# **AP - 110**

# ANNUAL REPORT

يە بىر مەربىيە قۇر ئى بولىرىد

Sec.

# **SUPPLEMENT 2** Supporting Documents Regarding Spills and Leaks in 2011

.· -

#### State of New Mexico Energy Minerals and Natural Resources

Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505 Form C-141 Revised October 10, 2003

Submit 2 Copies to appropriate District Office in accordance with Rule 116 on back side of form

#### **Release Notification and Corrective Action**

	OPERATOR	🛛 Initial Report	🔲 Final Report
Name of Company: Navajo Refining Co. LLC	Contact: Aaron Strange		
Address: 7406 South Main Lovington, N.M.	Telephone No. 575-748-3311		
Facility Name: Lovington Plant	Facility Type: Petroleum Refiner	у	······································

Surface Owner	Mineral Owner	Lease No.

#### **LOCATION OF RELEASE**

Unit Letter	Section	Township	Range	Feet from the	North/South Line	Feet from the	East/West Line	County

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

#### NATURE OF RELEASE

Type of Release: Gas Oil	Volume of Release: ~ 37 barrels	Volume Recovered: ~35 barrels					
Source of Release: HEP pump station at Lovington Refinery	Date and Hour of Occurrence:	Date and Hour of Discovery: 01/29/2011					
	01/29/2011 ~ 09:00	~ 09:00					
Was Immediate Notice Given?		ail with Carl Chavez from OCD in Santa Fe					
🛛 Yes 🗌 No 🗌 Not Required		zalez with the OCD Lovington Office (575-					
	393-6161), and sent an email to C						
By Whom? Estefani Banuelos reported it to the OCD. Darrell Moore	1	50 to OCD Santa Fe office, 01/29/2011 at					
reported it to the City of Lovington.		and 01/29/2011 at ~10:18 to the City of					
	Lovington.						
Was a Watercourse Reached?	If YES, Volume Impacting the W	atercourse.					
🗌 Yes 🛛 No	NA						
If a Watercourse was Impacted, Describe Fully.* NA			-				
Describe Cause of Problem and Remedial Action Taken.*		· · · · · · · · · · · · · · · · · · ·	-				
On 01/29/2010 at ~ 09:00 the Lovington HEP (Holly Energy Partners) p	ump station RV (Relief Valve) lifted a	ind went into a sump. The sump filled and					
overflowed, spilling Gas Oil to the ground. The spill was caused by both a malfunctioning RV and a stuck float in the sump that triggers a high level alarm.							
The pipeline was shut down to stop the spill and make the necessary repairs.							
			_				
Describe Area Affected and Cleanup Action Taken.*							
The area affected was the Lovington HEP pump station at the Lovington		$\sim$ 37 barrels off the ground and placed it into					
the Light Slop Tank. The contaminated soil was removed and placed on	plastic for disposal.						
	the base of the last of the second second		4				
I hereby certify that the information given above is true and complete to regulations all operators are required to report and/or file certain release							
public health or the environment. The acceptance of a C-141 report by the							
should their operations have failed to adequately investigate and remedia							
or the environment. In addition, NMOCD acceptance of a C-141 report							
federal, state, or local laws and/or regulations.			ł				
	OIL CONSER	VATION DIVISION	1				
Signature: Alm Eliza							
Printed Name: Aaron Strange	Approved by District Supervisor:						
			1				
Title: Sr. Environmental Technician	Approval Date:	Expiration Date:					
			1				
E-mail Address: aaron.strange@hollycorp.com	Conditions of Approval:						
	F1 -	Attached					
Date: 02/14/2011 Phone: 575-703-5057							

PART I:	Generator_	Navajo Refining - Lea Plant 7406 S. Main	( 575 ) 396-5821
	Address City/State _		Telephone No.
ORGINA	TION OF WAS	· · · · · · · · · · · · · · · · · · ·	
Operatior	ns Center		Permit No. <u>№£0360010367</u>
Property		Lovington	
, openy		(Well, Tank Battery, Plant, Facility)	
WASTE I	DENTIFICATION	AND AMOUNT (BARRELS, YARDS, TONS, C	CU.FT., LBS., UNITS, ETC.)
Drilling Flu	uids	Tank Bottoms	Exempt Fluids
Completion	n Fluids	Gas Plant Waste	C117 No.
Contaminat	ted Soil	Other Materials	Pit No.
		DESCRIPTION / NOTES	0
······································	ago com	taminated Sail 124	do
PART II:	4	d below. I certify that the foregoing is true and correct to the bes	Date and Time of Shipment
	Name	Fluid Transport	Telephone No.
	Address City/State	at a star a star	121
		and and a star a star and a star a star a star a star a star a star I	Truck No.
CERTIFIC	ATION: I certi	fy that the waste in quantity above was received by me for shipm	ent to the destination below.
	•••••	Signature of Transporter's Agent	Date and Time Received
PART III:	DISPOSAL (	OR RECLAMATION SITE:	
	Name C	ontrolled Recovery, Inc.	(575) 393-1079
	Address	P.O. Box 388	Telephone No.
	City/State	Hobbs, N.M. 88241-0388	www.crihobbs.com
			E-mail
CERTIFIC	AHON: 1 certif	y that the waste described in Part I was received by me via the tr	ansporter described in Part II.
		Signature of Facility Agent	Date and Time Received
		Signature of Facility Agent	Date and This Received

PART I:	Generator Address	r <u>Mavajo Refining - Lea Plant</u> 7406 S. Main	(575) 396-5821
	City/State		Telephone No.
ORGINAT	ION OF WA	STE:	
Operation	s Center	· · · · · · · · · · · · · · · · · · ·	Permit No. <u>1040360010367</u>
Property I	Name _	(Well, Tank Battery, Plant, Facility)	
WASTE II	DENTIFICATIO	N AND AMOUNT (BARRELS, YARDS, TONS, CU	J.FT., LBS., UNITS, ETC.)
Drilling Flu	nids	Tank Bottoms	Exempt Fluids
Completion	Fluids	Gas Plant Waste	C117 No
Contaminat	ed Soil	Other Materials	Pit No.
	~	DESCRIPTION / NOTES	
	and int	Conteminister Sail 12 yd	
		North of Fland	#20535
PART II:		Suphature of Generator's Authorized Agent	2/9/11 Date and Time of Shipment
	Name	Fluid Transport	·
	Address		Telephone No.
	City/State	Layder Te	40
CERTIFIC	ΔΤΙΩΝ·	and the second	Truck No.
		ertify that the waster in quantity above was received by me for shipme	
	<del>تعد</del> ر. شر <u>ر</u>	Signature of Transporter's Agent	Date and Time Received
PART III:	DISPOSAL	OR RECLAMATION SITE:	
	Name	Controlled Recovery, Inc.	(575) 393-1079
	Address	P.O. Box 388	Telephone No.
	City/State	Hobbs, N.M. 88241-0388	www.crihobbs.com
	,		E-mail
CERTIFICA		rtify that the waste described in Part I was received by me via the tran	nsporter described in Part II.
		And the Asser for some	
		Signature of Facility Agent	Date and Time Received

۰.

11. A.

44251

. .

PART I:	Generator		
	Address _	7406 S. Main	575 / 396-5821
	City/State	Lovington, N.M. 88260	Telephone No.
ORGINAT	ION OF WAS	TE:	
Operation	s Center _		Permit Nov <u>MD360010367</u>
Property N	Name	Well, Tank Battery, Plant, Facility)	
WASTE II	DENTIFICATION	AND AMOUNT (BARRELS, YARDS. TONS, C	U.FT., LBS., UNITS, ETC.)
Drilling Flu	ids	Tank Bottoms	Exempt Fluids
Completion		Gas Plant Waste	C117 No
Contaminate		Other Materials	Pit No.
		DESCRIPTION/NOTES	
Ca	ment 1		yds -
	· · · · · · · · · · · · · · · · · · ·		
		Jack Ald Care thing	20516
L	<u> </u>	<u> </u>	
CERTIFIC		waste described above is not hazardous pursuant to 40 CFR Part 2 ned below. I certify that the foregoing is true and correct to the best	
	itali	the below. The first the foregoing is the and correct to the best	
	2	Suro HY enny	219/11
·		Signature of Generator's Authorized Agent	Date and Time of Shipment
PART II:	TRANSPO	RTER: (To be completed in full by Trai	nsporter)
	Name _	Fluid Transport	Telephone No.
	Address _	المعالية المحمد المتعاد المحمد	Let ()
	City/State _	<u>- Nel Alla de La - Concerna - Conce</u>	Truck No.
CERTIFI		tify that the waste in quantity above was received by me for shipm	ent to the destination below.
		and the second	314/4
	·····	Signature of Transporter's Agent	Date and Time Received
PART III:	DISPOSAL	OR RECLAMATION SITE:	
	Name _	Controlled Recovery, Inc.	(575) 393-1079
	Address _	P.O. Box 388	Telephone No.
	City/State _	Hobbs, N.M. 88241-0388	www.crihobbs.com
	TION		E-mail
CERTIFICA	AHON: I cer	tify that the waste described in Part I was received by me via the tra	Insporter described in Part II.
		Signature of Facility Agent	Date and Time Received
		organizatio or racinty Agem	Date and Time Received

.

