIDE). RUSSELL SURVEYING, INC. IS NOT LIABLE FOR UNDERGROUND UTILITIES OR PIPELINES. 1409 W. Aztec Bivd. #2 SCALE: 1" = 60' CONTRACTOR SHOULD CALL ONE-CALL FOR LOCATION OF ANY MARKED OR UNMARKED, BURIED PIPELINES OR Aztec, New Mexico 87410 JOB No.: COP119 CABLES ON WELL PAD, IN CONSTRUCTION ZONE AND/OR ACCESS ROAD AT LEAST TWO (2) WORKING DAYS PRIOR (505) 334-8637 DATE: 11/09/07 TO CONSTRUCTION.



### EPA METHOD 8015 Modified Nonhalogenated Volatile Organics Total Petroleum Hydrocarbons

| Client:                        | ConocoPhillips     | Project #          | 96052-0026 |
|--------------------------------|--------------------|--------------------|------------|
| Sample ID                      | MIMS State Com #18 | Date Reported.     | 10-08-08   |
| Laboratory Number <sup>.</sup> | 47549              | Date Sampled       | 09-30-08   |
| Chain of Custody No.           | 5238               | Date Received:     | 09-30-08   |
| Sample Matrix.                 | Soil               | Date Extracted     | 10-06-08   |
| Preservative                   |                    | Date Analyzed      | 10-07-08   |
| Condition.                     | Intact             | Analysis Requested | 8015 TPH   |

| Parameter                    | Concentration (mg/Kg) | Det.<br>Limit<br>(mg/Kg) |
|------------------------------|-----------------------|--------------------------|
| Gasoline Range (C5 - C10)    | ND                    | 0.2                      |
| Diesel Range (C10 - C28)     | ND                    | 0.1                      |
| Total Petroleum Hydrocarbons | ND                    | 0.2                      |

ND - Parameter not detected at the stated detection limit.

References

Method 8015B, Nonhalogenated Volatile Organics, Test Methods for Evaluating Solid Waste,

SW-846, USEPA, December 1996.

Comments:

**Drilling Pit Sample** 

Analyst

Mustum Walter Review

5796 U.S. Highway 64 • Farmington, NM 87401 • Tel 505-632-0615 • Fax 505-632-1865



### EPA METHOD 8015 Modified Nonhalogenated Volatile Organics Total Petroleum Hydrocarbons

| Client.              | ConocoPhillips                | Project #           | 96052-0026 |
|----------------------|-------------------------------|---------------------|------------|
| Sample ID            | MIMS State Com #1S Background | Date Reported:      | 10-08-08   |
| Laboratory Number.   | 47550                         | Date Sampled        | 09-30-08   |
| Chain of Custody No· | 5238                          | Date Received:      | 09-30-08   |
| Sample Matrix.       | Soil                          | Date Extracted      | 10-06-08   |
| Preservative         |                               | Date Analyzed       | 10-07-08   |
| Condition:           | Intact                        | Analysis Requested: | 8015 TPH   |

| Parameter                    | Concentration<br>(mg/Kg) | Det.<br>Limit<br>(mg/Kg) |
|------------------------------|--------------------------|--------------------------|
| Gasoline Range (C5 - C10)    | ND                       | 0.2                      |
| Diesel Range (C10 - C28)     | ND                       | 0.1                      |
| Total Petroleum Hydrocarbons | ND                       | 0.2                      |

ND - Parameter not detected at the stated detection limit.

References.

Method 8015B, Nonhalogenated Volatile Organics, Test Methods for Evaluating Solid Waste,

SW-846, USEPA, December 1996.

Comments:

**Drilling Pit Sample** 

Analyst

Review Museten

5796 U.S. Highway 64 • Farmington, NM 87401 • Tel 505-632-0615 • Fax 505-632-1865



# EPA Method 8015 Modified Nonhalogenated Volatile Organics Total Petroleum Hydrocarbons

### **Quality Assurance Report**

|                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                               | -                                          |                |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------|--------------------------------------------|----------------|
| Client                                                                                      | QA/QC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 | Project #                     |                                            | N/A            |
| Sample ID                                                                                   | 10-07-08 QA/0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | QC                              | Date Reported <sup>.</sup>    |                                            | 10-08-08       |
| Laboratory Number.                                                                          | 47539                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 | Date Sampled:                 |                                            | N/A            |
| Sample Matrix:                                                                              | Methylene Chlor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ride                            | Date Received.                |                                            | N/A            |
| Preservative                                                                                | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 | Date Analyzed                 |                                            | 10-07-08       |
| Condition:                                                                                  | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 | Analysis Reques               | sted <sup>.</sup>                          | TPH            |
|                                                                                             | and the second s             |                                 | m/sed /46                     |                                            |                |
|                                                                                             | I-Cal Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | I-Cal RF:                       | C-Cal RF:                     | % Difference                               | Accept, Range  |
| Gasoline Range C5 - C10                                                                     | 05-07-07                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1 0120E+003                     | 1.0124E+003                   | 0.04%                                      | 0 - 15%        |
| Diesel Range C10 - C28                                                                      | 05-07-07                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1 0144E+003                     | 1 0148E+003                   | 0.04%                                      | 0 - 15%        |
| Blank Conc. (mg/L - mg/Kg)                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Concentration                   |                               | Data de la visació                         |                |
| Gasoline Range C5 - C10                                                                     | n la marital in <mark>de la compania de la composita dela composita de la composita de la composita de la composita</mark> | ND                              |                               | Detection Limit<br>0.2                     |                |
| Diesel Range C10 - C28                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ND<br>ND                        |                               | 0.2                                        |                |
| Diesei Kange CTU - CZo                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                               |                                            |                |
| Total Datus Livelys and area                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                               |                                            |                |
| Total Petroleum Hydrocarbons                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ND                              |                               | 0.2                                        |                |
| <u>-</u>                                                                                    | Sample                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 | % Difference                  | 0.2                                        | # **           |
| Total Petroleum Hydrocarbons  Duplicate Conc. (mg/Kg)  Gasoline Range C5 - C10              | Sample<br>ND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ND                              | % Difference<br>0.0%          |                                            | ng<br>gangaran |
| Duplicate Conc. (mg/Kg)                                                                     | and the state of t             | ND<br>Duplicate                 |                               | 0.2<br>Accept. Range                       | ų<br>Ž         |
| Duplicate Conc. (mg/Kg) Gasoline Range C5 - C10 Diesel Range C10 - C28                      | ND<br>2.3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ND<br>Duplicate<br>ND<br>2.6    | 0.0%<br>13.0%                 | 0.2<br>Accept. Range<br>0 - 30%<br>0 - 30% |                |
| Duplicate Conc. (mg/Kg) Gasoline Range C5 - C10 Diesel Range C10 - C28  Spike Conc. (mg/Kg) | ND<br>2.3<br>Sample                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ND Duplicate ND 2.6 Spike Added | 0.0%<br>13.0%<br>Spike Result | 0.2  Accept. Range 0 - 30% 0 - 30%         | Accept Range   |
| Duplicate Conc. (mg/Kg) Gasoline Range C5 - C10 Diesel Range C10 - C28                      | ND<br>2.3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ND<br>Duplicate<br>ND<br>2.6    | 0.0%<br>13.0%                 | 0.2<br>Accept. Range<br>0 - 30%<br>0 - 30% |                |

ND - Parameter not detected at the stated detection limit.

References:

Method 8015B, Nonhalogenated Volatile Organics, Test Methods for Evaluating Solid Waste,

SW-846, USEPA, December 1996

Comments:

QA/QC for Samples 47539 - 47540 and 47545 - 47552.

Analyst

Mustum Mallen Review



### EPA METHOD 8021 AROMATIC VOLATILE ORGANICS

| Client.           | ConocoPhillips     | Project #.                      | 96052-0026 |
|-------------------|--------------------|---------------------------------|------------|
| Sample ID         | MIMS State Com #1S | Date Reported                   | 10-08-08   |
| Laboratory Number | 47549              | Date Sampled <sup>,</sup>       | 09-30-08   |
| Chain of Custody  | 5238               | Date Received:                  | 09-30-08   |
| Sample Matrix     | Soil               | Date Analyzed                   | 10-07-08   |
| Preservative      |                    | Date Extracted                  | 10-06-08   |
| Condition:        | Intact             | Analysis Requested <sup>.</sup> | BTEX       |

| Parameter    | Concentration<br>(ug/Kg) | Det.<br>Limit<br>(ug/Kg) |   |
|--------------|--------------------------|--------------------------|---|
| Benzene      | ND                       | 0.9                      |   |
| Toluene      | ND                       | 1.0                      | • |
| Ethylbenzene | ND                       | 1.0                      |   |
| p,m-Xylene   | ND                       | 1.2                      |   |
| o-Xylene     | ND                       | 0.9                      |   |
| Total BTEX   | ND                       |                          |   |

ND - Parameter not detected at the stated detection limit.

| Surrogate Recoveries: | Parameter           | Percent Recovery |
|-----------------------|---------------------|------------------|
|                       | Fluorobenzene       | 96.0 %           |
|                       | 1,4-difluorobenzene | 96.0 %           |
|                       | Bromochlorobenzene  | 96.0 %           |

References:

Method 5030B, Purge-and-Trap, Test Methods for Evaluating Solid Waste, SW-846, USEPA,

December 1996

Method 8021B, Aromatic Volatile Organics, Test Methods for Evaluating Solid Waste, SW-846,

USEPA, December 1996

Comments:

**Drilling Pit Sample.** 

Analyst

Misturn Waeters
Review



### EPA METHOD 8021 AROMATIC VOLATILE ORGANICS

| Client:           | ConocoPhillips                | Project #:         | 96052-0026 |
|-------------------|-------------------------------|--------------------|------------|
| Sample ID:        | MIMS State Com #1S Background | Date Reported      | 10-08-08   |
| Laboratory Number | 47550                         | Date Sampled:      | 09-30-08   |
| Chain of Custody. | 5238                          | Date Received      | 09-30-08   |
| Sample Matrix     | Soil                          | Date Analyzed      | 10-07-08   |
| Preservative:     |                               | Date Extracted     | 10-06-08   |
| Condition:        | Intact                        | Analysis Requested | BTEX       |

| Parameter    | Concentration<br>(ug/Kg) | Det.<br>Limit<br>(ug/Kg) |  |
|--------------|--------------------------|--------------------------|--|
| Benzene      | ND                       | 0.9                      |  |
| Toluene      | ND                       | 1.0                      |  |
| Ethylbenzene | ND                       | 1.0                      |  |
| p,m-Xylene   | ND                       | 1.2                      |  |
| o-Xylene     | ND                       | 0.9                      |  |
| Total BTEX   | ND                       |                          |  |

