1625 N. French Dr., Hobbs, NM 88240

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

Type

State of New Mexico Energy Minerals and Natural Resources

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

July 21, 2008

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

Form C-144

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

| C, IVIVI 07505 |                                                                                                 |
|----------------|-------------------------------------------------------------------------------------------------|
|                | Pit, Closed-Loop System, Below-Grade Tank, or                                                   |
| Prop           | osed Alternative Method Permit or Closure Plan Application                                      |
| 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 liability 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.

| environment. Nor does approval relieve the operator of its responsibility to comply with any other applications.                                                                                                                                                                                    | able 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: SAN JUAN 28-6 UNIT 99N                                                                                                                                                                                                                                                       |                                                                              |
| API Number: 30-039-30850 OCD Permit Num                                                                                                                                                                                                                                                             | mber:                                                                        |
| U/L or Qtr/Qtr; D(NW/NW) Section: 24 Township: 28N Range:                                                                                                                                                                                                                                           | 6W County: Rio Arriba                                                        |
| Center of Proposed Design: Latitude: 36.65236 °N Longitude:                                                                                                                                                                                                                                         | 107.42396 °W NAD: 1927 1983                                                  |
| Surface Owner:                                                                                                                                                                                                                                                                                      | dian Allotment 252627282930                                                  |
| 2                                                                                                                                                                                                                                                                                                   | HDPE PVC D. OHECONS. DIV. DIST. 3  TOO bbl Dimensions L 120 12 W 755 x D 12  |
| notice of intent)  Drying Pad Above Ground Steel Tanks Haul-off Bins Other                                                                                                                                                                                                                          | es to activities which require prior approval of a permit or  HDPE PVD Other |
| Below-grade tank: Subsection I of 19.15.17.11 NMAC  Volume: bbl Type of fluid:  Tank Construction material:  Secondary containment with leak detection Visible sidewalls, liner, 6-inch lift and Visible sidewalls and liner Visible sidewalls only Other  Liner Type: Thickness mil HDPE PVC Other | automatic overflow shut-off                                                  |
| Submittal of an exception request is required. Exceptions must be submitted to the Santa Fe Envi                                                                                                                                                                                                    | ironmental Bureau office for consideration of approval.                      |

| 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, he Four foot height, four strands of barbed wire evenly spaced between one and four feet  Alternate. Please specify                                                                                                                                                                                                                                                                                                                                     | ospital, institution or church)    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                    |
| 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 off (Fencing/BGT Liner)  Exception(s): Requests must be submitted to the Santa Fe Environmental Bureau office for consideration of approval.                                                                                                                                                                                   | ice for consideration of approval. |
| 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 accept 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 critical does not apply to drying pads or above grade-tanks associated with a closed-loop system. | e<br>r                             |
| Ground water is less than 50 feet below the bottom of the temporary pit, permanent pit, or below-grade tank.  - NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes No                             |
| Within 300 feet of a continuously flowing watercourse, or 200 feet of any other watercourse, lakebed, sinkhole, or play (measured from the ordinary high-water mark).  - Topographic map; Visual inspection (certification) of the proposed site                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ya lake Yes No                     |
| Within 300 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Yes No                             |
| (Applies to temporary, emergency, or cavitation pits and below-grade tanks)  - Visual inspection (certification) of the proposed site; Aerial photo; Satellite image                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NA                                 |
| Within 1000 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application.  (Applied to permanent pits)  - Visual inspection (certification) of the proposed site; Aerial photo; Satellite image                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes No                             |
| Within 500 horizonal feet of a private, domestic fresh water well or spring that less than five households use for domestic or stock w purposes, or within 1000 horizontal feet of any other fresh water well or spring, in existence at the time of initial application.                                                                                                                                                                                                                                                                                                                                                                                                                                      | vatering Yes No                    |
| - NM Office of the State Engineer - iWATERS database search; Visual inspection (certification) of the proposed site.  Within incorporated municipal boundaries or within a defined municipal fresh water well field covered under a municipal ordinan adopted pursuant to NMSA 1978, Section 3-27-3, as amended                                                                                                                                                                                                                                                                                                                                                                                                | ce Yes No                          |
| <ul> <li>Written confirmation or verification from the municipality; Written approval obtained from the municipality</li> <li>Within 500 feet of a wetland.</li> <li>US Fish and Wildlife Wetland Identification map; Topographic map; Visual inspection (certification) of the proposed si</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                         | Yes No                             |
| Within the area overlying a subsurface mine.  - Written confirmation or verification or map from the NM EMNRD - Mining and Mineral Division                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes No                             |
| Within an unstable area.  - Engineering measures incorporated into the design; NM Bureau of Geology & Mineral Resources; USGS; NM Geologic Society; Topographic map                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Yes No                             |
| Within a 100-year floodplain<br>- FEMA map                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Yes No                             |

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| 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                                                                                                                                                                                                                                                                                                                                             |
| 12                                                                                                                                                                                                                                                                                                                                                                                                  |
| 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                                                                                                                                                                                               |
| Nuisance 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 19.15.17.9 NMAC and 19.15.17.13 NMAC                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                     |
| 14<br>  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)                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                     |
| Waste Excayation 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)                                                                                                                                                                                                                                                                                                          |
| 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                                                                                                                                                                                                                                                                                                 |