PART I:		r <u>Navajo Refining - Lea Plant</u> 7406 S. Main	( 575 ) 396-5821
	Address <u>.</u> City/State		Telephone No.
0000147	-		
ORGINA	TION OF WA	ASTE:	
Operation	s Center		Permit No. 17MD360010367
Property I	Name	Lovington (Well, Tank Battery, Plant, Facility)	
WASTE II	DENTIFICATIO	DN AND AMOUNT (BARRELS, YARDS, TONS, G	CU.FT., LBS., UNITS, ETC.)
Drilling Flu	ids	Tank Bottoms	Exempt Fluids
Completion		Gas Plant Waste	C117 No.
Contaminat		Other Materials	Pit No.
		DESCRIPTION / NOTES	· · · · · · · · · · · · · · · · · · ·
	<u> 7 X ay</u> e	and contaminated built	·····
	<u> </u>	· ^	
CERTIFIC		he waste described above is not hazardous pursuant to 40 CFR Part	
	n	amed below. I certify that the foregoing is true and correct to the bes	it of my knowledge.
		Reach Lerry	Date and Time of Shipment
		Signature of Generator's Authorized Agent	
PART II:	TRANSPO	DRTER: (To be completed in full by Tra	nsporter) Bay Mid K 20-3
	Name	Floid Transport	
	Address		Telephone No.
	City/State	The second se	ST P
	Only/Otato		Truck No.
CERTIFIC	ATION: 10	certify that the waste in quantity above was received by me for shipm	nent to the destination below.
·		Signature of Transporter's Agent	Daté and Time Received
PART III:	DISPOSA	L OR RECLAMATION SITE:	
·	Name	Controlled Recovery, Inc.	(575) 393-1079
	Address	P.O. Box 388	Telephone No.
	City/State	Hobbs, N.M. 88241-0388	www.crihobbs.com
	·		E-mail
CERTIFICA	ATION: 10	ertify that the waste described in Part I was received by me via the tr	ansporter described in Part II.
		Signature of Facility Apart	Date and Time Received
		Signature of Facility Agent	Date and time Received

#### State of New Mexico Energy Minerals and Natural Resources

Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505 Form C-141 Revised October 10, 2003

Submit 2 Copies to appropriate District Office in accordance with Rule 116 on back side of form

#### **Release Notification and Corrective Action**

	OPERATOR	🛛 Initial Report	Final Repor
Name of Company: Navajo Refining Co. LLC	Contact: Aaron Strange		
Address: 7406 South Main Lovington, N.M.	Telephone No. 575-748-3311		
Facility Name: Lovington Plant	Facility Type: Petroleum Refiner	у	
	· · · · · · · · · · · · · · · · · · ·		

Surface Owner	Mineral Owner	Lease No.

#### LOCATION OF RELEASE

Unit Letter	Section	Township	Range	Feet from the	North/South Line	Feet from the	East/West Line	County

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

#### NATURE OF RELEASE

Type of Release: Waste Water	Volume of Release: ~ 10 barrels	Volume R	ecovered: ~ 0 barrels				
Source of Release: Tank 1209B	Date and Hour of Occurrence:		Hour of Discovery: 02/27/2011				
	02/27/2011 ~ 05:30	~ 05:30					
Was Immediate Notice Given?	If YES, To Whom? Sent an email to Michael Leighton the City Manager of						
🛛 Yes 🗌 No 🗌 Not Required							
	voicemail for Larry Johnson with t						
By Whom? Johnny Lackey	Date and Hour: 02/28/2011 at ~11						
	02/28/2011 at ~11:57 to OCD San	ia Fe office, 0	$\frac{2}{28}$ 2011 at ~12:05 to the				
Wessell Development all	OCD Hobbs office.		·····				
Was a Watercourse Reached?	If YES, Volume Impacting the Wa	tercourse.					
🗌 Yes 🖾 No	NA						
If a Watercourse was Impacted, Describe Fully.* NA							
Describe Cause of Problem and Remedial Action Taken.*							
On 02/27/2011 at ~ 06:15 Tank 1209B overflowed approximately 10 bar	rels of waste water onto the ground. T	he tank overf	lowed because a partial power				
failure in the plant that resulted in the loss of several pumps including the waste water pump from Tank 1209B.							
Describe Area Affected and Cleanup Action Taken.*							
The area affected was at Tank 1209B at the wastewater separator and flo	wed past monitor well #6 and to the so	outh. There ar	e no sign of the spill on the				
ground; no oily staining or wet areas. Some water was absorbed into the							
there was no free standing water to recover. Safety and Environmental Se	olutions has started the delineation of t	he spill and h	ave collected water samples				
for analysis.							
I hereby certify that the information given above is true and complete to	the best of my knowledge and underst	ad that nurse	ant to NMOCD myles and				
regulations all operators are required to report and/or file certain release a							
public health or the environment. The acceptance of a C-141 report by the							
should their operations have failed to adequately investigate and remedia							
or the environment. In addition, NMOCD acceptance of a C-141 report of							
federal, state, or local laws and/or regulations.	1 1	<u>,</u>	1 5				
<u>(1)</u>	OIL CONSERV	ATION I	DIVISION				
Signature: alama Sung	<u></u>						
E Contraction of the second se							
Printed Name: Aaron Strange	Approved by District Supervisor:						
Title: Sr. Environmental Technician	Approval Date:	Expiration D	ate:				
E-mail Address: aaron.strange@hollycorp.com	Conditions of Approval:		Attached				
			Attached				
Date: 03/04/2011 Phone: 575-703-5057							

#### Page 1 of 1

#### Combs, Robert

From: David Boyer [dgboyer@sesi-nm.com]

Sent: Thursday, April 12, 2012 11:41 AM

To: Combs, Robert

Subject: Wastewater table, Lea Refinery

Attached.

The following constituents exceed WQCC standards: Benzene, chloride and TDS. Other WQCC constituents are below WQCC standards. The following non-WQCC constituents were minimal: TPH, Oil and Grease

Due to warm, dry windy conditions, spill liquids were not recoverable.

#### Conclusion:

Due to the above analyses and environmental conditions at the time of the spill, no drilling was performed. When the area was examined for possible drilling locations, no sign of the spill was visible. Benzene in the release would have quickly volatilized. Though chloride is the other constituent that exceeds a WQCC standard, depth to groundwater exceeds 100 feet at this location and there are three nearby monitor wells (MW-6 adjacent to the spill, and MW-9 and MW-10 downgradient) that are routinely sampled. Sampling of all three wells subsequent to the wastewater releases show that chloride concentrations in these wells are below groundwater standards.

David G. Boyer, P.G. Hydrogeologist Safety and Environmental Solutions, Inc. P.O. Box 1613 703 E. Clinton Hobbs, NM 88241 office: 575-397-0510 fax: 575-393-4388 cell: 575-390-7067 email: dgboyer@sesi-nm.com

Wastewater samples	from	Lea	Refinery	I
--------------------	------	-----	----------	---

• .••

		١	WQCC standard
Constituent	Date	Result (mg/L)	(mg/L)
Benzene	01/31/11	0.068	0.010
	02/18/11	2.4	0.010
Toluene	01/31/11	0.088	0.75
"	02/18/11	0.12	0.75
Ethybenzene	01/31/11	0.035	0.75
11	02/18/11	0.064	0.75
Total Xylenes	01/31/11	0.058	0.62
	02/18/11	0.10	0.62
			0.02
MTBE	02/18/11	<0.0050	
TPH (Diesel range)	02/18/12	2.4	
PH (Gasoline range)	02/18/11	1.25	
Metals			
Aluminum	02/18/11	0.0162	5.0
Arsenic "	01/31/11	0.0780	0.1
	02/18/11	0.0845	0.1
Barium	01/31/11	0.148	1.0
"	02/18/11	0.212	1.0
Boron	02/18/11	0.557	0.8
Cadmium	01/31/11	<0.00200	0.01
11	02/18/11	<0.00200	0.01
Calcium	01/31/11	223	
Chromium	01/31/11	0.00903	0.05
	02/18/11	0.0212	0.05
Copper	02/18/11	<0.00500	1.0
Lead	01/31/11	<0.00500	0.05
Magnesium	01/31/11	38.0	
Manganese	02/18/11	0.0684	0.2
Mercury	02/18/11	< 0.000200	0.002
Molybdenum	02/18/12	0.00987	1.0
Nickel	02/18/11	< 0.00500	0.2
Potassium Selenium	01/31/11	17.0 0.0243	0.05
Selenium	01/31/11		
	02/18/11	0.0178	0.05
Silver	01/31/11	<0.00500	0.05
	02/18/11	<0.00500	0.05
Sodium	01/31/11	854	
Zinc	02/18/11	0.0429	10.0

Total Dissolved Solids	01/31/11	3,530	1,000
Anions			
Chloride	02/18/11	1,670	250
Fluoride	02/18/11	1.57	1.6
Sulfide	01/31/11	10.2	
Cyanide	02/18/11	<0.0200	0.2
Nitrogen			
Nitrate/Nitrite (as N)	01/31/11	1.75	10.0
Ammonia (as N)	01/31/11	0.243	
"	02/18/11	2.90	
Nitrogen, Total Kjeldahl	01/31/11	11.3	
	02/18/11	14.5	
Nitrogen, organic	02/18/11	11.6	
Others			
BOD	02/18/11	34.8	
Phenolics	02/18/11	<0.0500	
Oil and Grease	01/31/11	8.62	
Total Suspended Solids	02/18/11	6.67	



28-Feb-2011

Darrell Moore Navajo Refining Company **PO Box 159** Artesia, NM 88211

(575) 746-5281 Tel: (505) 746-5421 Fax:

Water Re:

Work Order: 1102567

Dear Darrell,

ALS Environmental received 1 sample on 19-Feb-2011 09:20 AM for the analyses presented in the following report.