ND - Parameter not detected at the stated detection limit

| Surrogate Recoveries: | Parameter           | Percent Recovery |
|-----------------------|---------------------|------------------|
|                       | Fluorobenzene       | 99.0 %           |
|                       | 1,4-difluorobenzene | 99.0 %           |
|                       | Bromochlorobenzene  | 99.0 %           |

References

Method 5030B, Purge-and-Trap, Test Methods for Evaluating Solid Waste, SW-846, USEPA,

December 1996

Method 8021B, Aromatic Volatile Organics, Test Methods for Evaluating Solid Waste, SW-846,

USEPA, December 1996

Comments:

**Drilling Pit Sample.** 

Analyst

Review Wasters



### EPA METHOD 8021 AROMATIC VOLATILE ORGANICS

| Client                                   | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | F                                          | Project#                  |                  | N/A              |
|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------|------------------|------------------|
| Sample ID                                | 10-07-BT QA/QC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | [                                          | Date Reported             |                  | 10-08-08         |
| Laboratory Number                        | 47539                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1                                          | Date Sampled              |                  | N/A              |
| Sample Matrıx                            | Soil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | [                                          | Date Received             |                  | N/A              |
| Preservative                             | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | [                                          | Date Analyzed             |                  | 10-07-08         |
| Condition                                | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | A                                          | Analysis                  |                  | BTEX             |
| Calibration, and Detection Limits (ug/L) | I-Cal RF:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | C-Cal RF:<br>Accept Rang                   | %Diff.<br>e 0 - 15%       | Blank<br>Conc    | Detect.<br>Limit |
|                                          | A Comment of the Comm | Accept. Rang                               | e 0 - 15%                 | Conc             | Limit            |
| Detection Limits (ug/L) Benzene          | 5 1927E+007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Accept. Rang<br>5 2031E+007                | e 0 - 15%<br>0.2%         | Conc<br>ND       | Limit 0.1        |
| Detection Limits (ug/L)  Benzene Toluene | A Comment of the Comm | Accept. Rang                               | e 0 - 15%                 | Conc             | Limit            |
|                                          | 5 1927E+007<br>4 3173E+007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Accept. Rang<br>5 2031E+007<br>4 3260E+007 | e 0 - 15%<br>0.2%<br>0.2% | Conc<br>ND<br>ND | Uimit 0.1 0.1    |

| Duplicate Conc. (ug/Kg) | Sample // Dup | licate | %Diff. | Accept Range | Detect Limit |
|-------------------------|---------------|--------|--------|--------------|--------------|
| Benzene                 | 1.3           | 1.3    | 0.0%   | 0 - 30%      | 0.9          |
| Toluene                 | 3.2           | 2.9    | 9.4%   | 0 - 30%      | 1.0          |
| Ethylbenzene            | 2.8           | 2.6    | 7.1%   | 0 - 30%      | 1.0          |
| p,m-Xylene              | 9.7           | 9.1    | 6.2%   | 0 - 30%      | 1.2          |
| o-Xylene                | 3.2           | 2.9    | 9.4%   | 0 - 30%      | 0.9          |

| Sample Amo | unt Spiked Spik          | ed Sample                                   | % Recovery                                                                                              | Accept Range                                                                                                                                   |
|------------|--------------------------|---------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.3        | 50.0                     | 50.3                                        | 98.1%                                                                                                   | 39 - 150                                                                                                                                       |
| 3.2        | 50.0                     | 52.2                                        | 98.1%                                                                                                   | 46 - 148                                                                                                                                       |
| 2.8        | 50.0                     | 53.8                                        | 102%                                                                                                    | 32 - 160                                                                                                                                       |
| 9.7        | 100                      | 104                                         | 94.5%                                                                                                   | 46 - 148                                                                                                                                       |
| 3.2        | 50.0                     | 51.2                                        | 96.2%                                                                                                   | 46 - 148                                                                                                                                       |
|            | 1.3<br>3.2<br>2.8<br>9.7 | 1.3 50.0<br>3.2 50.0<br>2.8 50.0<br>9.7 100 | 1.3     50.0     50.3       3.2     50.0     52.2       2.8     50.0     53.8       9.7     100     104 | 1.3     50.0     50.3     98.1%       3.2     50.0     52.2     98.1%       2.8     50.0     53.8     102%       9.7     100     104     94.5% |

ND - Parameter not detected at the stated detection limit

References

Method 5030B, Purge-and-Trap, Test Methods for Evaluating Solid Waste, SW-846, USEPA,

December 1996

Method 8021B, Aromatic and Halogenated Volatiles by Gas Chromatography Using Photoionization and/or Electrolytic Conductivity Detectors, SW-846, USEPA December 1996

Comments:

QA/QC for Samples 47539 - 47540 and 47545 - 47551.