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| Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19.15.17.13.D NM Instructions: Please identify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more that facilities are required.                                                                                                                                                                                                                                  | AC)<br>n two                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| Disposal Facility Name: Disposal Facility Permit #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                           |
| Disposal Facility Name: Disposal Facility Permit #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                           |
| Will any of the proposed closed-loop system operations and associated activities occur on or in areas that will not be used for full Yes (If yes, please provide the information No                                                                                                                                                                                                                                                                                                                                                          |                                           |
| Required for impacted areas which will not be used for future service and operations:  Soil Backfill and Cover Design Specification - based upon the appropriate requirements of Subsection H of 19.15.17.13  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                                                                                                                          | NMAC                                      |
| Siting Criteria (Regarding on-site closure methods only: 19.15.17.10 NMAC Instructions: Each siting criteria requires a demonstration of compliance in the closure plan. Recommendations of acceptable source material are proceed in siting criteria may require administrative approval from the appropriate district office or may be considered an exception which must be submit office for consideration of approval. Justifications and/or demonstrations of equivalency are required. Please refer to 19.15.17.10 NMAC for guidance. | tted to the Santa Fe Environmental Bureau |
| Ground water is less than 50 feet below the bottom of the buried waste.  - NM Office of the State Engineer - iWATERS database search; USGS: Data obtained from nearby wells                                                                                                                                                                                                                                                                                                                                                                  | Yes No                                    |
| Ground water is between 50 and 100 feet below the bottom of the buried waste - NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells                                                                                                                                                                                                                                                                                                                                                              | Yes No                                    |
| Ground water is more than 100 feet below the bottom of the buried waste NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells                                                                                                                                                                                                                                                                                                                                                                     | Yes No                                    |
| Within 300 feet of a continuously flowing watercourse, or 200 feet of any other significant watercourse or lakebed, sinkhole, or playa lake (measured from the ordinary high-water mark).                                                                                                                                                                                                                                                                                                                                                    | Yes No                                    |
| <ul> <li>Topographic map, Visual inspection (certification) of the proposed site</li> <li>Within 300 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application.</li> <li>Visual inspection (certification) of the proposed site; Aerial photo; satellite image</li> </ul>                                                                                                                                                                                                    | Yes No                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes No                                    |
| Within 500 horizontal feet of a private, domestic fresh water well or spring that less than five households use for domestic or stock watering purposes, or within 1000 horizontal fee of any other fresh water well or spring, in existence at the time of the initial application.  - NM Office of the State Engineer - iWATERS database; Visual inspection (certification) of the proposed site                                                                                                                                           |                                           |
| 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.  - Written confirmation or verification from the municipality; Written approval obtained from the municipality                                                                                                                                                                                                                                  | Yes No                                    |
| Within 500 feet of a wetland - US Fish and Wildlife Wetland Identification map; Topographic map; Visual inspection (certification) of the proposed site                                                                                                                                                                                                                                                                                                                                                                                      | Yes No                                    |
| Within the area overlying a subsurface mine Written confirantion or verification or map from the NM EMNRD-Mining and Mineral Division                                                                                                                                                                                                                                                                                                                                                                                                        | Yes No                                    |
| Within an unstable area.  - Engineering measures incorporated into the design; NM Bureau of Geology & Mineral Resources; USGS; NM Geological Society;  Topographic map                                                                                                                                                                                                                                                                                                                                                                       | Yes No                                    |
| Within a 100-year floodplain FEMA map                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes No                                    |
| On-Site Closure Plan Checklist: (19.15.17.13 NMAC) Instructions: Each of the following items must bee attached to the by a check mark in the box, that the documents are attached.                                                                                                                                                                                                                                                                                                                                                           | e closure plan. Please indicate,          |
| Siting Criteria Compliance Demonstrations - based upon the appropriate requirements of 19.15.17.10 NMAC  Proof of Surface Owner Notice - based upon the appropriate requirements of Subsection F of 19.15.17.13 NMAC                                                                                                                                                                                                                                                                                                                         |                                           |
| Construction/Design Plan of Burial Trench (if applicable) based upon the appropriate requirements of 19.15.17.11 NM/                                                                                                                                                                                                                                                                                                                                                                                                                         | AC                                        |
| Construction/Design Plan of Temporary Pit (for in place burial of a drying pad) - based upon the appropriate requirement Protocols and Procedures - based upon the appropriate requirements of 19.15.17.13 NMAC                                                                                                                                                                                                                                                                                                                              | nts of 19.15.17.11 NMAC                   |
| Confirmation Sampling Plan (if applicable) - based upon the appropriate requirements of Subsection F of 19.15.17.13 NMAC  Waste Material Sampling Plan - based upon the appropriate requirements of Subsection F of 19.15.17.13 NMAC                                                                                                                                                                                                                                                                                                         | NMAC                                      |
| Disposal Facility Name and Permit Number (for liquids, drilling fluids and drill cuttings or in case on-site closure stand.  Soil Cover Design - based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC                                                                                                                                                                                                                                                                                                                 | ards cannot be achieved)                  |
| 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                                                                                                                                                                                                                                                                                                                                        |                                           |

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| Operator Application Certification:  Thereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name (Print): Title:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Signature: Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| e-mail address: Telephone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 20 OCD Approval: Permit Application (including closure plan) Closure Plan (only) OCD Conditions (see attachment) OCD Representative Signature:  Approval Date: 2/7/11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Title: OCD Permit Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC Instructions: Operators are required to obtain an approved closure plan prior to implementing any closure activities and submitting the closure report. The closure report is required to be submitted to the division within 60 days of the completion of the closure activities. Please do not complete this section of the form until an approved closure plan has been obtained and the closure activities have been completed.    X   Closure Completion Date:   October 15, 2010                                                                                                                                                                                      |
| 22 Closure Method:  Waste Excavation and Removal  If different from approved plan, please explain.  Waste Removal (Closed-loop systems only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only:  Instructions: Please identify the facility or facilities for where the liquids, drilling fluids and drill cuttings were disposed. Use attachment if more than two facilities were utilized.  Disposal Facility Name:  Disposal Facility Permit Number:                                                                                                                                                                                                                                                                                                                                                                                  |
| Disposal Facility Number:  Were the closed-loop system operations and associated activities performed on or in areas that will not be used for future service and operations?  Yes (If yes, please demonstrate compliane to the items below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Required for impacted areas which will not be used for future service and operations:  Site Reclamation (Photo Documentation)  Soil Backfilling and Cover Installation  Re-vegetation Application Rates and Seeding Technique                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Closure Report Attachment Checklist: Instructions: Each of the following items must be attached to the closure report. Please indicate, by a check mark in 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) 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: 36.65218 °N Longitude: 107.42402 °W NAD 1927 X 1983 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Operator Closure Certification:  I hereby certify that the information and attachments submitted with this closure report is ture, accurate and complete to the best of my knowledge and belief. I also certify that the closure complies with all applicable closure requirements and conditions specified in the approved closure plan.                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Name (Print): Jamie Goodwin Title: Regulatory Tech  Signature: Date: 1 25 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| e-mail address: Jamie.L.Goodwin@conocophillips.com Telephone: 505-326-9784                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

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

Lease Name: SAN JUAN 28-6 UNIT 99N

API No.: 30-039-30850

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.)

4. 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            | 59.5 ug/kG |
| TPH        | EPA SW-846 418.1          | 2500          | 417mg/kg   |
| GRO/DRO    | EPA SW-846 8015M          | 500           | ND mg/Kg   |
| Chlorides  | EPA 300.1                 | 1000/500      | 170 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. Re-shaping 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 11/22/2010 with the following seeding regiment:

| Туре                     | Variety or<br>Cultivator | PLS/A |
|--------------------------|--------------------------|-------|
| Western wheatgrass       | Arriba                   | 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 11/22/2010 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, Fee, SAN JUAN 28-6 UNIT 99N, UL-D, Sec. 24, T 28N, R 6W, API # 30-030-039-30850

011

STATE OF NEW MEXICO

§ 8

COUNTY OF RIO ARRIBA

8

# RECORDATION NOTICE AND MEMORANDUM OF SURFACE USE AGREEMENT

This Agreement effective as of the 4th day of Aug. 11, 2009 ("the Effective Date"), by and between ARTURO R. SANCHEZ, whose address is P.O. Box 476, Blanco, New Mexico 87412, hereinafter referred to as "Grantor", does hereby grant unto BURLINGTON RESOURCES OIL & GAS COMPANY LP, an affiliate of ConocoPhillips Company, whose address is ConocoPhillips Company, Attention: Manager, RPA, P. O. Box 7500, Bartlesville, Oklahoma 74004-7500, hereinafter referred to as "Grantee".