The analytical data provided relates directly to the samples received by ALS Environmental and for only the analyses requested. Results are expressed as "as received" unless otherwise noted.

QC sample results for this data met EPA or laboratory specifications except as noted in the Case Narrative or as noted with qualifiers in the QC batch information. Should this laboratory report need to be reproduced, it should be reproduced in full unless written approval has been obtained by ALS Environmental. Samples will be disposed in 30 days unless storage arrangements are made.

The total number of pages in this report is 33.

If you have any questions regarding this report, please feel free to call me.

Sincerely,

ay Lynn F Thibault

Electronically approved by: Mary K. Knowle JayLynn F Thibault

Project Manager



Certificate No: T104704231-09A-TX

ADDRESS 10450 Stancliff Rd, Suite 210 Houston, Texas 77099-4338 | PHONE (281) 530-5656 | FAX (281) 530-5887 ALS GROUP USA, CORP. Part of the ALS Laboratory Group. A Completil Brothers Lumied Company

www.alsolobal.com

NONT SOLUTIONS MILLS MANYMER

Client:	Navajo Refining Company	
Project:	Water	Work Order Sample Summary
Work Order:	1102567	work order Sample Sammary

Lab Samp ID Client Sample ID	<u>Matrix</u>	<u>Tag Number</u>	<b>Collection Date</b>	Date Received Hold
1102567-01 Lovington Waste Water	Water		2/18/2011 12:15	2/19/2011 09:20

Date: 28-Feb-11

#### **ALS Environmental**

Client:	Navajo Refining Company	
Project:	Water	<b>Case Narrative</b>
Work Order:	1102567	

Batch R105680, Method 8015\_GRO\_W, Sample 1102398-09ZMSD: RPD OK Batch R105687, Method 300\_W, Sample CCV: CCVs' fluoride recoveries out of control . Fluoride not reported in this analytical sequence Batch R105701, Method 300\_W, Sample 1102567-01FMSD: 1102567-01F MS/MSD -Spike recoveries out of control due to elevated analytes in background sample

Batch R105677, Method BTEX\_W, Sample BLCSW2-022111: Surrogate failure for 1102568-02A & 1102569-02A; confirmed by reanalysis at dilution.

Date: 28-Feb-11

Client: Navajo Refining Company Work Order: 1102567 **Project:** Water Lab ID: 1102567-01 Sample ID: Lovington Waste Water Collection Date: 2/18/2011 12:15 PM Matrix: WATER Report Dilution Analyses Result **Date Analyzed** Limit Units Qual Factor **TPH DRO/ORO** SW8015M Prep Date: 2/19/2011 Analyst: RPM 2/22/2011 04:25 PM TPH (Diesel Range) 2.4 0.10 mg/L 2 2 2/22/2011 04:25 PM Surr: 2-Fluorobiphenyl 70-130 %REC 118 **GASOLINE RANGE ORGANICS** SW8015 Analyst: LAJ 0.0500 mg/L 2/21/2011 09:13 PM **Gasoline Range Organics** 1.25 1 2/21/2011 09:13 PM Surr: 4-Bromofluorobenzene 118 70-130 %REC 1 BTEX SW8021B Analyst: KKP Benzene 0.24 0.010 mg/L 10 2/22/2011 11:18 PM 10 2/22/2011 11:18 PM Toluene 0.12 0.010 mg/L Ethylbenzene 0.0010 mg/L 2/21/2011 11:07 PM 0.064 1 Methyl tert-butyl ether ND 0.0050 mg/L 1 2/21/2011 11:07 PM 2/21/2011 11:07 PM Xylenes, Total 0.10 0.0030 mg/L 1 Surr: 4-Bromofluorobenzene 77-129 %REC 2/21/2011 11:07 PM 116 1 Surr: 4-Bromofluorobenzene 99.4 77-129 %REC 10 2/22/2011 11:18 PM Surr: Trifluorotoluene 75-130 %REC 2/21/2011 11:07 PM 97.5 1 Surr: Trifluorotoluene 10 2/22/2011 11:18 PM 90.7 75-130 %REC MERCURY SW7470 Prep Date: 2/22/2011 Analyst: JCJ 0.000200 mg/L 2/23/2011 01:14 PM Mercury ND 1 METALS Prep Date: 2/22/2011 SW6020 Analyst: ALR 2/23/2011 01:43 PM Aluminum 0.0162 0.0100 mg/L 1 Arsenic 0.0845 0.00500 mg/L 1 2/22/2011 09:20 PM 2/22/2011 09:20 PM Barium 0.212 0.00500 mg/L 1 Boron 0.557 0.0200 1 2/22/2011 09:20 PM mg/L Cadmium 0.00200 2/22/2011 09:20 PM ND mg/L 1 Chromium 2/22/2011 09:20 PM 0.0212 0.00500 mg/L 1 Copper ND 0.00500 1 2/22/2011 09:20 PM mg/L Lead ND 0.00500 mg/L 1 2/22/2011 09:20 PM 1 2/22/2011 09:20 PM Manganese 0.0684 0.00500 mg/L 0.00987 2/22/2011 09:20 PM Molybdenum 0.00500 mg/L 1 Nickel 0.00500 mg/L 2/22/2011 09:20 PM ND 1 Selenium 0.0178 2/22/2011 09:20 PM 0.00500 mg/L 1 Silver 0.00500 2/22/2011 09:20 PM ND mg/L 1 Zinc 0.00500 mg/L 2/22/2011 09:20 PM 0.0429 1 **MISCELLANEOUS ANALYSIS** NA Analyst: HN 2/23/2011 **Miscellaneous Analysis** See Attached 1 ANIONS E300 Analyst: TDW 2/21/2011 08:24 PM Chloride 1,670 25.0 mg/L 50

Note: See Qualifiers Page for a list of qualifiers and their explanation.

Client:	Navajo Refining Company
Project:	Water
Sample ID:	Lovington Waste Water
<b>Collection Date:</b>	2/18/2011 12:15 PM

Work Order: 1102567 Lab ID: 1102567-01 Matrix: WATER

Analyses	Result	Qual	Report Limit	Units	Dilution Factor	Date Analyzed
Fluoride	1.57	· · · · · ·	0.100	) mg/L	1	2/19/2011 08:02 PM
Surr: Selenate (surr)	100		85-115	5 %REC	1	2/19/2011 08:02 PM
Surr: Selenate (surr)	103		85-115	5 %REC	50	2/21/2011 08:24 PM
BOD			SM5210	в	Prep Date: 2/19/2011	Analyst: CMC
Biochemical Oxygen Demand	34.8		2.00	) mg/L	1	2/24/2011 02:00 PM
CYANIDE			M4500C	N E&G		Analyst: IAB
Cyanide	ND		0.0200	) mg/L	1	2/22/2011 03:00 PM
Cyanide, Amenable to Chlorination	ND		0.0200	) mg/L	1	2/22/2011 03:00 PM
AMMONIA AS N			SM4500	NH3-B-F		Analyst: IAB
Nitrogen, Ammonia (as N)	2.90		0.125	ō mg/L	5	2/22/2011 03:00 PM
ORGANIC NITROGEN	•		M4500-N	IC		Analyst: CMC
Nitrogen, Organic	11.6		1.00	mg/L	1	2/24/2011 12:40 PM
PHENOLICS			E420.1			Analyst: IAB
Phenolics, Total Recoverable	ND		0.0500	) mg/L	1	2/22/2011 10:00 AM
TOTAL KJELDAHL L NITROGEN			M4500 N	H3 D		Analyst: CMC
Nitrogen, Total Kjeldahl	14.5		1.00	mg/L	1	2/23/2011 09:00 AM
TOTAL SUSPENDED SOLIDS			M2540D			Analyst: JKP
Suspended Solids (Residue, Non- Filterable)	6.67		2.00	mg/L	1	2/22/2011 05:00 PM

Note: See Qualifiers Page for a list of qualifiers and their explanation.