Analyst



### EPA METHOD 418.1 TOTAL PETROLEUM HYDROCARBONS

| Client:              | ConocoPhillips     | Project #:       | 96052-0026 |
|----------------------|--------------------|------------------|------------|
| Sample ID:           | MIMS State Com #1S | Date Reported:   | 10-10-08   |
| Laboratory Number:   | 47549              | Date Sampled:    | 09-30-08   |
| Chain of Custody No. | 5238               | Date Received.   | 09-30-08   |
| Sample Matrix:       | Soil               | Date Extracted:  | 10-02-08   |
| Preservative:        |                    | Date Analyzed:   | 10-02-08   |
| Condition:           | Intact             | Analysis Needed: | TPH-418.1  |

|           |               | Det.    |
|-----------|---------------|---------|
|           | Concentration | Limit   |
| Parameter | (mg/kg)       | (mg/kg) |

**Total Petroleum Hydrocarbons** 

465

5.0

ND = Parameter not detected at the stated detection limit.

References:

Method 418.1, Petroleum Hydrocarbons, Total Recoverable, Chemical Analysis of Water

and Waste, USEPA Storet No. 4551, 1978.

Comments:

**Drilling Pit Sample.** 

Analyst

Musthern Weeter



### EPA METHOD 418.1 TOTAL PETROLEUM HYDROCARBONS

| Client:              | ConocoPhillips     | Project #                  | 96052-0026 |
|----------------------|--------------------|----------------------------|------------|
| Sample ID:           | MIMS State Com #1S | Date Reported <sup>.</sup> | 10-10-08   |
| Laboratory Number:   | 47550              | Date Sampled <sup>.</sup>  | 09-30-08   |
| Chain of Custody No: | 5238               | Date Received <sup>.</sup> | 09-30-08   |
| Sample Matrix.       | Soil               | Date Extracted:            | 10-02-08   |
| Preservative:        |                    | Date Analyzed:             | 10-02-08   |
| Condition:           | Intact             | Analysis Needed:           | TPH-418.1  |

|           |               | Det.    |
|-----------|---------------|---------|
|           | Concentration | Limit   |
| Parameter | (mg/kg)       | (mg/kg) |

**Total Petroleum Hydrocarbons** 

79.7

5.0

ND = Parameter not detected at the stated detection limit.

References:

Method 418.1, Petroleum Hydrocarbons, Total Recoverable, Chemical Analysis of Water

and Waste, USEPA Storet No. 4551, 1978.

Comments:

**Drilling Pit Sample Background.** 

Analyst

Muster of Weelers



### **EPA METHOD 418.1 TOTAL PETROLEUM HYROCARBONS QUALITY ASSURANCE REPORT**

| <b>-</b> 11.               |            |                               |                          | 5                                               |                                           |
|----------------------------|------------|-------------------------------|--------------------------|-------------------------------------------------|-------------------------------------------|
| Client:                    |            | QA/QC                         |                          | Project #:                                      | N/A                                       |
| Sample ID:                 |            | QA/QC                         |                          | Date Reported.                                  | 10-10-08                                  |
| Laboratory Number:         |            | 10-02-TPH.QA                  | VQC 47539                | Date Sampled <sup>.</sup>                       | N/A                                       |
| Sample Matrix <sup>1</sup> |            | Freon-113                     |                          | Date Analyzed <sup>.</sup>                      | 10-02-08                                  |
| Preservative.              |            | N/A                           |                          | Date Extracted.                                 | 10-02-08                                  |
| Condition.                 |            | N/A                           |                          | Analysis Needed:                                | TPH                                       |
| Calibration                | I-Cal Date | C-Cal Date<br><b>10-02-08</b> | í-Cál RF<br><b>1,660</b> | C-Cal RF: '% <sup>*</sup><br><b>1,560</b>       | Difference Accept Range 6.1% +/- 10%      |
| Blầnk Cổnc. (mg.           | /Kģ) 🎇     |                               | Concentration ND         | De                                              | etection Limit                            |
| Duplicate Conc.            | (mg/K̞g)   | 3, 3, 3, 3, 4, 13             | Sample, 82.4             | <sup>մԴե հր</sup> :Duplicate , %<br><b>74.4</b> | Difference ≟*Accépt Range<br>9.7% +/- 30% |
| Spike Conc. (mg            | /Kg)*-₃⊪   | Sample                        | ຶ້∻Spike Adαë́dັ້        | Spike Result %                                  | Recovery Accept Range                     |

2,000

ND = Parameter not detected at the stated detection limit.

Method 418 1, Petroleum Hydrocarbons, Total Recoverable, Chemical Analysis of Water References

and Waste, USEPA Storet No 4551, 1978.

82.4

Comments: QA/QC for Samples 47539 - 47540 and 47545 - 47552.