### WITNESSETH

- In consideration of Ten Dollars (\$10.00) and other good and valuable consideration, cash in hand paid by Grantee to Grantor, the receipt and sufficiency of which is hereby acknowledged, Grantor hereby grants unto Grantee the following:
  - (a) The rights and privileges to enter upon and use the following lands of Grantor in accordance with the terms and conditions of that certain unrecorded Surface Use Agreement executed by the parties herein and of even date herewith covering:

San Juun 28-6 —<del>San Juan</del> Unit 99N

NW Section 24, Township 28 North, Range 6 West, N.M.P.M. Rio Arriba County, New Mexico

(b) 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 on the premises, as indicated on Exhibit "A" attached hereto and made a part hereof.

The Surface Use Agreement is hereby referred to and incorporated herein.

IN WITNESS WHEREOF, this Recordation Notice and Memorandum of Surface Use Agreement has been executed on the date indicated below by the undersigned but shall be effective as of the Effective Date.

GRANTEE

BURLINGTON RESOURCES OIL AND GAS CO LP

By: BROG GP, Inc., its sole General Partner

Brian Calloway, Attorney-in-Faz

RIO ARRIBA COUNTY CLERK MOISES A MORALES JR

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10/23/2009 01:15:18 PM BY SHIRLEYM

| GRANTOR  Acturo R. Sanchez  Acturo R. Sanchez                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| STATE OF TEXAS §                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| COUNTY OF ECTOR §                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| This instrument was adminished ged before me this 10th day of October 2009, by Brian Calloway, Attorney in Earl 59 ARRLINGTON RESOURCES OIL & GAS COMPANY LP, By: BROG GP, Inc., its sole selected Partner, on behalf of said corporation.  My Commission Expires 10 Arrange 101-15 Notary Public                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| STATE OF NEW MEXICO §  COUNTY OF SAN JUAN §                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| This instrument was acknowledged before me this day of Angus + , 2009, by Arturo R. Sanchez.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| My Commission Expires:    Motory Public   Moto |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

RIO ARRIBA COUNTY CLERK
MOISES A MORALES JR
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Book 532 Page 6796
2 of 3
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BY SHIRLEYM

DISTRICT I 1625 N. French Dr., Hobbs, N.H. 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.H. 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, N.H. 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. Francis Dr., Santa Fe, NM 87505

### WELL LOCATION AND ACREAGE DEDICATION PLAT

| <sup>1</sup> API Number    | <sup>8</sup> Pool Code | <sup>2</sup> Pool Name  |                        |
|----------------------------|------------------------|-------------------------|------------------------|
|                            |                        | BLANCO MESAVERDE / BASI | N DAKOTA               |
| <sup>4</sup> Property Code | <sup>6</sup> Prope     | rty Name                | Well Number            |
|                            | SAN JUA                | N 28-6 UNIT             | 99 N                   |
| OGRID No.                  | • Opera                | tor Name                | <sup>e</sup> Elevation |
| -                          | BURLINGTON RESOURCES   | OIL & GAS COMPANY LP    | 6464'                  |

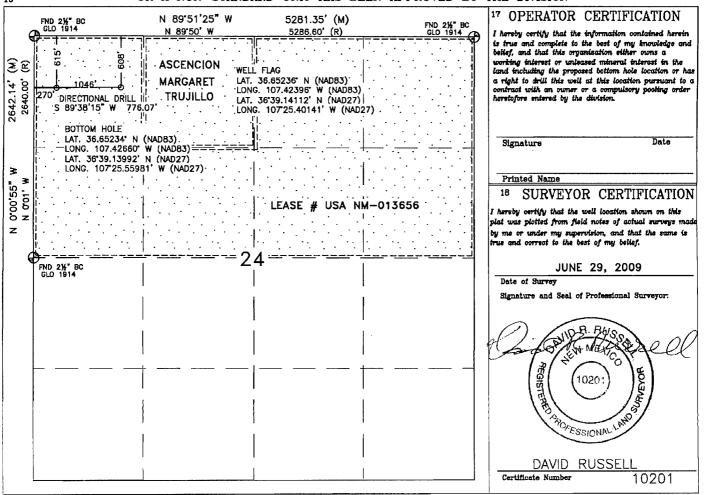
<sup>10</sup> Surface Location

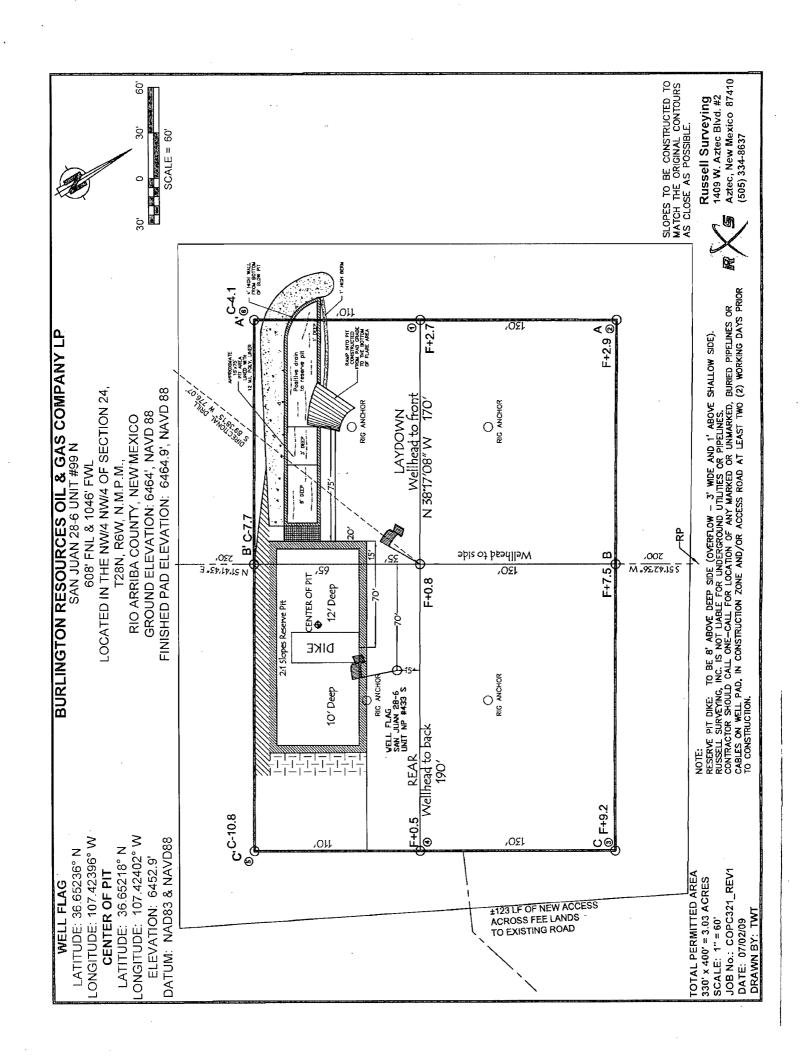
| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Fest from the | East/West line | County     |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|------------|
| D             | 24      | 28N      | 6W    |         | 608'          | NORTH            | 1046'         | WEST           | RIO ARRIBA |