Client:	Navajo Refining Company
Work Order:	1102567
Project:	Water

#### QC BATCH REPORT

Date: 28-Feb-11

Batch ID: 50170	Instrument ID FID-8		Metho	d: SW801	5M						
MBLK Sample ID:	FBLKW1-110219-50170				υ	nits: mg/	Ĺ	Analysi	is Date: 2/	21/2011 0	8:49 PM
Client ID:	Run	ID: FID-8_1	10219A		Sec	qNo: <b>2286</b>	5023	Prep Date: 2/19	/2011	DF: <b>1</b>	
Analyte	Result	PQL	SPK Val	SPK Ref Value		%REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
TPH (Diesel Range) Surr: 2-Fluorobiphenyl	ND 0.09841	0.050 0.0050	0.1		0	98.4	70-130	0			
LCS Sample ID:	FLCSW1-110219-50170				Units: mg/L			Analysis Date: 2/21/2011 09:0			
Client ID:	Run	n ID: FID-8_110219A			SeqNo: 2286024		Prep Date: 2/19/2011		DF: <b>1</b>		
Analyte	Result	PQL	SPK Val	SPK Ref Value		%REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
TPH (Diesel Range)	1.051	0.050	1		0	105	70-130	0			
Surr: 2-Fluorobiphenyl	0.1141	0.0050	0.1		0	114	70-130	0			
LCSD Sample ID:	FLCSDW1-110219-50170				U	nits: mg/l		Analysi	s Date: 2/	21/2011 0	9:27 PM
Client ID:	Run	ID: FID-8_1	SeqNo: 2286025			Prep Date: 2/19	/2011	DF: 1			
Analyte	Result	PQL	SPK Val	SPK Ref Value		%REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
TPH (Diesel Range)	1.053	0.050	1		0	105	70-130	1.051	0.17	20	
Surr: 2-Fluorobiphenyl	0.1158	0.0050	0.1		0	116	70-130	0.1141	1.42	20	

#### QC BATCH REPORT

Batch ID: R105677 Instru	ment ID BTEX1		Metho	d: SW8021	B.,					
MBLK Sample ID: BBLKW	2-022111-R105677			,	Units: µg	/L	Analys	sis Date: 2	/21/2011 (	09:04 PN
Client ID:	Run IE	: BTEX1	_110221B	. 5	SeqNo: 22	85397	Prep Date:		DF: 1	
Analyte	Result	PQL	SPK Val	SPK Ref Value	%REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
Ethylbenzene	ND	1.0						- x-		
Methyl tert-butyl ether	ND	5.0								
Xylenes, Total	ND	3.0								
Surr: 4-Bromofluorobenzene	27.56	1.0	30	0	91.9	77-129	c c	)		
Surr: Trifluorotoluene	26.08	1.0	. 30	0	86.9	75-130	C	)		
LCS Sample ID: BLCSW	2-022111-R105677				Units: µg/	/L	Analys	sis Date: 2	21/2011 (	)8:29 PN
Client ID:	Run ID	BTEX1	_110221B	5	SeqNo: 228	85396	Prep Date:		DF: 1	
		DOI		SPK Ref Value	%REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
Analyte	Result	PQL	SPK Val		%REU			70RPD		Quar
Ethylbenzene	19.51	1.0	20	0	97 <sub>;</sub> 6	76-125	C	)		
Methyl tert-butyl ether	99.56	5.0	100	0	99.6	75-128	0			
Xylenes, Total	58.01	3.0	60	0	96.7	79-124	0	)		
Surr: 4-Bromofluorobenzene	28.79	1.0	30	0	96	77-129	0	)		
Surr: Trifluorotoluene	26.59	1.0	30	0	88.6	75-130	0	)		
MS Sample ID: 1102477	-01AMS				Units: µg/	'L	Analys	sis Date: 2	21/2011 1	10:14 PN
Client ID:	Run ID	BTEX1	_110221B	S	6eqNo: 228	85401	Prep Date:		DF: 1	
Analyte	Result	PQL	SPK Val	SPK Ref Value	%REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
Ethylbenzene	20.83	1.0	20	0	104	76-125	0	1		
Methyl tert-butyl ether	111.6	5.0	100	0	112	75-128	0	)		
Xylenes, Total	63.15	3.0	60	0	105	79-124	0	)	,	
Surr: 4-Bromofluorobenzene	28.66	1.0	30	0	95.5	77-129	0	1		
Surr: Trifluorotoluene	25.84	1.0	30	0	86.1	75-130	0	I		
MSD Sample ID: 1102477	-01AMSD				Units: µg/	Ľ	Analys	sis Date: 2/	21/2011 1	0:31 PM
Client ID:	Run ID	BTEX1_	110221B	S	eqNo: 228	35402	Prep Date:		DF: 1	
Analyte	Result	PQL	SPK Val	SPK Ref Value	%REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
Ethylbenzene	21.35	1.0	20	0	107	76-125	20.83	2.42	20	
Methyl tert-butyl ether	113.6	5.0	100	0		75-128	111.6		20	
Xylenes, Total	64.42	3.0	60	0		79-124	63.15		20	
•			30	ů 0		77-129	28.66			
Surr: 4-Bromofluorobenzene	29	1.0	.30		90.7	11-127	20,00			

The following samples were analyzed in this batch:

1102567-01A

#### QC BATCH REPORT

Batch ID: R	2105680 Instrum	ent ID FID-9	······	Metho	d: SW8015					•	
MBLK	Sample ID: GBLKW2	-022111-R105680				Units: mg/	L	Analys	is Date: 2/	21/2011 0	3:36 PM
Client ID:		Run I	D: FID-9_	110221D	S	eqNo: 228	5452	Prep Date:		DF: 1	
Analyte		Result	PQL	SPK <sup>.</sup> Val	SPK Ref . Value	%REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
Gasoline Ra	ange Organics	ND	0.050	-							
	romòfluorobenzene	0.105	0.0050	0.1	0	105	70-130	0			
LCS	Sample ID: GLCSW2-	022111-R105680				Units: mg/	L	Analys	is Date: 2/	21/2011 0	3:22 PM
Client ID:		Run I	D: FID-9_1	110221D	S	eqNo: 228	5451	Prep Date:		DF: 1	
Analyte		Result	PQL	SPK Val	SPK Ref Value	%REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
Gasoline Ra	ange Organics	0.9629	0.050	1	0	96.3	70-130	0			
Surr: 4-Bi	romofluorobenzene	0.1073	0.0050	0.1	0	107	70-130	0			
MS	Sample ID: 1102398-0	9ZMS				Units: mg/	L	Analys	is Date: 2/	21/2011 0	5:20 PM
Client ID:		Run II	D: FID-9_1	10221D	S	eqNo: 228	5454	Prep Date:		DF: <b>1</b>	
Analyte		Result	PQL	SPK Val	SPK Ref Value	%REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
Gasoline Ra	ange Organics	0.8438	0.050	1	0.03764	80.6	70-130	0			
Surr: 4-Bi	romofluorobenzene	0.1035	0.0050	0.1	0	103	70-130	0			
MSD	.Sample ID: 1102398-0	9ZMSD				Units: mg/	L.	Analys	is Date: 2/	21/2011 0	5:34 PM
Client ID:		Run II	D: FID-9_1	10221D	S	eqNo: <b>228</b>	5455	Prep Date:		DF: 1	
Analyte		Result	PQL	SPK Val	SPK Ref Value	%REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
Gasoline Ra	inge Organics	0.849	0.050	1	0.03764	81.1	70-130	0.8438	0.609	30	
	omofluorobenzene	0.1051	0.0050	0.1	0	105	70-130	0.1035	1.6	30	

•

Note: See Qualifiers Page for a list of Qualifiers and their explanation.