**TPH** 

118%

2,460

80 - 120%



#### Chloride

Client: ConocoPhillips Project #: 96052-0026 Sample ID MIMS State Com #1S Date Reported: 10-08-08 Date Sampled: 09-30-08 Lab ID#: 47549 Sample Matrix: Soil Date Received: 09-30-08 Preservative: Date Analyzed. 10-03-08 Condition: Intact Chain of Custody: 5238

Parameter Concentration (mg/Kg)

Total Chloride 295

Reference: U.S.E.P.A., 4500B, "Methods for Chemical Analysis of Water and Wastes", 1983.

Standard Methods For The Examination of Water And Waste Water", 18th ed., 1992.

Mistly of Weeter Review

Comments: Drilling Pit Sample.

Analyst



### Chloride

96052-0026 Client: ConocoPhillips Project #: Sample ID: MIMS State Com #1S Date Reported: 10-08-08 Lab ID#: 47550 Date Sampled: 09-30-08 Sample Matrix: Soil Date Received: 09-30-08 Preservative: Date Analyzed: 10-03-08 Condition: Intact Chain of Custody: 5238

Parameter Concentration (mg/Kg)

Total Chloride 250

Reference U.S E.P.A., 4500B, "Methods for Chemical Analysis of Water and Wastes", 1983.

Standard Methods For The Examination of Water And Waste Water", 18th ed., 1992.

Motern Weeter Review

Comments: Drilling Pit Sample Background.

