

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

State of New Mexico  
Energy Minerals and Natural Resources

Oil Conservation Division  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-144  
June 1, 2004

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

**Pit or Below-Grade Tank Registration or Closure**

Is pit or below-grade tank covered by a "general plan"? Yes ☐ No ☒

Type of action: Registration of a pit or below-grade tank ☐ Closure of a pit or below-grade tank ☒

Operator: <b>Williams Production Co., LLC</b> Telephone: <b>505-634-4219</b> e-mail address: <b>myke.lane@williams.com</b>		
Address: <b>POB 640, Aztec, NM 87410</b>		
Facility or well name: <b>Rosa 132</b> API #: <b>30-039-25314</b> U/L or Qtr/Qtr <b>M</b> Sec <b>22</b> T <b>31N</b> R <b>05W</b>		
County: <b>Rio Arriba</b> Latitude _____ Longitude _____ NAD: 1927 <input type="checkbox"/> 1983 <input checked="" type="checkbox"/>		
Surface Owner: Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> Private <input type="checkbox"/> Indian <input type="checkbox"/>		
<b>Pit</b> Type: Drilling <input type="checkbox"/> Production <input checked="" type="checkbox"/> Disposal <input type="checkbox"/> Workover <input type="checkbox"/> Emergency <input type="checkbox"/> Lined <input type="checkbox"/> Unlined <input type="checkbox"/> Liner type: Synthetic <input type="checkbox"/> Thickness _____ mil Clay <input type="checkbox"/> Pit Volume _____ bbl	<b>Below-grade tank</b> Volume: <b>80</b> bbl Type of fluid: <b>Produced Water</b> Construction material: <b>Fiberglass with Plastic Liner</b> Double-walled, with leak detection? Yes <input checked="" type="checkbox"/> If not, explain why not.	
Depth to ground water (vertical distance from bottom of pit to seasonal high water elevation of ground water.)	Less than 50 feet	(20 points)
	50 feet or more, but less than 100 feet ✓ 100 feet or more	(10 points) ✓ ( 0 points)
Wellhead protection area: (Less than 200 feet from a private domestic water source, or less than 1000 feet from all other water sources.)	Yes	(20 points)
	✓ No	✓ ( 0 points)
Distance to surface water: (horizontal distance to all wetlands, playas, irrigation canals, ditches, and perennial and ephemeral watercourses.)	Less than 200 feet	(20 points)
	✓ 200 ft or more, but less than 1000 feet 1000 feet or more	✓ (10 points) ( 0 points)
<b>Ranking Score (Total Points)</b>		10

**If this is a pit closure:** (1) Attach a diagram of the facility showing the pit's relationship to other equipment and tanks. (2) Indicate disposal location: (check the onsite box if you are burying in place) onsite ☒ offsite ☐ If offsite, name of facility \_\_\_\_\_. (3) Attach a general description of remedial action taken including remediation start date and end date. (4) Groundwater encountered: No ☒ Yes ☐ If yes, show depth below ground surface \_\_\_\_\_ ft. and attach sample results. (5) Attach soil sample results and a diagram of sample locations and excavations.

Additional Comments:
<b>Replace Fiberglass BGT with SGT steel tank. Composite soil sample collected following removal of tank and liner 5/21/2005.</b>
<b>See attached site diagram and soil sample results.</b>

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that the above-described pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☒, a general permit ☐, or an (attached) alternative OCD-approved plan ☐.

Date: 12/2/07

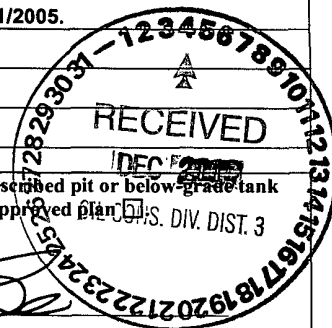
Printed Name/Title **Michael K. Lane/EH&S Specialist** Signature \_\_\_\_\_

Your certification and NMOCD approval of this application/closure does not relieve the operator of liability should the contents of the pit or tank contaminate ground water or otherwise endanger public health or the environment. Nor does it relieve the operator of its responsibility for compliance with any other federal, state, or local laws and/or regulations.

Approval:

Printed Name/Title **Deputy Oil & Gas Inspector, District #3** Signature \_\_\_\_\_

**JAN 07 2008**  
Date: \_\_\_\_\_



612 E. Murray Drive  
Farmington, NM 87499

Off: (505) 327-1072  
FAX: (505) 327-1496

## ANALYTICAL REPORT

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P.O. Box 3788  
Shiprock, NM 87420

Off: (505) 368-4065

Date: 15-Jun-05

CLIENT: Williams - Exploration & Production  
Work Order: 0506005  
Project: Rosa 132/148A  
Lab ID: 0506005-001A

Client Sample Info:  
Client Sample ID: Rosa 132  
Collection Date: 5/21/2005 1:00:00 PM  
Matrix: SOIL

