

District I
P.O. Box 1980, Hobbs, NM
District II
P.O. Drawer DD, Artesia, NM 83211
District III
1000 Rio Brazos Rd, Aztec, NV 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

SUBMIT 1 COPY TO
APPROPRIATE
DISTRICT OFFICE
AND 1 COPY TO
SANTA FE OFFICE
(Revised 3/9/94)

PIT REMEDIATION AND CLOSURE REPORT

Operator: Horace F. McKay, Jr. Telephone: (505) 296-5508
Attn: William J. Mayhew
Address: P.O. Box 14738, Albuquerque, NM 87191-4738
Facility Or: McKay #1
Well Name _____
Location: Unit or Qtr/Qtr Sec K Sec 19 T 29 R 10 County Dallas Juan
Pit Type: Separator _____ Dehydrator _____ Other Dehydrator / Separator / Compressor
Land Type: BLM _____, State _____, Fee X, other _____

RECEIVED
JAN 19 1995

OIL CON. DIV.

Pit Location: Pit dimensions: length _____, width _____, depth _____
(Attach diagram)
Reference: wellhead _____, other _____
Footage from reference: _____
Direction from reference: _____ Degrees _____ East North _____
of
_____ West South _____

Depth To Ground Water: Less than 50 feet (20 points)
(Vertical distance from 50 feet to 99 feet (10 points)
contaminants to seasonal Greater than 100 feet (0 points) 20
high water elevation of
ground water)

Denny A. Faust
DEPUTY OIL & GAS INSPECTOR

Wellhead Protection Area: Yes (20 points)
(Less than 200 feet from a private No (0 points) 20
domestic water source, or; less than
1000 feet from all other water sources)

MAR 13 1995

Approved

Distance To Surface Water: Less than 200 feet (20 points)
(Horizontal distance to perennial 200 feet to 1000 feet (10 points)
lakes, ponds, rivers, streams, creeks, Greater than 1000 feet (0 points) 20
irrigation canals and ditches)

RANKING SCORE (TOTAL POINTS): 60

Date Remediation Started: 6/8/94 Date Completed: _____

Remediation Method: Excavation _____ Approx. cubic yards _____
(Check all appropriate sections) Landfarmed _____ Insitu Bioremediation _____
Other McKay #1 has a metal pit already in place.

Remediation Location: Onsite _____ Offsite _____
(ie. landfarmed onsite,
name and location of
offsite facility) _____

General Description Of Remedial Action: Production pit has been replaced
with a metal pit.

Ground Water Encountered: No X Yes _____ Depth _____

Final Pit: Sample location _____ No Sampling
Closure Sampling:
(if multiple samples,
attach sample results
and diagram of sample
locations and depths) _____
Sample depth N/A
Sample date N/A Sample time N/A
Sample Results
Benzene (ppm) N/A
Total BTEX (ppm) N/A
Field headspace (ppm) N/A
TPH N/A

Ground Water Sample: Yes _____ No X (If yes, attach sample results)

I HEREBY CERTIFY THAT THE INFORMATION ABOVE IS TRUE AND COMPLETE TO THE BEST
OF MY KNOWLEDGE AND BELIEF

DATE 1/17/95

SIGNATURE William J. Mayhew

PRINTED NAME
AND TITLE

William J. Mayhew
Gen MGR.

TEST HOLE LOG and FIELD TESTING RESULTS

METHOD: _____

TEST HOLE #: _____ LAB SAMPLE IDs _____

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