11 Bottom Hole Location If Different From Surface

|                    |         |             | 2000   | V111 X1V1V                              | 2000001011 1  |                  | JIII DUIIUUU  |                |         |     |
|--------------------|---------|-------------|--------|-----------------------------------------|---------------|------------------|---------------|----------------|---------|-----|
| UL or lot no.      | Section | Township    | Range  | Lot Idn                                 | Feet from the | North/South line | Feet from the | East/West line | County  |     |
| D                  | 24      | 28N         | 6W     |                                         | 615'          | NORTH            | 270'          | WEST           | RIO ARR | IBA |
| n Dedicated Acres  |         | 15 Joint or | Infill | 14 Consolidation C                      | ode           | 18 Order No.     |               |                |         |     |
| 320.00 ACRES - N/2 |         |             |        | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |               |                  |               |                |         |     |

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







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

| Client:              | ConocoPhillips | Project #:          | 96052-1706 |
|----------------------|----------------|---------------------|------------|
| Sample ID:           | Reserve Pit    | Date Reported:      | 09-14-10   |
| Laboratory Number:   | 55843          | Date Sampled:       | 09-10-10   |
| Chain of Custody No: | 10159          | Date Received:      | 09-10-10   |
| Sample Matrix:       | Soil           | Date Extracted:     | 09-13-10   |
| Preservative:        |                | Date Analyzed:      | 09-14-10   |
| 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                    |                          |

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:

S.J. 28-6 99N & 433S

Analyst



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

| Client:              | ConocoPhillips | Project #:          | 96052-1706 |
|----------------------|----------------|---------------------|------------|
| Sample ID:           | Background     | Date Reported:      | 09-14-10   |
| Laboratory Nümber:   | 55844          | Date Sampled:       | 09-10-10   |
| Chain of Custody No: | 10159          | Date Received:      | 09-10-10   |
| Sample Matrix:       | Soil           | Date Extracted:     | 09-13-10   |
| Preservative:        |                | Date Analyzed:      | 09-14-10   |
| 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                       |                          |

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:

S.J. 28-6 99N & 433S

Analyst



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

### **Quality Assurance Report**

| Client:            | QA/QC              | Project #:          | N/A      |
|--------------------|--------------------|---------------------|----------|
| Sample ID:         | 09-14-10 QA/QC     | Date Reported:      | 09-14-10 |
| Laboratory Number: | 55835              | Date Sampled:       | N/A      |
| Sample Matrix:     | Methylene Chloride | Date Received:      | N/A      |
| Preservative:      | N/A                | Date Analyzed:      | 09-14-10 |
| Condition:         | N/A                | Analysis Requested: | TPH      |

|                         | I-Cal Date | I-Cal RF:   | C-Cal RF:   | % Difference | Accept. Range |
|-------------------------|------------|-------------|-------------|--------------|---------------|
| Gasoline Range C5 - C10 | 09-14-10   | 9.9960E+002 |             | 0.04%        | 0 - 15%       |
| Diesel Range C10 - C28  | 09-14-10   | 9.9960E+002 | 1.0000E+003 | 0.04%        | 0 - 15%       |

| Blank Conc. (mg/L - mg/Kg)   | Concentration | Detection Limit |
|------------------------------|---------------|-----------------|
| Gasoline Range C5 - C10      | ND            | 0.2             |
| Diesel Range C10 - C28       | ND            | 0.1             |
| Total Petroleum Hydrocarbons | ND            |                 |

| Duplicate Conc. (mg/Kg) | Sample | Duplicate: | % Difference | Accept∄Range |
|-------------------------|--------|------------|--------------|--------------|
| Gasoline Range C5 - C10 | ND     | ND         | 0.0%         | 0 - 30%      |
| Diesel Range C10 - C28  | ND     | ND         | 0.0%         | 0 - 30%      |

| Spike Conc. (mg/Kg)     | Sample | Spike Added | Spike Result | % Recovery | Accept Range |
|-------------------------|--------|-------------|--------------|------------|--------------|
| Gasoline Range C5 - C10 | ND     | 250         | 255          | 102%       | 75 - 125%    |
| Diesel Range C10 - C28  | ND     | 250         | 249          | 100%       | 75 - 125%    |

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 55835, 55837-55838, 55842-55844

Analyst



# EPA METHOD 8021 AROMATIC VOLATILE ORGANICS

| Client:            | ConocoPhillips | Project #:          | 96052-1706 |
|--------------------|----------------|---------------------|------------|
| Sample ID:         | Reserve Pit    | Date Reported:      | 09-14-10   |
| Laboratory Number: | 55843          | Date Sampled:       | 09-10-10   |
| Chain of Custody:  | 10159          | Date Received:      | 09-10-10   |
| Sample Matrix:     | Soil           | Date Analyzed:      | 09-14-10   |
| Preservative:      |                | Date Extracted:     | 09-13-10   |
| Condition:         | Intact         | Analysis Requested: | BTEX       |
|                    |                | Dilution:           | 10         |

| F          |               |          |
|------------|---------------|----------|
|            |               | Det.     |
|            |               | Der.     |
|            | Compositedian | 1 114    |
|            | Concentration | Limit    |
|            |               | 4 4 1    |
| Parameter  | (ug/Kg)       | (ug/Kg)  |
| · aramoto. |               | (ugirtg) |

| Benzene      | ND   | 0.9 |
|--------------|------|-----|
| Toluene      | ND   | 1.0 |
| Ethylbenzene | ND   | 1.0 |
| p,m-Xylene   | 53.2 | 1.2 |
| o-Xylene     | 6.3  | 0.9 |
|              |      |     |

ND - Parameter not detected at the stated detection limit.

| Surrogate Recoveries: | Parameter           | Percent Recovery |
|-----------------------|---------------------|------------------|
|                       | Fluorobenzene       | 99.7 %           |
|                       | 1,4-difluorobenzene | 98.6 %           |
|                       | Bromochlorobenzene  | <b>95.6</b> %    |

References:

**Total BTEX** 

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

59.5

December 1996.

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

USEPA, December 1996.