QC Page: 3 of 17

<b>QC BATCH</b>	REPORT
τ	

le ID: BBLKW1-022 robenzene ene le ID: BLCSW1-022	Run IE Result ND 27.47 26.66 211-R105750	D: BTEX1 PQL 1.0 1.0 1.0 1.0	_110222B SPK Val 	SPK Ref Value		Jnits: µg/l eqNo: 228 %REC		Analy Prep Date: RPD Ref Value	sis Date: 2/ %RPD	22/2011 0 DF: 1 RPD Limit	Qual
ene	Result ND 27.47 26.66 211-R105750	PQL 1.0 1.0 1.0	SPK Val		Se		Control	RPD Ref	%RPD	RPD	Qual
ene	ND ND 27.47 26.66 211-R105750	1.0 1.0 1.0	30			%REC			%RPD		Qual
ene	ND 27.47 26.66 211-R105750	1.0 1.0									
ene	27.47 26.66 211-R105750	1.0									
ene	26.66 211-R105750										
	211-R105750	1.0	30		0	91.6	77-129		)		
le ID: BLCSW1-022					0	88.9	75-130	C	)		
	Run ID				l	Jnits: µg/L	-	Analys	sis Date: 2/	22/2011 0	4:24 PM
		BTEX1	_110222B		Se	qNo: 228	7139	Prep Date:		DF: 1	
	Result	PQL	SPK Val	SPK Ref Value		%REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
	18.63	1.0	20		0	93.1	77-126	C	)		
<u> </u>	19.35	1.0	20		0	96.7	80-124	C			
robenzene	29.73	1.0	30		0	99.1	77-129	0	ļ		
ene	27.64	1.0	30		0	92.1	75-130	0			
e ID: 1102570-08AN	MS				ι	Jnits: ua/L		Analys	sis Date: 2/	22/2011 1	0:43 PM
		BTEX1	110222B					,		DF: 1	
		-	_	SPK Ref			Control	RPD Ref		RPD	
<b>_</b>	Result	PQL	SPK Val	Value		%REC	Limit	Value	%RPD	Limit	Qual
	19.81	1.0	20		0	99	77-126	0			
	20.25	1.0	20		0	101	80-124	0			
robenzene	29.83	1.0	30		0	99.4	77-129	0			
ene	27.37	1.0	30		0	91.2	75-130	. 0			
e ID: 1102570-08AN	/ISD				l	Inits: µg/L		Analys	is Date: 2/	22/2011 1	1:00 PM
	Run ID	BTEX1	_110222B		Se	qNo: <b>228</b> 7	'151	Prep Date:		DF: 1	
	Result	PQL	SPK Val	SPK Ref Value		%REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
	19.21	1.0	20		0	96.1	77-126	19.81	3.05	20	
	18.94	1.0	20		0	94.7	80-124	20.25	6.7	20	
obenzene	28.06	1.0	30		0	93.5	77-129	29.83	6.1	20	
ne	25.54	1.0	30		0	85.1	75-130	27.37	6.94	20	
	robenzene ene e ID: <b>1102570-08AN</b> robenzene ene	19.35           robenzene         29.73           ene         27.64           le ID: 1102570-08AMS         Run ID           Result         19.81           20.25         29.83           ene         27.37           e ID: 1102570-08AMSD         Run ID           Result         19.81           20.25         29.83           ene         27.37           e ID: 1102570-08AMSD         Run ID           Result         19.21           18.94         28.06	19.35         1.0           robenzene         29.73         1.0           ene         27.64         1.0           le ID:         1102570-08AMS         Run ID:         BTEX1           Result PQL           19.81         1.0           20.25         1.0           robenzene         29.83         1.0           ene         27.37         1.0           ene         27.37         1.0           eID:         1102570-08AMSD         Run ID:           BTEX1_         Result         PQL           19.21         1.0         18.94           19.21         1.0         18.94           10         28.06         1.0           ene         25.54         1.0	19.35         1.0         20           robenzene         29.73         1.0         30           ene         27.64         1.0         30           le ID:         1102570-08AMS         Run ID:         BTEX1_110222B           Result PQL SPK Val           19.81         1.0         20           20.25         1.0         20           robenzene         29.83         1.0         30           ene         27.37         1.0         30           ene         28.06         1.0         20           nobenzene         28.06         1.0         30	19.35       1.0       20         robenzene       29.73       1.0       30         ene       27.64       1.0       30         le ID: 1102570-08AMS       SPK Ref         Run ID: BTEX1_110222B         SPK Ref         20.25       1.0       20         20.25       1.0       20         robenzene       29.83       1.0       30         ene       27.37       1.0       30       30         ene       27.37       1.0       30         Ene       2.0       SPK Ref         19.21       1.0       20         19.21       1.0       20         19.21       1.0       30         ene       25.54       1.0       30	19.35         1.0         20         0           robenzene         29.73         1.0         30         0           ene         27.64         1.0         30         0           le ID:         1102570-08AMS         L         Run ID:         BTEX1_110222B         Se           SPK Ref           Result         PQL         SPK Val         SPK Ref           19.81         1.0         20         0           20.25         1.0         20         0           robenzene         29.83         1.0         30         0           ene         27.37         1.0         30         0           Result         PQL         SPK Val         SPK Ref           Value         19.21         1.0         20         0           18.94         1.0         20         0         0           robenzene         28.06         1.0         30         0	19.35         1.0         20         0         96.7           robenzene         29.73         1.0         30         0         99.1           ene         27.64         1.0         30         0         92.1           le ID:         1102570-08AMS         Units:         µg/L         SeqNo:         2287           Run ID:         BTEX1_110222B         SeqNo:         2287           Result         PQL         SPK Val         %REC           19.81         1.0         20         0         99           20.25         1.0         20         0         101           robenzene         29.83         1.0         30         0         99.4           ene         27.37         1.0         30         0         91.2           e ID:         1102570-08AMSD         Units:         µg/L         SPK Ref           Run ID:         BTEX1_110222B         SeqNo:         2287           Run ID:         BTEX1_10222B         Value         %REC           19.21         1.0         20         0         96.1           18.94         1.0         20         0         94.7           robenzene         28.0	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	19.35       1.0       20       0       96.7       80-124       0         robenzene       29.73       1.0       30       0       99.1       77-129       0         ene       27.64       1.0       30       0       92.1       75-130       0         le ID:       1102570-08AMS       Units: µg/L       Analys         Run ID:       BTEX1_110222B       SeqNo: 2287150       Prep Date:         SPK Ref       Control       RPD Ref       Control       RPD Ref         19.81       1.0       20       0       99.4       77-129       0         20.25       1.0       20       0       99.4       77-129       0         robenzene       29.83       1.0       30       0       99.4       77-129       0         ene       27.37       1.0       30       0       91.2       75-130       0         ene       27.37       1.0       30       0       91.2       75-130       0         ene       27.37       1.0       30       0       91.2       75-130       0         ene       27.37       1.0       20       96.1       77-126       19.81	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	19.35       1.0       20       0       96.7       80.124       0         robenzene       29.73       1.0       30       0       99.1       77-129       0         ene       27.64       1.0       30       0       92.1       75-130       0         le ID:       1102570-08AMS       Units: µg/L       Analysis Date: 2/22/2011 10         Run ID:       BTEX1_110222B       SeqNo:       2287150       Prep Date:       DF: 1         Result       PQL       SPK Val       Value       Control       RPD Ref       RPD         19.81       1.0       20       0       99.77-126       0       0         robenzene       29.83       1.0       30       0       99.4       77-129       0         ene       27.37       1.0       30       0       91.2       75-130       0       1

Note: See Qualifiers Page for a list of Qualifiers and their explanation.

Client: Work Orde Project:	Navajo Refining Company er: 1102567 Water							QC	ВАТС	CH RE	PORT
Batch ID: 502	233 Instrument ID ICPMS03		Metho	d: SW602	20		_				,
MBLK	Sample ID: MBLKW1-022211-50233				1	Units: mg/		Analy	sis Date: 2	/23/2011	)3:19 PM
Client ID:	Ru	n ID: ICPMS	03_110223A	۱.	Se	eqNo: <b>228</b> 7	7661	Prep Date: 2/2	2/2011	DF: 1	
Analyte	Result	PQL	· SPK Val	SPK Ref Value		%REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
Aluminum	ND	0.010									
Arsenic	ND	0.0050								<b>LF</b>	
Barium	ND	0.0050									
Boron	0.002003	0.050									J
Cadmium	ND	0.0020									
Chromium	ND	0.0050									
Copper	0.0006319	0.0050									J
Lead	ND	0.0050									
Manganese	ND	0.0050									
Nickel	ND	0.0050									
Selenium	ND	0.0050									
Silver	ND	0.0050									
Zinc	ND	0.0050									
LCS	Sample ID: MLCSW1-022211-50233				ι	Jnits: mg/L	_	Analys	sis Date: 2	/22/2011 (	7:47 PM
Client ID:	Rur	ID: ICPMS	03_110222A		Se	qNo: <b>2286</b>	400	Prep Date: 2/2	2/2011	DF: 1	
Analyte	Result	PQL	SPK Val	SPK Ref Value		%REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
Aluminum	0.09564	0.010	0.1		0	95.6	80-120	C			
Arsenic	0.04816	0.0050	0.05		0	96.3	80-120	C			
Barium	0.04909	0.0050	0.05		0	98.2	80-120	C			