Parameter	Result	PQL	Qual	Units	DF	Date Analyzed
<b>DIESEL RANGE ORGANICS</b>		<b>SW8015B</b>		Analyst: JEM		
T/R Hydrocarbons: C10-C28	ND	25.0		mg/Kg	1	6/10/2005
Surr: o-Terphenyl	93.8	57-136		%REC	1	6/10/2005
<b>AROMATIC VOLATILES BY GC/PID</b>		<b>SW8021B</b>		Analyst: JEM		
Benzene	ND	25.0		µg/Kg	25	6/8/2005
Ethylbenzene	ND	25.0		µg/Kg	25	6/8/2005
m,p-Xylene	ND	50.0		µg/Kg	25	6/8/2005
o-Xylene	ND	25.0		µg/Kg	25	6/8/2005
Toluene	ND	50.0		µg/Kg	25	6/8/2005
Surr: 1,4-Difluorobenzene	92.6	75-110		%REC	25	6/8/2005
Surr: 4-Bromochlorobenzene	98.8	40-135		%REC	25	6/8/2005
Surr: Fluorobenzene	80.2	69-110		%REC	25	6/8/2005

### Qualifiers:

ND - Not Detected at the Practical Quantitation Limit

J - Analyte detected below Practical Quantitation Limit

B - Analyte detected in the associated Method Blank

H - Parameter exceeded Maximum Allowable Holding Time

S - Spike Recovery outside accepted recovery limits

R - RPD outside accepted precision limits

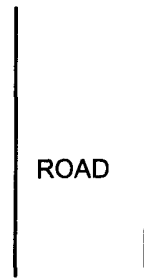
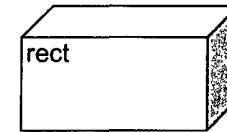
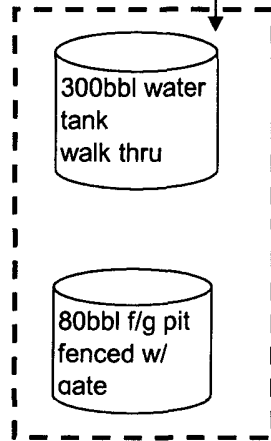
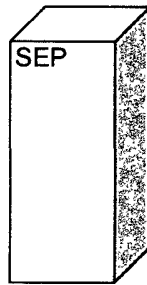
E - Value above Upper Quantitation Limit - UQL

ROSA 132

N



Walk thru





## CHAIN OF CUSTODY RECORD

4796

612 E. Murray Dr. • P.O. Box 2606 • Farmington, NM 87499  
Phone: (505) 327-1072 • Fax: (505) 327-1496

Date 6-3-05

Page \_\_\_\_\_ of \_\_\_\_\_

REPORT RESULTS TO:	Report to: Myke lane	SEND INVOICE TO:	PO No.:	Job No.:																		
	Company: Williams Production		Name:																			
	Address: P.O. Box 316		Company: Same																			
	City: Ignacio Co 81137		Address:																			
	Phone: 970-563-3300 Fax: 970-563-3305 Email: Myke.Lane@Williams.com		City:																			
Turnaround Time: 10 days (normal) <u>X</u> 24-48 hours (100%) _____ 3-5 days (50%) _____		Sample Integrity Intact <u>✓</u> On Ice <u>NO</u>		Subcontract Yes _____ No <u>✓</u>		Analysis Requested																
Sampling Location:						NUMBER OF CONTAINERS:	<div>TPH 220</div> <div>BTEX</div>															
Sample Identification				Sample													Matrix		Pres.		Lab ID	
				Date	Time																	
Rosa 132				5/21	1 pm												SOIL				056005-001	
Rosa 148A				5/31	11 am												"				-002	
Relinquished by: S Brooks				Date/Time: 6-2-05 8:15		Received by: [Signature]				Date/Time: 6/3/05 8:10												
Relinquished by:				Date/Time:		Received by:				Date/Time:												
Relinquished by:				Date/Time:		Received by:				Date/Time:												
Comments: SAMPLES NOT COOLED, LABELS NOT WORKED AS CUSTODY SEAL. ONE																						

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### Sample Receipt Checklist

Client Name: **WIL1012**

Date and Time Received:

**6/3/2005**

Work Order Number: **0506005**

Received by: **JLE**

Checklist completed by:

Signature

Date

Reviewed by:

Initials

Date

Matrix:

Carrier name: S Brooks

Shipping container/cooler in good condition?	Yes	No	Not Present	<input checked="" type="checkbox"/>
Custody seals intact on shipping container/cooler?	Yes	No	Not Present	<input checked="" type="checkbox"/>
Custody seals intact on sample bottles?	Yes	No	Not Present	<input checked="" type="checkbox"/>
Chain of custody present?	Yes	No		<input checked="" type="checkbox"/>
Chain of custody signed when relinquished and received?	Yes	No		<input checked="" type="checkbox"/>
Chain of custody agrees with sample labels?	Yes	No		<input checked="" type="checkbox"/>
Samples in proper container/bottle?	Yes	No		<input checked="" type="checkbox"/>
Sample containers intact?	Yes	No		<input checked="" type="checkbox"/>
Sufficient sample volume for indicated test?	Yes	No		<input checked="" type="checkbox"/>
All samples received within holding time?	Yes	No		<input checked="" type="checkbox"/>
Container/Temp Blank temperature in compliance?	Yes	No		<input checked="" type="checkbox"/>
Water - VOA vials have zero headspace?	No VOA vials submitted	Yes	No	<input checked="" type="checkbox"/>
Water - pH acceptable upon receipt?	Yes	No		<input checked="" type="checkbox"/>

Adjusted?

Checked by:

Any No and/or NA (not applicable) response must be detailed in the comments section below.

Client contacted:

Date contacted:

Person contacted:

Contacted by:

Regarding:

Comments:

SAMPLES NOT COOLED.  
LABELS NOT OVER LIDS AS CUSTODY SEAL.

Corrective Action: