District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, Artesia, NM 88210
District III
1000 Rio Brazos Road, Aztec, NM 87410
District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico Energy Minerals and Natural Resources

Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505 For drilling and production facilities, submit to appropriate NMOCD District Office.
For downstream facilities, submit to Santa Fe office

Form C-144

June 1, 2004

Pit or Below-Grade Tank Registration or Closure

Is pit or below-grade tank covered by a "general plan"? Yes \(\subseteq \) No \(\subseteq \)

Type of action: Registration of a pit or below-grade tank \(\subseteq \) Closure of a pit or below-grade tank \(\subseteq \) Telephone: 432-687-2992 e-mail address: BCOFFMAN@CHKENERGY.COM Operator: CHESAPEAKE OPERATING, INC. Address: P. O. BOX 11050 MIDLAND, TEXAS 79702-8050 Facility or well name: DUNCAN 19 STATE WELL#003 API#: 30-025-37049 U/L or Qtr/Qtr G Sec 19 R 39E Latitude Longitude NAD: 1927 🗌 1983 🔲 Surface Owner: Federal State Private Indian Pit Below-grade tank Type: Drilling X Production Disposal D Volume: bbl Type of fluid: Workover ☐ Emergency ☐ Construction material: ___ Lined X Unlined Double-walled, with leak detection? Yes If not, explain why not. Liner type: Synthetic

☐ Thickness 12 mil Clay ☐ Pit Volume 12,139 bbl Depth to ground water (vertical distance from bottom of pit to seasonal Less than 50 feet high water elevation of ground water.) 50 feet or more, but less than 100 feet ~50' (0 (d) ints) 100 feet or more Wellhead protection area: (Less than 200 feet from a private domestic Yes (points) water source, or less than 1000 feet from all other water sources.) Distance to surface water: (horizontal distance to all wetlands, playas, (20 points) Less than 200 feet irrigation canals, ditches, and perennial and ephemeral watercourses.) 200 feet or more, but less than 1000 feet (10 points) -(0 points)1000 feet or more **Ranking Score (Total Points)** If this is a pit closure: (1) Attach a diagram of the facility showing the pit's relationship to other equipment and tanks. (2) Indicate disposal location: (check the onsite box if your are burying in place) onsite X offsite I If offsite, name of facility . (3) Attach a general description of remedial action taken including remediation start date and end date. (4) Groundwater encountered: No 🛛 Yes 🔲 If yes, show depth below ground surface ft. and attach sample results. (5) Attach soil sample results and a diagram of sample locations and excavations. Additional Comments: A SIDE DEEP BURIAL TRENCH WAS EXCAVATED NEXT TO THE PIT. THE TRENCH WAS LINED WITH A 20 MIL SYNTETIC LINER. THE PIT CONTENTS WERE THEN PLACED INTO THE LINED TRENCH. THE SIDES OF THE TRENCH WERE FOLDED OVER THE CONTENTS AND A TOP COVER OF 20 MIL SYNTHETIC LINER WAS SEWED IN PLACE. THREE FEET OF TOP SOIL WAS PLACED ON TOP OF THE LINED TRENCH AND COMPACTED. THE ORIGINAL PIT WAS BACKFILLED WITH CLEAN SOIL, COMPACTED, AND LEVELLED TO GRADE, CONFIRMATION SAMPLES WERE TAKEN FROM THE EXCAVATED PIT PRIOR TO BACKFILLING AND ARE ATTACHED. THE PIT CLOSURE WAS STARTED ON MARCH 6, 2006 AND COMPLETED ON APRIL 20, 2006. I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that the above-described pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines \(\mathbb{\text{\infty}}\), a general permit \(\mathbb{\text{\infty}}\), or an (attached) alternative OCD-approved plan \(\mathbb{\infty}\). Date: 5/1/06 CLIFF BRUNSON, PRESIDENT, BBC INTL. 3C IN TL.
______ Signature Ciff P. Tuna FOR CHESAPEAKE OPERATING, INC.____ Printed Name/Title _ Your certification and NMOCD approval of this application/closure does not relieve the operator of liability should the contents of the pit or tank contaminate ground water or otherwise endanger public health or the environment. Nor does it relieve the operator of its responsibility for compliance with any other federal, state, or local laws and/or

Approval:

Printed Name/Title GARY W. WINK STAFFMGR Signature Lay W. Wink Date: 5/1/06