0

0

0

0

0

0

0

0

0

0

99.4

97.1

92.5

99.8

96.5

95.7

95.9

94.2

100

109

80-120

80-120

80-120

80-120

80-120

80-120

80-120

80-120

80-120

80-120

0

0

0

0

0

0

0

0

0

0

0.4969

0.04853

0.04624

0.0499

0.04826

0.04783

0.04797

0.04709

0.05009

0.05446

0.050

0.0020

0.0050

0.0050

0.0050

0.0050

0.0050

0.0050

0.0050

0.0050

0.5

0.05

0.05

0.05

0.05

0.05

0.05

0.05

0.05

0.05

Boron

Cadmium

Chromium

Manganese

Copper

Lead

Nickel

Silver

Zinc

Selenium

#### Client: Navajo Refining Company Work Order: 1102567

#### QC BATCH REPORT

ţ

Project: Water

Batch ID: 50	233 Instrumen	t ID ICPMS03		Metho							
MS	Sample ID: 1102565-32	DMS			· ·	Units: mg/	L.	Analysi	is Date: 2	/22/2011 0	8:07 PM
Client ID:		Run	ID: ICPMS	03_110222	A Se	eqNo: 228	6404	Prep Date: 2/22	/2011	DF: 1	
Analyte		Result	PQL	SPK Val	SPK Ref Value	%REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
Aluminum		0.08959	0.010	0.1	-0.0008673	90.5	80-120	0			
Arsenic		0.04543	0.0050	0.05	0.0001729	90.5	80-120	0			
Barium		0.04709	0.0050	0.05	0.0003325	93.5	80-120	0			
Boron		0.4589	0.050	0.5	0.02956	85.9	80-120	0			
Cadmium		0.04692	0.0020	0.05	0.0000247	93.8	80-120	0			
Chromium		0.04487	0.0050	0.05	0.00058	88.6	80-120	0			
Copper		0.04699	0.0050	0.05	0.002482	89	80-120	0			
Lead		0.04634	0.0050	0.05	0.0003254	92	80-120	0			
Manganese		0.04502	0.0050	0.05	0.0004708	89.1	80-120	0			
Nickel		0.04673	0.0050	0.05	0.0003634	92.7	80-120	0			
Selenium		0.04672	0.0050	0.05	0.00008858	93.3	80-120	0			
Silver		0.04809	0.0050	0.05	-0.00005712	96.3	80-120	0			
Zinc		0.04912	0.0050	0.05	0.007562	83.1	80-120	0			
MSD	Sample ID: 1102565-320	OMSD				Jnits: mg/		Analysi	s Date: 2	/22/2011 0	8:12 PM
Client ID:		Run	ID: ICPMS0	110222			105	Prep Date: 2/22			
		( Curr		03_1102227	<b>4</b> 56	qNo: 2286	5405	Fiep Date. Zizz	/2011	DF: 1	
Analyte		Result	PQL	SPK Val	SPK Ref Value	kqNo: <b>228€</b> %REC	Control Limit	RPD Ref Value	%RPD	DF: 1 RPD Limit	Quat
		Result	PQL	SPK Val	SPK Ref Value	%REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
Aluminum		Result 0.09226	PQL 0.010	- SPK Val 0.1	SPK Ref Value -0.0008673	%REC 93.1	Control Limit 80-120	RPD Ref Value 0.08959	%RPD 2.94	RPD Limit	Qual
Aluminum Arsenic		Result 0.09226 0.04525	PQL 0.010	SPK Val 0.1 0.05	SPK Ref Value -0.0008673 0.0001729	%REC 93.1 90.2	Control Limit 80-120 80-120	RPD Ref Value 0.08959 0.04543	%RPD 2.94 0.397	RPD Limit 15 15	Quat
Aluminum Arsenic Barium		Result 0.09226 0.04525 0.04598	PQL 0.010 0.0050 0.0050	SPK Val 0.1 0.05 0.05	SPK Ref Value -0.0008673 0.0001729 0.0003325	%REC 93.1 90.2 91.3	Control Limit 80-120 80-120 80-120	RPD Ref Value 0.08959 0.04543 0.04709	%RPD 2.94 0.397 2.39	RPD Limit 15 15 15	Quat
Aluminum Arsenic Barium Boron		Result 0.09226 0.04525 0.04598 0.4773	PQL 0.010 0.0050 0.0050 0.050	- SPK Vai 0.1 0.05 0.05 0.5	SPK Ref Value -0.0008673 0.0001729 0.0003325 0.02956	%REC 93.1 90.2 91.3 89.5	Control Limit 80-120 80-120 80-120 80-120	RPD Ref Value 0.08959 0.04543 0.04709 0.4589	%RPD 2.94 0.397 2.39 3.93	RPD Limit 15 15 15 15 15	Quat
Aluminum Arsenic Barium Boron Cadmium		Result 0.09226 0.04525 0.04598	PQL 0.010 0.0050 0.0050 0.050 0.020	SPK Val 0.1 0.05 0.05	SPK Ref Value -0.0008673 0.0001729 0.0003325	%REC 93.1 90.2 91.3	Control Limit 80-120 80-120 80-120	RPD Ref Value 0.08959 0.04543 0.04709	%RPD 2.94 0.397 2.39	RPD Limit 15 15 15 15 15	Quat
Aluminum Arsenic Barium Boron Cadmium Chromium		Result 0.09226 0.04525 0.04598 0.4773 0.04569	PQL 0.010 0.0050 0.0050 0.050 0.0020 0.0050	SPK Vai 0.1 0.05 0.05 0.05 0.05 0.05	SPK Ref Value -0.0008673 0.0001729 0.0003325 0.02956 0.0000247	%REC 93.1 90.2 91.3 89.5 91.3	Control Limit 80-120 80-120 80-120 80-120 80-120	RPD Ref Value 0.08959 0.04543 0.04709 0.4589 0.04692	%RPD 2.94 0.397 2.39 3.93 2.66	RPD Limit 15 15 15 15 15 15 15	Qual
Aluminum Arsenic Barium Boron Cadmium Chromium Copper		Result 0.09226 0.04525 0.04598 0.4773 0.04569 0.04439	PQL 0.010 0.0050 0.0050 0.050 0.020	SPK Vai 0.1 0.05 0.05 0.05 0.05	SPK Ref Value -0.0008673 0.0001729 0.0003325 0.02956 0.0000247 0.00058	%REC 93.1 90.2 91.3 89.5 91.3 87.6	Control Limit 80-120 80-120 80-120 80-120 80-120	RPD Ref Value 0.08959 0.04543 0.04709 0.4589 0.04692 0.04487	%RPD 2.94 0.397 2.39 3.93 2.66 1.08	RPD Limit 15 15 15 15 15 15 15 15	Qual
Aluminum Arsenic Barium		Result 0.09226 0.04525 0.04598 0.4773 0.04569 0.04439 0.04645	PQL 0.010 0.0050 0.050 0.050 0.0020 0.0050	SPK Vai 0.1 0.05 0.05 0.05 0.05 0.05 0.05	SPK Ref Value -0.0008673 0.0001729 0.0003325 0.02956 0.0000247 0.00058 0.00058	%REC 93.1 90.2 91.3 89.5 91.3 87.6 87.9	Control Limit 80-120 80-120 80-120 80-120 80-120 80-120	RPD Ref Value 0.08959 0.04543 0.04709 0.4589 0.04692 0.04487 0.04699	%RPD 2.94 0.397 2.39 3.93 2.66 1.08 1.16	RPD Limit 15 15 15 15 15 15 15 15 15	Qual
Aluminum Arsenic Barium Boron Cadmium Chromium Copper Lead Manganese		Result 0.09226 0.04525 0.04598 0.4773 0.04569 0.04439 0.04645 0.04574	PQL 0.010 0.0050 0.0050 0.050 0.0020 0.0050 0.0050 0.0050	SPK Vai 0.1 0.05 0.05 0.05 0.05 0.05 0.05 0.05	SPK Ref Value -0.0008673 0.0001729 0.0003325 0.02956 0.0000247 0.00058 0.0002482 0.0003254	%REC 93.1 90.2 91.3 89.5 91.3 87.6 87.9 90.8	Control Limit 80-120 80-120 80-120 80-120 80-120 80-120 80-120	RPD Ref Value 0.08959 0.04543 0.04709 0.4589 0.04692 0.04699 0.04699 0.04634	%RPD 2.94 0.397 2.39 3.93 2.66 1.08 1.16 1.3	RPD Limit 15 15 15 15 15 15 15 15 15 15	Qual
Aluminum Arsenic Barium Boron Cadmium Chromium Copper Lead		Result 0.09226 0.04525 0.04598 0.4773 0.04569 0.04439 0.04645 0.04574 0.04491	PQL 0.010 0.0050 0.0050 0.0050 0.0020 0.0050 0.0050 0.0050	SPK Vai 0.1 0.05 0.05 0.05 0.05 0.05 0.05 0.05	SPK Ref Value -0.0008673 0.0001729 0.0003325 0.02956 0.0000247 0.00058 0.0002482 0.0003254 0.0003254	%REC 93.1 90.2 91.3 89.5 91.3 87.6 87.9 90.8 88.9	Control Limit 80-120 80-120 80-120 80-120 80-120 80-120 80-120 80-120	RPD Ref Value 0.08959 0.04543 0.04709 0.4589 0.04692 0.04487 0.04699 0.04634 0.04502	%RPD 2.94 0.397 2.39 3.93 2.66 1.08 1.16 1.3 0.245	RPD Limit 15 15 15 15 15 15 15 15 15 15 15 15	Qual
Aluminum Arsenic Barium Boron Cadmium Chromium Copper Lead Manganese Nickel		Result 0.09226 0.04525 0.04598 0.4773 0.04569 0.04439 0.04645 0.04574 0.04491 0.04724	PQL 0.010 0.0050 0.0050 0.0050 0.0050 0.0050 0.0050 0.0050 0.0050	SPK Vai 0.1 0.05 0.05 0.05 0.05 0.05 0.05 0.05	SPK Ref Value -0.0008673 0.0001729 0.0003325 0.02956 0.0000247 0.00058 0.0002482 0.0003254 0.0004708 0.0003634	%REC 93.1 90.2 91.3 89.5 91.3 87.6 87.9 90.8 88.9 93.8	Control Limit 80-120 80-120 80-120 80-120 80-120 80-120 80-120 80-120 80-120	RPD Ref Value 0.08959 0.04543 0.04709 0.4589 0.04692 0.04692 0.04634 0.04602 0.04673	%RPD 2.94 0.397 2.39 3.93 2.66 1.08 1.16 1.3 0.245 1.09	RPD Limit 15 15 15 15 15 15 15 15 15 15 15 15	Qual

#### **Client:** Navajo Refining Company Work Order: 1102567

#### QC BATCH REPORT

**Project:** Water

Batch ID: 50	233	Instrument ID ICPMS03		Metho	d: SW6020	)						
DUP	Sample ID:	1102565-32DDUP				Un	nits: mg/l		Analysi	s Date: 2	/22/2011	07:57 PM
Client ID:		Ru	in ID: ICPMS	03_1102224	<b>.</b> :	Seq	No: 2286	6402	Prep Date: 2/22	/2011	DF: 1	
Analyte		Result	PQL	SPK Val	SPK Ref Value		%REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
Aluminum		ND	0.010	0	(	0	0	0-0	-0.0008673	0	25	
Arsenic		ND	0.0050	0	(	0	0	0-0	0.0001729	0	25	
Barium		ND	0.0050	0	0	0	0	0-0	0.0003325	0	25	
Boron		0.0245	0.050	0	(	0	0	0-0	0.02956	0	25	J
Cadmium		ND	0.0020	0	C	)	0	0-0	0.0000247	0	25	
Chromium		ND	0.0050	0	C	)	0	0-0	0.00058	0	25	
Copper		ND	0.0050	0	C	)	0	0-0	0.002482	0	25	
Lead		ND	0.0050	0	C	)	0	0-0	0.0003254	0	25	
Manganese		ND	0.0050	0	C	)	0	. 0-0	0.0004708	0	25	
Nickel		ND	0.0050	0	C	)	0	0-0	0.0003634	0	25	
Selenium		ND	0.0050	0	C	)	0	0-0	0.00008858	0	25	
Silver		ND	0.0050	0	C	)	0	0-0	-0.00005712	0	. 25	
Zinc		0.003943	0.0050	0	C	)	0	0-0	0.007562	0	25	J

The following samples were analyzed in this batch:

1102567-01E

.