Comments:

S.J. 28-6 99N & 433S

Analyst



# EPA METHOD 8021 AROMATIC VOLATILE ORGANICS

| Client:            | ConocoPhillips | Project #:          | 96052-1706 |
|--------------------|----------------|---------------------|------------|
| Sample ID:         | Background     | Date Reported:      | 09-14-10   |
| Laboratory Number: | 55844          | Date Sampled:       | 09-10-10   |
| Chain of Custody:  | 10159          | Date Received:      | 09-10-10   |
| Sample Matrix:     | Soil           | Date Analyzed:      | 09-14-10   |
| Preservative:      |                | Date Extracted:     | 09-13-10   |
| Condition:         | Intact         | Analysis Requested: | BTEX       |
|                    |                | Dilution:           | 10         |

|           |               | Det.    |  |
|-----------|---------------|---------|--|
|           | Concentration | Limit   |  |
| Parameter | (ug/Kg)       | (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       | 97.1 %           |  |
|                       | 1,4-difluorobenzene | <b>102</b> %     |  |
|                       | Bromochlorobenzene  | 97.7 %           |  |

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:

S.J. 28-6 99N & 433S

Analyst



### **EPA METHOD 8021** AROMATIC VOLATILE ORGANICS

| The second secon |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |       |          | 2 |
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| Client:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | N/A                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Project #:     |       | N/A      |   |
| Sample ID:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 0914BBLK QA/Q0                                           | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Date Reported: |       | 09-14-10 |   |
| Laboratory Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 55835                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date Sampled:  |       | N/A      |   |
| Sample Matrix:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Soil                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date Received: |       | N/A      |   |
| Preservative:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | N/A                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date Analyzed: |       | 09-14-10 |   |
| Condition:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | N/A                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Analysis:      |       | BTEX     |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Dilution:      |       | 10       |   |
| Calibration and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Calibration and I-Cal RF: C=Cal RF: %Diff: Blank Detect. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |       |          |   |
| Detection Limits (ug/L)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                          | Accept: Ra                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | nge 0 - 15%    | Conc  | Limit    |   |
| Collection and Collection and Collection Col |                                                          | SIGNAL SECTION OF THE |                | gonio | LIMIN    | d |
| Benzene                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 5.2517E+006                                              | 5.2622E+006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0.2%           | ND    | 0.1      |   |
| Toluene                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2.4419E+006                                              | 2.4468E+006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0.2%           | ND    | 0.1      |   |
| Ethylbenzene                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1.7508E+006                                              | 1.7543E+006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0.2%           | ND    | 0.1      |   |
| p,m-Xylene                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3.4997E+006                                              | 3.5067E+006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0.2%           | ND    | 0.1      |   |
| o-Xylene                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1.1525E+006                                              | 1.1548E+006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0.2%           | ND    | 0.1      |   |

| Duplicate Conc. (ug/Kg) Sample Duplicate // WDifft: Accept Range Detect. Limit |     |     |      |         |     |
|--------------------------------------------------------------------------------|-----|-----|------|---------|-----|
| Benzene                                                                        | ND  | ND  | 0.0% | 0 - 30% | 0.9 |
| Toluene                                                                        | ND  | ND  | 0.0% | 0 - 30% | 1.0 |
| Ethylbenzene                                                                   | ND  | ND  | 0.0% | 0 - 30% | 1.0 |
| p,m-Xylene                                                                     | 8.7 | 8.2 | 5.7% | 0 - 30% | 1.2 |
| o-Xylene                                                                       | ИD  | ND  | 0.0% | 0 - 30% | 0.9 |

| Spike Conc. (ug/Kg) | Sample Amo | ount Spiked - Spi | ked Sample % | Recovery | Accept Range |
|---------------------|------------|-------------------|--------------|----------|--------------|
| Benzene             | ND         | 500               | 474          | 94.8%    | 39 - 150     |
| Toluene             | ND         | 500               | 482          | 96.3%    | 46 - 148     |
| Ethylbenzene        | ND         | 500               | 497          | 99.5%    | 32 - 160     |
| p,m-Xylene          | 8.7        | 1000              | 1,020        | 101%     | 46 - 148     |
| o-Xylene            | ND         | 500               | 496          | 99.1%    | 46 - 148     |

ND - Parameter not detected at the stated detection limit.

Dilution: Spike and spiked sample concentration represent a dilution proportional to sample dilution.

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 55835, 55837-55838, 55843



### EPA METHOD 418.1 TOTAL PETROLEUM HYDROCARBONS

| Client:              | ConocoPhillips | Project #:       | 96052-1706 |
|----------------------|----------------|------------------|------------|
| Sample ID:           | Reserve Pit    | Date Reported:   | 09-14-10   |
| Laboratory Number:   | 55843          | Date Sampled:    | 09-10-10   |
| Chain of Custody No: | 10159          | Date Received:   | 09-10-10   |
| Sample Matrix:       | Soil           | Date Extracted:  | 09-14-10   |
| Preservative:        |                | Date Analyzed:   | 09-14-10   |
| Condition:           | Intact         | Analysis Needed: | TPH-418.1  |

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

**Total Petroleum Hydrocarbons** 

417

22.7

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:

S.J. 28-6 99N & 433S

Analyst



### EPA METHOD 418.1 TOTAL PETROLEUM HYDROCARBONS

| Client:              | ConocoPhillips | Project #:       | 96052-1706 |
|----------------------|----------------|------------------|------------|
| Sample ID:           | Background     | Date Reported:   | 09-14-10   |
| Laboratory Number:   | 55844          | Date Sampled:    | 09-10-10   |
| Chain of Custody No: | 10159          | Date Received:   | 09-10-10   |
| Sample Matrix:       | Soil           | Date Extracted:  | 09-14-10   |
| Preservativė:        |                | Date Analyzed:   | 09-14-10   |
| Condition:           | Intact         | Analysis Needed: | TPH-418.1  |

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

### **Total Petroleum Hydrocarbons**

ND

22.7

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:

S.J. 28-6 99N & 433S

Analyst

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

Client:

QA/QC

Project #:

N/A

Sample ID:

QA/QC

Date Reported:

09-14-10

Laboratory Number:

09-14-TPH.QA/QC 55844

Date Sampled:

N/A

Sample Matrix:

Freon-113

Date Analyzed:

09-14-10

Preservative: Condition:

N/A N/A

Date Extracted: Analysis Needed: 09-14-10 TPH

Calibration

I-Cal Date

C-Cal Date

I-Cal RF:

C-Cal RF:

% Difference

Accept. Range

09-13-10

09-14-10

2,270

2,270

0.0%

+/- 10%

Blank Conc. (mg/Kg) **TPH** 

Concentration ND

Detection Limit

22.7

Duplicate Conc. (mg/Kg)

**TPH** 

**TPH** 

Sample 22.7

Duplicate 26.3

% Difference 15.9%

Accept. Range +/- 30%

Spike Conc. (mg/Kg)

Sample 22.7

Spike Added 2,000

2,260

Spike Result % Recovery 112%

Accept Range 80 - 120%

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:

QA/QC for Samples 55843-55844

Analyst



### Chloride

Client: ConocoPhillips Project #: 96052-1706 Sample ID: Back Ground Date Reported: 09-13-10 55844 Lab ID#: Date Sampled: 09-10-10 Sample Matrix: Soil Date Received: 09-10-10 Preservative: Date Analyzed: 09-13-10 Condition: Intact Chain of Custody: 10159

Parameter Concentration (mg/Kg)

**Total Chloride** 

45

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.