Analyst

5796 U.S. Highway 64 • Farmington, NM 87401 • Tel 505-632-0615 • Fax 505-632-1865

| Two Copies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | iale Distriction | ince          |                         | State of New Mexico                              |                           |         |             |              |                              | Form C-105                     |        |                |                      |           |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------|-------------------------|--------------------------------------------------|---------------------------|---------|-------------|--------------|------------------------------|--------------------------------|--------|----------------|----------------------|-----------|---------------|
| District I<br>1625 N French Dr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | , Hobbs, NM 8    | 8240          | En                      | Energy, Minerals and Natural Resources           |                           |         |             |              | -                            | July 17, 2008  1. WELL API NO. |        |                |                      |           |               |
| District II<br>1301 W Grand Ave                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ,                |               |                         |                                                  |                           |         |             |              | 1. WELL API NO. 30-045-34586 |                                |        |                |                      |           |               |
| District III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |               |                         | Oil Conservation Division                        |                           |         |             |              | 2 Type of Lease              |                                |        |                |                      |           |               |
| 1000 Rio Brazos Ri<br>District IV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ,                |               |                         | 12                                               | 20 South S                |         | •           | r.           |                              | 3 State Oil &                  |        | ☑ FEE          |                      | ED/IND    | IAN           |
| 1220 S St Francis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Dr , Santa Fe, 1 | NM 87505      |                         |                                                  | Santa Fe, 1               | NIM 8   | /303        |              |                              |                                | Gası   | lease No       |                      |           |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | TION C        | R REC                   | OMPL                                             | ETION RE                  | POR     | T AND       | LOG          |                              |                                |        | Me :           |                      |           |               |
| 4 Reason for file                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ng               |               |                         |                                                  |                           |         |             |              | ŀ                            | 5 Lease Name<br>Mims State     |        | _              | ment Na              | ame       |               |
| ☐ COMPLETI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ON REPOR         | RT (Fill in b | oxes #1 thro            | ugh #31                                          | for State and Fe          | e wells | only)       |              | ı                            | 6 Well Numb                    |        |                |                      |           |               |
| C-144 CLOS<br>#33, attach this a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | nd the plat to   |               |                         |                                                  |                           |         |             |              | /or                          | 1S                             |        |                |                      |           |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | WELL   W         | VORKOVE       | R □ DEEP                | ENING                                            | □PLUGBAC                  | к 🗆 🗈   | IFFERE      | NT RESERV    | OIR                          | OTHER_                         |        |                |                      |           |               |
| 8 Name of Opera                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | Oil C 4       | ~                       | LD                                               |                           |         |             |              |                              | 9 OGRID<br>14538               |        | -"             |                      | _         |               |
| Burlington R 10 Address of O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | esources (       | Oil Gas C     | company                 | , LP                                             |                           |         |             |              | -                            | 11 Pool name                   | or Wil | dcat           |                      |           |               |
| PO Box 4298, Fa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | M 87499       |                         |                                                  |                           |         |             |              | i                            |                                |        |                |                      |           |               |
| 12.Location                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Unit Ltr         | Section       | Town                    | shıp                                             | Range                     | Lot     |             | Feet from t  | he                           | N/S Line                       | Feet 1 | from the       | E/W I                | Line      | County        |
| Surface:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |               |                         |                                                  |                           |         |             |              |                              |                                |        |                | ļ                    |           |               |
| BH:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |               |                         |                                                  |                           |         |             |              |                              |                                |        | 1              | <u></u>              |           |               |
| 13 Date Spudded                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 14 Date        | TD Reache     |                         | Date R19<br>18/08                                | g Released                |         | 16          | Date Compl   | eted                         | (Ready to Prod                 | uce)   |                | 7 Elevat<br>T, GR, e |           | F and RKB,    |
| 18 Total Measur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ed Depth of V    | Well          | 19                      | Plug Ba                                          | ck Measured De            | pth     | 20          | Was Direct   | iona                         | Survey Made?                   |        | 21 Typ         | e Electr             | ic and O  | ther Logs Run |
| 22 Producing Int                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | erval(s), of th  | ns completi   | on - Top, Bo            | ottom, N                                         | ame                       | <u></u> |             |              |                              |                                |        | - <del>-</del> |                      |           |               |
| 23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | W. 0             |               |                         | CAS                                              | ING REC                   | ORE     | (Ren        | ort all str  | rinc                         | os set in we                   | -11)   |                |                      | -         |               |
| CASING SI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ZE               | WEIGHT        | LB /FT                  |                                                  | DEPTH SET                 |         |             | LE SIZE      | 3111                         | CEMENTING                      |        | ORD            | Al                   | MOUNT     | PULLED        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |               |                         |                                                  |                           |         |             |              |                              |                                |        |                |                      |           |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |               |                         | <del>                                     </del> |                           |         |             |              |                              |                                |        |                |                      |           |               |
| -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  |               |                         | -                                                |                           |         |             |              |                              |                                |        |                |                      |           |               |
| -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  |               |                         | i -                                              |                           |         |             |              |                              |                                |        |                |                      |           |               |
| 24.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |               |                         | LIN                                              | ER RECORD                 |         |             |              | 25                           |                                |        | G REC          |                      |           |               |
| SIZE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TOP              |               | BOTTOM                  |                                                  | SACKS CEM                 | 1ENT    | SCREE       | ١            | SIZ                          | Œ                              | DE     | PTH SE         | Γ                    | PACK      | ER SET        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |               |                         |                                                  | <del>-</del>              |         |             |              |                              |                                | +      |                |                      | +         |               |
| 26 Perforation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | record (inter    | val, size, an | d number)               |                                                  | _ <del></del>             |         |             |              |                              | ACTURE, CE                     |        |                |                      |           |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |               |                         |                                                  |                           |         | DEPTH       | INTERVAL     |                              | AMOUNT A                       | ND K   | IND MA         | TERIAI               | L USED    |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |               |                         |                                                  |                           |         |             |              |                              |                                |        |                |                      |           |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |               |                         |                                                  |                           |         |             |              |                              |                                |        |                |                      |           |               |
| 28                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |               |                         |                                                  |                           |         | DUC'        |              |                              |                                |        |                |                      |           |               |
| Date First Produc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | etion            | Pro           | oduction Me             | thod (Fl                                         | owing, gas lift, p        | oumping | ; - Size an | d type pump, | )                            | Well Status                    | (Prod  | or Shut        | - <i>in)</i>         |           |               |
| Date of Test                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Hours Te         | sted          | Choke Sızı              | e                                                | Prod'n For<br>Test Period |         | Oıl - Bb    | •            | Gas                          | s - MCF                        | Wa     | ter - Bbl      |                      | Gas -     | Oıl Ratıo     |
| Flow Tubing<br>Press                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Casing Pi        | ressure       | Calculated<br>Hour Rate |                                                  | Oıl - Bbl                 |         | Gas         | - MCF        | —,<br>I                      | Water - Bbl                    |        | Oil Gra        | ivity - A            | PI - (Co. | rr)           |
| 29 Disposition o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | f Gas (Sold, 1   | used for fuel |                         |                                                  |                           |         |             |              |                              |                                | 30 T   | est Witne      | essed By             | ÿ         |               |
| 31 List Attachme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ents             |               |                         |                                                  |                           |         |             |              |                              |                                |        |                |                      |           |               |
| 32 If a temporary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | y pit was used   | d at the well | , attach a pla          | at with th                                       | ne location of the        | e tempo | rary pit    | ·            |                              |                                |        |                |                      |           |               |
| 33 If an on-site E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | -                |               | -                       |                                                  |                           | -       |             |              |                              |                                |        |                |                      |           | -             |
| and the contract of the contra | 436              |               | 36.72859°N              |                                                  | gitude 107.787            |         |             | 927 🖾 1983   | 3                            |                                |        |                |                      |           |               |
| I hereby certi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | fy that the      | informati     | on shown                | on bot                                           | h sides of thi            | s form  | is true     | and compl    | lete                         | to the best o                  | f my l | knowle         | dge an               | id belie  | ·f            |
| Signature 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ehel             | Tal           | lly                     |                                                  | nted<br>ne Ethel Ta       | lly     | Γitle: S    | Staff Regu   | lato                         | ry Technicia                   | ın     | Date:          | 2/                   | 1121      | 110           |
| E-mail Addre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ss ethel.ta      | lly@cond      | cophillips              | s.com                                            |                           |         |             |              |                              |                                |        |                |                      |           |               |

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## ConocoPhillips

| Pit Closure Form:                                          | I                                       |
|------------------------------------------------------------|-----------------------------------------|
| Date: 2/2/09                                               | <b>,</b>                                |
| Well Name: Mins St. com#15                                 |                                         |
| Footages:                                                  | Unit Letter: <u></u>                    |
| Section: <u>/6</u> , T- <u>29</u> -N, R- <u>9</u> -W, Coun | ity: <u>Saw Tuau</u> State: <u>w.m.</u> |
| Contractor Closing Pit: Ac-                                |                                         |
| ,                                                          |                                         |
| Construction Inspector: Stick Swith                        | <u> Date: 2/4/09</u>                    |
| Inspector Signature:                                       |                                         |