Work Or Project:	rder: 1102567 Water							QC	BAIC	H RE	PORT
Batch ID: 5	50240 Instrument ID Mercury		Metho	od: SW747	<u>'</u> 0						
MBLK	Sample ID: GBLKW2-022211-50240				Uni	ts: <b>mg/</b>		Analy	sis Date: 2	/23/2011 1	2:48 PM
Client ID:	Ru	n (D: MERC	URY_11022	3A	SeqN	lo: <b>228</b> 3	7585	Prep Date: 2/2	2/2011	DF: 1	
Analyte	Result	PQL	SPK Val	SPK Ref Value		6REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
Mercury	ND	0.00020									
LCS	Sample ID: GLCSW2-022211-50240		<u> </u>		Uni	ts: mg/		Analy	sis Date: 2	/23/2011 1	2:50 PM
Client ID:	Ru	n ID: MERC	URY_11022	3A	SeqN	lo: 2287	7586	Prep Date: 2/2	2/2011	DF: 1	
Analyte	Result	PQL	SPK Val	SPK Ref Value	9	6REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
Mercury	0.00488	0.00020	0.005		0	97.6	85-115	C	)		
MS	Sample ID: 1102546-01AMS				Uni	ts: mg/	 L. ·	Analys	sis Date: 2/	23/2011 1	2:58 PM
Client ID:	Ru	n ID: MERCI	URY_11022	3A	SeqN	lo: <b>228</b> 7	7589	Prep Date: 2/2	2/2011	DF: <b>1</b>	
Analyte	Result	PQL	SPK Val	SPK Ref Value	9	6REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
Mercury	0.00476	0.00020	0.005	-0.00001	15	95.5	85-115	C	)		
MSD	Sample ID: 1102546-01AMSD	···			Uni	ts: mg/l	L	Analys	sis Date: 2/	23/2011 0	1:00 PM
Client ID:	Rur	n.ID: MERCI	JRY_11022	3A	SeqN	lo: <b>228</b> 7	7590	Prep Date: 2/2	2/2011	DF: <b>1</b>	
Analyte	Result	PQL	SPK Val	SPK Ref Value	9	6REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
Mercury	0.00474	0.00020	0.005	-0.00001	15	95.1	85-115	0.00476	0.421	20	
DUP	Sample ID: 1102546-01ADUP				Unit	ts: mg/l	L	Analys	sis Date: 2/	23/2011 1	2:56 PM
Client ID:	Rur	n ID: MERCU	JRY_11022	3A	SeqN	lo: <b>228</b> 7	588	Prep Date: 2/2	2/2011	DF: 1	
Analyte	Result	PQL	SPK Val	SPK Ref Value	%	6REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
Mercury	ND	0.00020	0		0	0	0-0	-0.000015	0	20	
The following	ng samples were analyzed in this batcl	h: [11	102567-01E								

Navajo Refining Company

**Client:** 

QC BATCH REPORT

#### QC BATCH REPORT

Batch ID: 5	0164 Instrument	t ID WetChem		Metho	d: SM521	0 B				-	
MBLK	Sample ID: WBLKW1-0	21911-50164				Units: mg/		Analys	sis Date: 2	/24/2011 0	2:00 PM
Client ID:		Run II	D: WETCH	HEM_11022	4L	SeqNo: 2289	9629	Prep Date: 2/19	9/2011	DF: 1	
Analyte		Result	PQL	SPK Val	SPK Ref Value	%REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
Biochemica	I Oxygen Demand	ND	2.0								
LCS	Sample ID: WLCSW1-02	21911-50164		- <u></u>		Units: mg/		Analys	is Date: 2/	24/2011 0	2:00 PM
Client ID:		Run II	D: WETCH	1EM_11022	4L	SeqNo: 2289	9630	Prep Date: 2/19	9/2011	DF: 1	
Analyte		Result	PQL	SPK Val	SPK Ref Value	%REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
Biochemica	l Oxygen Demand	196.5	2.0	198		0 99.2	85-115	0			
LCSD	Sample ID: WLCSDW1-	021911-50164				Units: mg/l		Analys	is Date: 2/	24/2011 0	2:00 PM
Client ID:		Run IC	D: WETCH	IEM_11022	4L	SeqNo: 2289	633	Prep Date: 2/19	9/2011	DF: 1	
							<b>•</b> • • •				
Analyte		Result	PQL	SPK Val	SPK Ref Value	%REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
	Oxygen Demand	Result 192.5	PQL 2.0	SPK Val 198	-	%REC 0 97.2				Limit	Qual
Biochemica	Oxygen Demand Sample ID: 1102567-010	192.5			-		Limit 85-115	Value 196.5		Limit 20	
Biochemica DUP		192.5 GDUP	2.0		Value	0 97.2	Limit 85-115	Value 196.5	2.06 is Date: 2/	Limit 20	
Biochemical DUP Client ID: Lo	Sample ID: 1102567-010	192.5 GDUP	2.0	198	Value	0 97.2 Units: <b>mg/l</b>	Limit 85-115	Value 196.5 Anałys	2.06 is Date: 2/	Limit 20 /24/2011 0	
Biochemical DUP Client ID: Lo Analyte	Sample ID: 1102567-010	192.5 GDUP Run IC	2.0 D: WETCH	198 IEM_11022	Value 4L SPK Ref Value	0 97.2 Units: <b>mg/l</b> SeqNo: <b>228</b> 9	Limit 85-115 	Value 196.5 Analys Prep Date: 2/19 RPD Ref	2.06 is Date: 2/ 0/2011 %RPD	Limit 20 /24/2011 0 DF: 1 RPD Limit	2:00 PM

#### QC BATCH REPORT

Batch ID: R105687	Instrument ID ICS3K2		Metho	od: E300							
MBLK Sample ID: 1	WBLKW1-022111-R105687		-		ι	Jnits: mg/	 L	Anal	ysis Date: 2	/21/2011 (	)7:19 PN
Client ID:	Run ID	: ICS3K	2_110221A		Se	qNo: 228	5549	Prep Date:		DF: 1	
Analyte	Result	PQL	SPK Val	SPK Ref Value		%REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
Chloride	ND	0.50									
Surr: Selenate (surr)	5.003	0.10	5		0	100	85-115		0		
LCS Sample ID: N	WLCSW1-022111-R105687				ί	Jnits: <b>mg/</b>	L.	Anal	ysis Date: <b>2</b> /	21/2011 0	)7:41 PM
Client ID:	Run ID	: ICS3K2	2_110221A		Se	qNo: <b>228</b>	5550	Prep Date:		DF: 1	
Analyte	Result	PQL	SPK Val	SPK Ref Value		%REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
Chloride	20.08	0.50	20		0	100	90-110		0		
Surr: Selenate (surr)	5.172	0.10	5		0	103	85-115		0		
LCSD Sample ID: V	WLCSDW1-022111-R105687				ι	Inits: mg/	L	Analy	ysis Date: 2/	21/2011 0	8:03 PM
Client ID:	Run ID	: ICS3K2	_110221A		Se	qNo: <b>228</b> 5	5551	Prep Date:		DF: 1	
Analyte	Result	PQL	SPK Val	SPK Ref Value		%REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
Chloride	19.97	0.50	20		0	99.8	90-110	20.0	0.554	20	
Surr: Selenate (surr)	5.145	0.10	5		0	103	85-115	5.17	0.523	20	
MS Sample ID: 1	102538-02CMS				U	Inits: mg/I		Analy	/sis Date: 2/	22/2011 0	2:55 AM
Client ID:	Run ID	: ICS3K2	_110221A		Se	qNo: <b>2285</b>	5577	Prep Date:		DF: 10	0
Analyte	Result	PQL	SPK Val	SPK Ref Value		%REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
Chloride	1655	50	1000	694	.3	96.1	80-120		0		
Surr: Selenate (surr)	503	10	500		0	101	85-115	····	0		
MS Sample ID: 1	102538-08CMS				U	Inits: mg/l	-	Analy	/sis Date: 2/	22/2011 0	6:10 AM
Client ID:	Run ID	ICS3K2	_110221A		Se	qNo: <b>228</b> 5	602	Prep Date:		DF: 10	0
Analyte	Result	PQL	SPK Val	SPK Ref Value		%REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
Chloride	1663	50	1000	645	8	102	80-120		0		
Surr: Selenate (surr)	500.7	10	500		0	100	85-115		0		
MS Sample ID: 1	102538-09CMS				U	nits: <b>mg/l</b>	_	Analy	/sis Date: 2/	22/2011 0	8:20 AM
Client ID:	Run ID:	ICS3K2	_110221A		See	qNo: <b>2285</b>	612	Prep Date:		DF: <b>1</b>	
Analyte	Result	PQL	SPK Val	SPK Ref Value		%REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
Chloride	14.81	0.50	10	4.71	5	101	80-120		0		
Surr: Selenate (surr)	4.962	0.10	5		0	99.2	85-115		0		

Note: See Qualifiers Page for a list of Qualifiers and their explanation.