Comments:

S.J. 28-6 99N & 433S

Analyst

Ŕeview



### Chloride

| Client:        | ConocoPhillips | Project #:        | 96052-1706 |
|----------------|----------------|-------------------|------------|
| Sample ID:     | Reserve Pit    | Date Reported:    | 09-13-10   |
| Lab ID#:       | 55843          | Date Sampled:     | 09-10-10   |
| Sample Matrix: | Soil           | Date Received:    | 09-10-10   |
| Preservative:  |                | Date Analyzed:    | 09-13-10   |
| Condition:     | Intact         | Chain of Custody: | 10159      |

| Parameter | Concentration (mg/Kg) |
|-----------|-----------------------|

Total Chloride 170

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.

Comments: S.J. 28-6 99N & 433S

Analyst

| Submit To Appropri<br>Two Copies   | riate District (    | Office                                |                         |               | State of Ne               |                                              |             |                 |          |                                         |        |               |                       |                  | rm C-105                                 |
|------------------------------------|---------------------|---------------------------------------|-------------------------|---------------|---------------------------|----------------------------------------------|-------------|-----------------|----------|-----------------------------------------|--------|---------------|-----------------------|------------------|------------------------------------------|
| District I<br>1625 N. French Dr.   | ., Hobbs, NM        | 88240                                 | Ene                     | ergy, l       | Minerals and              | d Nat                                        | tural Re    | esources        |          | 1. WELL A                               | A DI N | NO :          |                       |                  | July 17, 2008                            |
| District II<br>1301 W. Grand Av    | enue, Artesia.      | , NM 88210                            |                         | O:            | l Conservat               | tion                                         | Divici      | n n             |          | 30-039-308                              |        | 10.           |                       |                  |                                          |
| District III<br>1000 Rio Brazos R  | d., Aztec, NM       | 187410                                |                         |               | 20 South S                |                                              |             |                 |          | 2. Type of Le                           |        |               |                       |                  |                                          |
| District IV<br>1220 S. St. Francis |                     |                                       |                         |               | Santa Fe, N               |                                              |             | 71,             |          | STA <sup>*</sup> 3. State Oil &         |        | FEE Lease No. | KI FI                 | ED/IND           | IAN                                      |
|                                    |                     |                                       | <u></u>                 | -             |                           |                                              |             |                 |          | NM-01365                                |        |               |                       | <del></del>      | 3                                        |
| WELL (                             |                     | ETION O                               | R RECC                  | MPL           | ETION RE                  | POR                                          | RT ANI      | LOG             |          | 5 Logo Nom                              |        | nit Aggan     | - out Ma              | <u> </u>         | 43) 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
|                                    | •                   |                                       |                         |               |                           |                                              |             |                 |          | 5. Lease Name SAN JUAN                  |        | -             | nent iva              | me               |                                          |
| COMPLET!                           | ION REPO            | RT (Fill in bo                        | xes #1 throu            | gh #3 I       | for State and Fed         | e wells                                      | only)       |                 |          | 6. Well Numb                            |        |               |                       |                  |                                          |
| C-144 CLOS  #33; attach this a     | nd the plat t       |                                       |                         |               |                           |                                              |             |                 | d/or     | 99N                                     |        |               |                       |                  |                                          |
|                                    | WELL 🔲              | WORKOVER                              | DEEPE                   | ENING         | □PLUGBACI                 | к 🗆 і                                        | OIFFERE     | NT RESER'       | VOIE     | R □ OTHER _                             |        |               |                       |                  |                                          |
| 8. Name of Opera<br>Burlington R   |                     | Oil Cos C                             | Samnany                 | T D           |                           |                                              |             |                 |          | 9. OGRID<br>14538                       |        |               |                       |                  |                                          |
| 10. Address of O                   | perator             |                                       | ompany,                 | LI            |                           |                                              |             |                 |          | 11. Pool name                           | or W   | ildcat        |                       |                  |                                          |
| PO Box 4298, Fa                    | armington, N        | NM 87499                              |                         |               |                           |                                              |             |                 |          |                                         |        |               |                       |                  |                                          |
| 12.Location                        | Unit Ltr            | Section                               | Towns                   | hip           | Range                     | Lot                                          | ******      | Feet from       | the      | N/S Line                                | Feet   | from the      | E/W I                 | Line             | County                                   |
| Surface:                           |                     |                                       |                         |               |                           |                                              |             |                 |          |                                         |        |               |                       |                  |                                          |
| BH:                                |                     |                                       |                         |               |                           |                                              |             |                 |          |                                         |        |               |                       |                  |                                          |
| 13. Date Spudde                    | d 14. Dat           | e T.D. Reache                         | d 15. I<br>6/4/2        |               | g Released                |                                              | 16          | . Date Comp     | oletec   | l (Ready to Prod                        | luce)  |               | '. Elevat<br>Γ, GR, e |                  | and RKB,                                 |
| 18. Total Measur                   | red Depth of        | f Well                                | 19. F                   | lug Ba        | ck Measured Dep           | pth                                          | 20          | . Was Direc     | tion     | al Survey Made?                         | ,      | 21. Type      | e Electri             | ic and O         | ther Logs Run                            |
| 22. Producing In                   | terval(s), of       | this completion                       | on - Top, Bot           | tom, Na       | ame                       |                                              |             |                 |          |                                         |        | l <u>.</u>    |                       |                  |                                          |
| 23.                                |                     | 10-0-0                                |                         | CAS           | ING REC                   | ORI                                          | ) (Rep      | ort all st      | rin      | gs set in we                            | ell)   |               |                       |                  |                                          |
| CASING SI                          | IZE                 | WEIGHT                                |                         |               | DEPTH SET                 |                                              |             | OLE SIZE        |          | CEMENTIN                                |        | CORD          | AN                    | MOUNT            | PULLED                                   |
|                                    | <u> </u>            | <del></del>                           |                         |               |                           |                                              |             |                 |          | -                                       | -      |               | ····-                 |                  |                                          |
|                                    |                     |                                       |                         |               |                           |                                              |             |                 |          |                                         |        |               |                       |                  |                                          |
|                                    |                     |                                       |                         |               |                           |                                              |             |                 |          | *************************************** |        |               |                       |                  |                                          |
| 24                                 |                     |                                       |                         | [ [ ]         | ER RECORD                 |                                              |             |                 | 25       | <u> </u>                                | TID!   | NG RECO       | OD D                  |                  |                                          |
| SIZE                               | TOP                 |                                       | ВОТТОМ                  | LIN           | SACKS CEM                 | IENT                                         | SCREE       | N               | SL       |                                         |        | EPTH SET      |                       | PACK             | ER SET                                   |
|                                    |                     |                                       |                         |               |                           |                                              |             |                 |          |                                         |        |               |                       |                  |                                          |
| 26. Perforation                    | record (int         | erval, size, and                      | I number)               | ·             | <u> </u>                  |                                              | 27 AC       | TOHS OF         | FR       | ACTURE, CE                              | MEN    | IT SOLI       | EEZE 1                | <br>ETC          |                                          |
| 20.                                |                     | •••, •••, •••                         | - manne (1)             |               |                           |                                              |             | INTERVA         |          | AMOUNT A                                |        |               |                       |                  |                                          |
|                                    |                     |                                       |                         |               |                           |                                              |             |                 |          | _                                       |        |               |                       |                  |                                          |
|                                    |                     |                                       |                         |               |                           |                                              |             |                 |          | +                                       |        | <del></del>   |                       |                  |                                          |
| 28.                                | _                   | · · · · · · · · · · · · · · · · · · · |                         |               | -                         | PRO                                          | DDUC        | TION            |          |                                         |        |               |                       |                  |                                          |
| Date First Produ                   | ction               | Pro                                   | duction Met             | hod (Fl       | owing, gas lift, p        | oumpin                                       | g - Size ai | nd type pump    | 9)       | Well Status                             | (Proc  | d. or Shut-   | in)                   |                  |                                          |
| Date of Test                       | Hours               | Tested                                | Choke Size              |               | Prod'n For<br>Test Period |                                              | Oil - Bt    | ol .            | Ga       | ıs - MCF                                |        | ater - Bbl.   |                       | Gas - 0          | Oil Ratio                                |
| Flow Tubing Press.                 | Casing              | Pressure                              | Calculated<br>Hour Rate | 24-           | Oil - Bbl.                |                                              | Gas         | - MCF           | <u>!</u> | Water - Bbl.                            |        | Oil Gra       | vity - A              | PI - <i>(Coi</i> | r.)                                      |
| 29. Disposition of                 | of Gas <i>(Sold</i> | used for fuel                         | vented etc              | )             |                           |                                              | L_          |                 |          | <del></del>                             | 30. ′  | Test Witne    | ssed By               |                  |                                          |
| 31. List Attachm                   | •                   | , illea joi juei                      |                         |               |                           |                                              |             |                 |          |                                         |        |               |                       |                  |                                          |
| 32. If a temporar                  |                     | sed at the well                       | attach a pla            | t with th     | ne location of the        | e tempo                                      | orary pit.  |                 |          |                                         |        |               |                       |                  |                                          |
| 33. If an on-site                  |                     |                                       |                         |               |                           | -                                            |             |                 |          |                                         |        | _             |                       |                  |                                          |
|                                    |                     | Latitude                              | 36.65218 °N             | l Lo          | ngitude 107.424           | .02 °W                                       | / NAD[      | <u>]1927</u> ⊠1 | 983      |                                         |        |               |                       |                  |                                          |
| I hereby certi                     |                     | e informati                           | on shown                | on bot<br>Pri | nted                      |                                              |             | and comp        | olete    | e to the best o                         | of my  | knowled       | dge an                | d belie          | f                                        |
| Signature (                        | Jam                 | ie (200                               | dwu                     | J Na₁         | ne Jamie Go               | odwi                                         | n           | Title:          | Reg      | ulatory Tech                            | •      |               | Date:                 | 1/21/1           | 1                                        |
| E-mail Addre                       | ess                 | Jamie.L.G                             | oodwin@c                | conoce        | ophillips.com             | <u>.                                    </u> |             |                 |          |                                         |        |               |                       |                  |                                          |