(Ex

### Tally, Ethel

Silverman, Jason M < Jason M Silverman@conocophillips com> From:

Monday, January 26, 2009 9.32 AM Sent:

O'Nan, Mike J <Mike J O'Nan@conocophillips com>; Brandon Powell@state nm us To:

<Brandon Powell@state nm us>, Mark Kelly <Mark\_Kelly@blm gov>, Robert Switzer

<Robert Switzer@blm gov>; Sherrie Landon <Sherrie Landon@blm gov>

'Aztec Excavation' <aec11@earthlink net>, 'Randy Flaherty' <randyf@wildblue.net>, 'Smith Eric Cc:

(sconsulting eric@gmail.com)' <sconsulting eric@gmail.com>; Art Sanchez <art9sranch@msn.com>.

Faver Norman (faverconsulting@yahoo.com) <faverconsulting@yahoo com>, Jared Chavez

<jared\_chavez@live com>, Kramme, Jeff L <Jeff L Kramme@conocophillips com>, McDonald Johnny (ir mcdonald@msn com) <ir mcdonald@msn com>, Rodney Woody <rodney304@yahoo com>,

Scott Smith <a href="mailto:scott">harleysmith\_99@yahoo com>, Silverman, Jason M</a>

<Jason M Silverman@conocophillips com>, Smith Eric (sconsulting.eric@gmail.com) <sconsulting eric@gmail com>, Stan Mobley <kyvekasm@qwestoffice net>, Terry Lowe

<loweconsulting@msn com>, Becker, Joey W < Joe W Becker@conocophillips com>, Bonilla, Amanda

<Amanda Bonilla@conocophillips.com>, Bowker, Terry D < Terry.D Bowker@conocophillips.com>,

Busse, Dollie L < Dollie L Busse@conocophillips com>; Chavez, Virgil E

<Virgil E Chavez@conocophillips com>; Gordon Chenault <gordon@ccinm com>, GRP SJBU

Production Leads <SJBUProductionLeads@conocophillips com>, Kennedy, Jim R

<JIM.R Kennedy@conocophillips.com>, Larry Thacker < Ithackerccinm@hotmail.com>, Lopez,

Richard A <Richard A Lopez@conocophillips com>, Loudermilk, Jerry L

<Jerry L Loudermilk@conocophillips com>, Nelson, Terry J <Terry J Nelson@conocophillips com>,

O'Nan, Mike J < Mike J.O'Nan@conocophillips.com>, Peace, James T

<James T Peace@conocophillips.com>, Poulson, Mark E <Mark E Poulson@conocophillips.com>,

Richards, Brian < Brian Richards@conocophillips com>, Stamets, Steve A

<Steve.A Stamets@conocophillips com>, Work, Jim A <Jim A Work@conocophillips com>; Blair,

Maxwell O < Maxwell O Blair@conocophillips com>, Blakley, Mac

<Maclovia Blakley@conocophillips com>; Clark, Joni E <Joni E.Clark@conocophillips com>, Cornwall,

Mary Kay <Mary K Cornwall@conocophillips com>; Farrell, Juanita R

<Juanita R Farrell@conocophillips.com>, Greer, David A <David A.Greer@conocophillips.com>,

Maxwell, Mary Alice <Mary A Maxwell@conocophillips com>; McWilliams, Peggy L

<Peggy.L McWilliams@conocophillips.com>; Seabolt, Elmo F <Elmo F Seabolt@conocophillips.com>, Valencia, Desiree (SOS Staffing Services, Inc.) < Desiree Valencia@contractor conocophillips com>

Reclamation Notice Mims State Com 1S Subject:

Importance: High

Attachments: Mims State Com 1S pdf

AZTEC EXCAVATION will move a tractor to the MIMS STATE COM 1S on January 29th, 2009 to start the Reclamation Process. Please contact Eric Smith (608-1387) if you have any questions or need further assistance.

Thanks and have a safe week!

Jason Silverman

### MIMS STATE COM 1S

NETWORK NUMBER #: 10214360

SEC. 16, T29N, R09W 1418'FNL, 1767'FWL UNIT LETTER "F" SE/NW API: 30-045-34586

LEASE: STATE E -1203-13

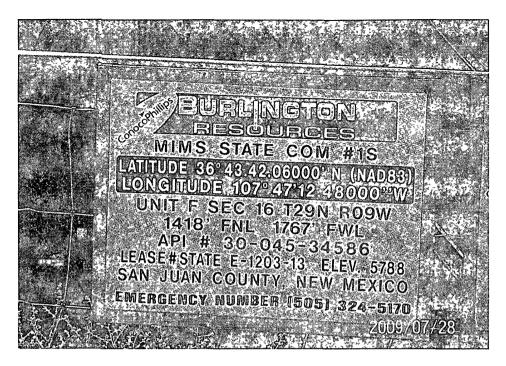
FEE SURFACE / STATE MINERALS TWINNED : MIMS STATE COM #1B

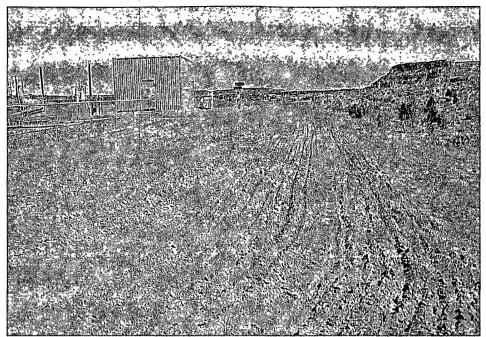
LAT: 36.72835 (NAD 83) LONG: 107.78680 (NAD 83)

Jason Silverman
ConocoPhillips - SJBU
Construction Tech.
505-326-9821
Jason.M.Silverman@ConocoPhillips.com

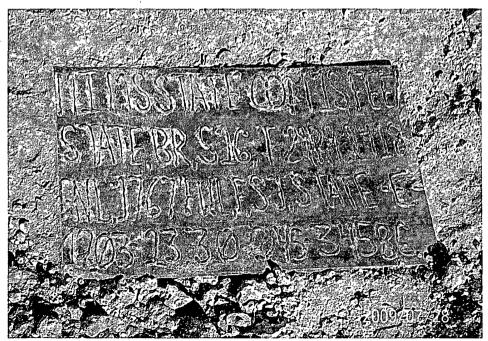
# ConocoPhillips

| Reclamation Form:       |                                           |
|-------------------------|-------------------------------------------|
| Date: 3/10/09           | <del></del>                               |
| Well Name: Mins         | 5d con#15                                 |
| Footages: 14/8 INL      | Unit Letter: <u></u>                      |
| Section: 16 T-29        | N, R- 9 -W, County: San Juon State: W. M. |
| Reclamation Contractor: | Aztec                                     |
| Reclamation Date:       | 2/18/09                                   |
| Road Completion Date:   | 3/10/09                                   |
| Seeding Date:           | 3/10/09                                   |
|                         |                                           |
| Construction inspector: | Sric Smith Date: 3/10/09                  |
| Inspector Signature:    | T- 21                                     |









### WELL PAD SAFETY AND ENVIRONMENTAL CHECK LIST

WELL NAME: MIMS STATE COM # 1S

API#: 30-045-34586

| DATE     | INSPECTOR   | SAFETY | LOCATION | PICTURES TAKEN | COMMENTS                                                       |
|----------|-------------|--------|----------|----------------|----------------------------------------------------------------|
| 6/30/08  | Scott Smith |        |          |                | Rig on location                                                |
| 7/8/08   | Scott Smith | X      | Х        | Х              | Repair holes in liner on S side of pit, contacted MVCI and OCD |
| 7/14/08  | Scott Smith | X      | Х        | Х              | Liner no keyed in properly at blow pit                         |
| 7/29/08  | Scott Smith | Х      | Х        | Х              | Liner not keyed in properly at blow pit                        |
| 8/5/08   | Scott Smith | Х      | Х        | Х              | Fence and liner in good condition                              |
| 8/11/08  | Scott Smith | Х      | X        | X              | Liner not keyed in at E side of reserve pit                    |
| 8/20/08  | Scott Smith | Х      | X        | Х              | Fence and liner in good condition                              |
| 8/25/08  | Scott Smith | X      | X        | X              | Fence and liner in good condition                              |
| 9/2/08   | Scott Smith | X      | X        | Х              | Fence and liner in good condition                              |
| 9/15/08  | Scott Smith | X      | X        | Х              | Fence and liner in good condition                              |
| 9/22/08  | Scott Smith |        |          |                | Rig on location                                                |
| 9/29/08  | Scott Smith | X      | X        | Х              | Fence and liner in good condition                              |
| 10/13/08 | Scott Smith | X      | X        | Х              | Two small holes in liner's W side near mud line                |
| 10/21/08 | Scott Smith | X      | X        | X              | Liner burned at blow pit, contacted OCD                        |
| 11/7/08  | Scott Smith | X      | X        | Х              | Fence and liner in good condition                              |

| 11/14/08 | Scott Smith | X | X | Х | Fence and liner in good condition                                                      |
|----------|-------------|---|---|---|----------------------------------------------------------------------------------------|
| 12/2/08  | Scott Smith | X | X | Х | Fence and liner in good condition                                                      |
| 12/8/08  | Scott Smith | X | Х | Х | Fence and liner in good condition                                                      |
| 12/15/08 | Scott Smith | X | X | Х | Hose and cable near blow pit need removed, no diversion ditch at pit                   |
| 12/29/08 | Scott Smith | Х | Х | Х | Fence and liner in good condition                                                      |
| 1/5/09   | Scott Smith | X | X | Х | Fence and liner in good condition                                                      |
| 1/19/09  | Scott Smith | Х | Х | Х | Fence and liner in good condition                                                      |
| 1/28/09  | Scott Smith | X | X | Х | Liner in good condition, barbed wire cut on E side of fence, no diversion ditch at pit |
| 2/2/09   | Scott Smith |   |   |   | Pit is closed                                                                          |