# ConocoPhillips

| Pit Closure Form:                                                                      |
|----------------------------------------------------------------------------------------|
| Date: 10/15/10                                                                         |
| Well Name: S5 28-6 99N / 4133S                                                         |
| Footages: 672 FNL, 1078 FWL Unit Letter: D                                             |
| Section: 24 , T-28 -N, R-6 -W, County: R. H. State: NM                                 |
| Contractor Closing Pit: Acc                                                            |
|                                                                                        |
| construction Inspector: Norman Faver Date: 10/15/10  respector Signature: Norman Faver |
|                                                                                        |

Revised 4/30/10

### Goodwin, Jamie L

From:

Payne, Wendy F

Sent:

Thursday, October 07, 2010 9:17 AM

To:

Stallsmith, Mark R; (Brandon.Powell@state.nm.us); GRP:SJBU Regulatory; 'tevans48 @msn.com'; (bko@digii.net); Mark Kelly; Robert Switzer; Sherrie Landon; Bassing, Kendal R.; Berenz (mxberenz@yahoo.com); Elmer Perry; Faver Norman; Fred Martinez; Jared Chavez; Lowe, Terry; Payne, Wendy F; Spearman, Bobby E; 'Steve McGlasson'; Tally, Ethel; Becker, Joey W; Bowker, Terry D; Gordon Chenault; GRP:SJBU Production Leads; Hockett, Christy R; Johnson, Kirk L; Bassing, Kendal R.; Kennedy, Jim R; Lopez, Richard A; O'Nan, Mike J.; Peace, James T; Pierce, Richard M; Poulson, Mark E; Smith, Randall O; Spearman,

Bobby E; Stamets, Steve A; Thacker, LARRY; Work, Jim A; Corey Alfandre;

'isaiah@crossfire-Ilc.com'; Jerid Cabot (jerid@crossfire-Ilc.com); Blair, Maxwell O; Blakley, Mac; Clark, Joni E; Farrell, Juanita R; Gillette, Steven L (Gray Surface Specialties and Consulting, Ltd.); Greer, David A; Hines, Derek J (Finney Land Co.); Maxwell, Mary Alice;

McWilliams, Peggy L; Seabolt, Elmo F; Stallsmith, Mark R

Cc:

'acedragline@yahoo.com'

Subject:

Reclamation Notice: San Juan 28-6 Unit NP 433S and San Juan 28-6 Unit 99N (twinned)

Importance:

High

Attachments:

San Juan 28-6 Unit 99N.pdf; San Juan 28-6 Unit NP 433S.pdf

ACE Services will move a tractor to the **San Juan 28-6 Unit NP 433S and San Juan 28-6 Unit 99N (twinned)** on Tuesday, October 12, 2010. Please contact Steve McGlasson (330-4183) if you have questions or need further assistance. <u>Please split your invoices between the 2 network numbers.</u>

# **Burlington Resources Wells Rio Arriba County, New Mexico**





San Juan 28-6 Unit San Juan 28-6 Unit 99N.pdf (20... NP 433S.pdf...

San Juan 28-6 Unit NP 433S (FEE/surface BLM/Minerals)

Network #: 10280731 Activity Code D250 (reclamation) & D260 (pit closure)

672' FNL, 1078' FWL SEC. 24, T28N, R6W

Unit Letter 'D'

Lease: NM-013656

Latitude: 36° 39' 07" N (NAD 83)

**Longitude:** 107° 25′ 25″ W (NAD83)

Elevation: 6465'

Total Acres Disturbed: 1.92 acres

Access Road: none API #: 30-039-30948

San Juan 28-6 Unit 99N (FEE/surface BLM/Minerals)

Network #: 10266366 Activity Code: D250 (reclamation) & D260 (pit closure)

608' FNL, 1046' FWL SEC. 24, T28N, R6W

Unit Letter 'D'

Lease: NM-013656

**Latitude:** 36° 39′ 08″ N (NAD 83)

**Longitude:** 107° 25' 26" W (NAD83)

Elevation: 6464'

Total Acres Disturbed: 1.69 acres

Access Road: 123'

API #: 30-039-30850

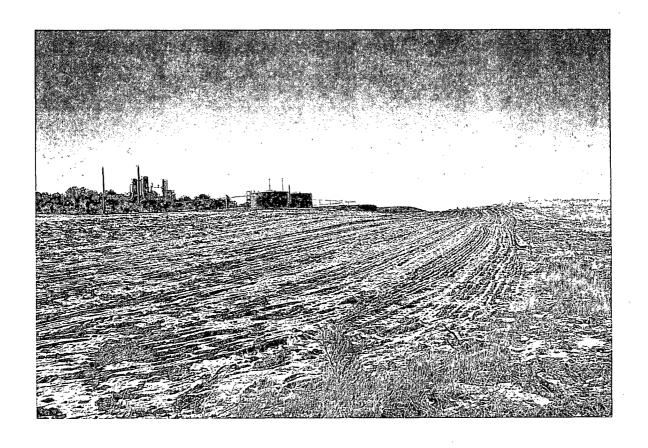
Wendy Payne
ConocoPhillips-SJBU
505-326-9533
Wendy.F.Payne@conocophillips.com

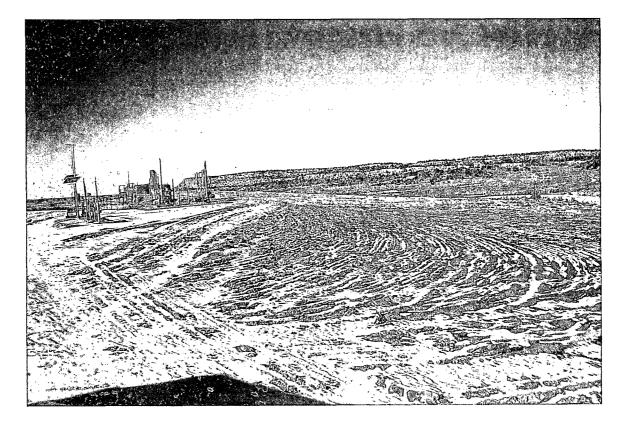
# ConocoPhillips

| Reclamation Form:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                   |
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| Date: 11/30/10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | and the state of t |                     |
| Well Name: S3 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8-6 H33S, 99N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     |
| Footages: 672 F/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VL, 1078 FWL Unit Letter:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>D</u>            |
| Section: <u>24</u> , T- <u>28</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | -N, R- <u>&amp;</u> -W, County: <u>R.A.</u> State:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | NM                  |
| Reclamation Contractor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | : Ace                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |
| Reclamation Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 10/29/10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <del>- p. s a</del> |
| Road Completion Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 10/29/10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |
| Seeding Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 11/22/10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |
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| MARKER PLACED : <u>Ye</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 36 39.131                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |
| MARKER PLACED : YE  LATATUDE:  LONGITUDE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 36 39.131<br>107 25.450                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (DATE)              |
| MARKER PLACED: \(\frac{1}{2}\)C LATATUDE: \(\triangle \)LONGITUDE: \(\t | .s<br>36 39.131<br>107 25.450<br>10/11/10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (DATE)              |
| MARKER PLACED: \(\frac{1}{2}\)  LATATUDE:  LONGITUDE:  Pit Manifold removed  Construction Inspector:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 36 39.131<br>107 25.450<br>10/11/10<br>Norman Faver Date: 11.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (DATE)              |
| MARKER PLACED: \(\frac{1}{2}\)  LATATUDE:  LONGITUDE:  Pit Manifold removed  Construction Inspector:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | .s<br>36 39.131<br>107 25.450<br>10/11/10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (DATE)              |









# WELL PAD SAFETY AND ENVIRONMENTAL CHECK LIST

WELL NAME: SAN JUAN 28-6 UNIT 99N

API#: 30-039-30850

| DATE       | INSPECTOR   | LOCATION | ENVIROMENTAL COMPLIANCE | PICTURES<br>TAKEN | COMMENTS                                                      |
|------------|-------------|----------|-------------------------|-------------------|---------------------------------------------------------------|
| 05/24/2010 | Elmer Perry | ×        | ×                       |                   | Diversion plugged and fence loose                             |
| 6/01/2010  | Elmer Perry | ×        | ×                       |                   | Fence down for drilling diversion plugged                     |
| 6/8/2010   | Elmer Perry | ×        | ×                       |                   | Oil in pit                                                    |
| 6/14/2010  | Elmer Perry | ×        | ×                       |                   | Oil in pit                                                    |
| 6/17/2010  | Elmer Perry | ×        | ×                       |                   | Oil in pit                                                    |
| 6/28/2010  | Elmer Perry | ×        | ×                       |                   | Fence loose, Oil and trash in pit                             |
| 7/08/2010  | Jon Berenz  | ×        | ×                       |                   | Trash on location, stains on location,<br>Fence needs fixed   |
| 7/20/2010  | Jon Berenz  | ×        | ×                       |                   | Fence loose, tear in liner, stains on location                |
| 7/27/2010  | Jon Berenz  | ×        | ×                       |                   | No diversion ditch, stains on location                        |
| 8/03/2010  | Jon Berenz  | ×        | ×                       |                   | No diversion ditch, stains on location                        |
| 8/11/2010  | Jon Berenz  | ×        | ×                       |                   | No diversion ditch, stains on location                        |
| 8/18/2010  | Jon Berenz  | ×        | ×                       |                   | Stains on location no diversion ditch                         |
| 08/24/2010 | Jon Berenz  | ×        | ×                       |                   | Stains on location, no diversion ditch, drill rig on location |
|            |             |          |                         |                   |                                                               |