#### QC BATCH REPORT

Batch ID: R	105687 lr	strument ID ICS3K2		Metho	d: E300						
MSD	Sample ID: 110	2538-02CMSD				Units: <b>mg/</b>	L	Analysi	is Date: 2/	22/2011 0	4:00 AM
Client ID:		Run I	: ICS3K2	_110221A	Se	eqNo: 228	5584	Prep Date:		DF: 10	0
Analyte		Result	PQL	SPK Val	SPK Ref Value	%REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
Chloride		1647	50	1000	694.3	95.3	80-120	1655	0.451	20	
Surr: Sele	enate (surr)	501.4	10	500	0	100	85-115	503	0.307	20	
MSD	Sample ID: 110	2538-08CMSD			l	Jnits: mg/		Analysi	s Date: 2/	22/2011 0	6:54 AM
Client ID:		Run IE	: ICS3K2	_110221A	Se	eqNo: 228	5608	Prep Date:		DF: 10	0
Analyte	. •	Result	PQL	SPK Val	SPK Ref Value	%REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
Chloride		1666	50	1000	645.8	102	80-120	1663	0.19	20	
Surr: Sele	enate (surr)	503.4	10	500	0	101	85-115	500.7	0.53	20	
MSD	Sample ID: 110	2538-09CMSD				Jnits: mg/		Analysi	s Date: 2/	22/2011 0	8:42 AM
Client ID:		Run ID	ICS3K2	_110221A	Se	eqNo: 2285	5613	Prep Date:		DF: 1	
Analyte		Result	PQL	SPK Val	SPK Ref Value	%REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Quat
Chloride		14.89	0.50	10	4.715	102	80-120	14.81	0.552	20	
Surry Sala	nate (surr)	5.001	0.10	5	0	100	85-115	4.962	0.783	20	

Fluoride       3.697       0.10       4       0       92.4       90-110       3.684       0.352       20         Surr: Selenate (surr)       5.167       0.10       5       0       103       85-115       5.087       1.56       20         MS       Sample ID: 1102567-01FAMS       Units: mg/L       Analysis Date:       2/19/2011 08:23 PM         Client ID: Lovington Waste Water       Run ID: ICS3K2_110218C       SeqNo: 2285866       Prep Date:       DF: 1         Analyte       Result       PQL       SPK Ref       Control       RPD Ref       RPD Limit       Qual         Fluoride       3.332       0.10       2       1.571       88       80-120       0       0         MSD       Sample ID: 1102567-01FMSD       Units: mg/L       Analysis Date: 2/19/2011 08:45 PM         MSD       Sample ID: 1102567-01FMSD       Units: mg/L       Analysis Date: 2/19/2011 08:45 PM         Client ID: Lovington Waste Water       Run ID: ICS3K2_110218C       SeqNo: 2285867       Prep Date:       DF: 1         MSD       Sample ID: 1102567-01FMSD       Units: mg/L       Analysis Date: 2/19/2011 08:45 PM         Client ID: Lovington Waste Water       Run ID: ICS3K2_110218C       SeqNo: 2285867       Prep Date:       DF: 1	Batch ID: R105701	Instrument ID ICS3K2		Metho	od: E300						
Analyte         Result         PQL         SPK Val         SPK Ref         Control         RPD Ref         RPD Ref         RPD         Limit         Out           Fluoride         ND         0.10         5.254         0.10         5         0         106         85-115         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	MBLK Sample ID:	WBLKW1-021911-R105701				Units: mg/	/L	Analys	sis Date: <b>2</b>	/19/2011 (	01:32 PM
Analyte         Result         POL         SPK Val         Value         %REC         Limit         Value         %RPD         Limit         Qual           Fluoride         ND         0.10         5.254         0.10         5         0         105         85-115         0         0         0           LCS         Sample ID: WLCSW1-021911-R105701         Units: mg/L         Analysis Date:         2/19/2011 07:18 PM           Clent ID:         Run ID: ICS3K2_110218C         SeqNo:         2285863         Prep Date:         0         107           Analyte         Result         POL         SPK Ref         Value         %RPD         Limit         Qual           Fluoride         3.684         0.10         4         0         92.1         90-110         0         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -	Client ID:	Run ID	: ICS3K	2_110218C	S	SeqNo: 228	5862	Prep Date:		DF: 1	
Surr: Selenate (surr)         5,254         0.10         5         0         105         85-115         0           LCS         Sample ID: WLCSW1-021911-R105701         Run ID: ICS3K2_110218C         SeqNo: 2285863         Prep Date:         DF: 1           Analyte         Result         POL         SPK Val         SPK Ref         Control         RPD Ref         %RPD         Limit         Qual         Mage         %RPD         Limit         Qual         Qual         Qual         Qual         Qual         Qual         SPK Ref         Control         RPD Ref         %RPD         Limit         Qual         Qual         Qual         Qual         SPK Ref         Control         RPD Ref         %RPD         Limit         Qual         Qual<	Analyte	Result	PQL	SPK Val		%REC			%RPD		Qual
LCS         Sample ID:         WLCSW1-021911-R105701         Units:         mg/L         Analysis Date:         2/19/2011 07:18 PM           Client ID:         Run ID:         ICS3K2_110218C         SeqNo:2285863         Prep Date:         DF: 1           Analyte         Result         POL         SPK Val         Value         %REC         Limit         RPD Ref         RPD           Fluoride         3.684         0.10         4         0         92.1         90-110         0         Limit         Oual           Surr: Selenate (surr)         5.087         0.10         5         0         102         85-115         0         Limit         Qual           Client ID:         Run ID:         ICS3K2_110218C         SeqNo: 2285864         Prep Date:         DF: 1           Analyte         Result         POL         SPK Val         SPK Ref         Control         RPD Ref         RPD           Surr: Selenate (surr)         5.167         0.10         5         0         103         85-115         5.087         1.56         20           Surr: Selenate (surr)         5.167         0.10         5         0         103         85-115         5.087         1.56         20           S	Fluoride	ND	0.10								
Client ID:       Run ID: IC\$3K2_110218C       SeqNo: 228583       Prep Date:       DF: 1         Analyle       Result       POL       SPK Ref       Value       %RPD       RPD Ref       %RPD       RPD	Surr: Selenate (surr)	5.254	0.10	5	0	105	85-115	0			
Analyte         Result         PQL         SPK Val         SPK Ref         Control         RPD Ref         Value         %RPD         Limit         Value         Malue         Z19/201107:40 PM           Cloni Limit         Result         PQL         SPK Val         SPK Ref         Value         %REC         Control	LCS Sample ID:	WLCSW1-021911-R105701				Units: mg/	Ľ	Analys	is Date: 2/	19/2011 0	7:18 PM
Analyte         Result         POL         SPK Val         Value         %REC         Limit         Value         %RPD         Limit         Qual           Fluoride         3,684         0.10         4         0         92.1         90-110         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	Client ID:	Run ID	: ICS3K2	2_110218C	5	SeqNo: <b>228</b>	5863	Prep Date:		DF: 1	
Surr: Selenate (surr)         5.087         0.10         5         0         102         85-115         0           LCSD         Sample ID: WLCSDW1-021911-R105701         Units: mg/L         Analysis Date: 2/19/2011 07:40 PM           Client ID:         Run ID: ICS3K2_110218C         SeqNo: 2285864         Prep Date:         DF: 1           Analyte         Result         PQL         SPK Val         SPK Ref         Control         RPD Ref         RPD         RPD         Limit         Qual           Fluoride         3.697         0.10         4         0         92.4         90-110         3.684         0.352         20           Surr: Selenate (surr)         5.167         0.10         5         0         103         85-115         5.087         1.56         20           MS         Sample ID: 1102567-01FAMS         Units: mg/L         Analysis Date: 2/19/2011 08:23 PM         DF: 1           Client ID: Lovington Waste Water         Run ID: ICS3K2_110218C         SeqNo: 2285866         Prep Date:         DF: 1           Surr: Selenate (surr)         4.913         0.10         5         0         98.3         85-175         0           MSD         Sample ID: 1102567-01FMSD         Units: mg/L         Analysis Date: 2/19/2011 08:45 PM	Analyte	Result	PQL	SPK Val		%REC			%RPD		Qual
LCSD         Sample ID:         WLCSDW1-021911-R105701         Units:         mg/L         Analysis Date:         2/19/2011 07:40 PM           Client ID:         Run ID:         ICS3K2_110218C         SeqNo:         2285864         Prep Date:         DF: 1           Analyte         Result         POL         SPK Val         SPK Ref         Control         RPD Ref         %RPD         Limit         Qual           Fluoride         3.697         0.10         4         0         92.4         90-110         3.684         0.352         20           Surr:         Selenate (surr)         5.167         0.10         5         0         103         85-115         5.087         1.56         20           MS         Sample ID:         1102567-01FAMS         Units:         mg/L         Analysis Date:         2/19/2011 08:23 PM           Client ID:         Lovington Waste Water         Run ID:         ICS3K2_110218C         SeqNo:         2285866         Prep Date:         DF: 1           Analyte         Result         PQL         SPK Nal         Value         %REC         Control         RPD Ref         RPD         Limit         Qual           Surr:         Selenate (surr)         4.913         0.10	Fluoride	3.684	0.10	4	0	92.1	90-110	0			
Client ID:       Run ID: ICS3K2_110218C       SeqNo: 228586       Prep Date:       DF: 1         Analyte       Result       PQL       SPK Val       Value       %REC       Control       RPD Ref       %RPD       Envit       Qual         Fluoride       3.697       0.10       4       0       92.4       90-110       3.684       0.352       20         Surr: Selenate (surr)       5.167       0.10       5       0       103       85-115       5.087       1.56       20         MS       Sample ID: 1102567-01FAMS       Units: mg/L       Analysis Date: 2/19/2011 08:23 PM         Client ID: Lovington Waste Water       Run ID: ICS3K2_110218C       SeqNo: 2285866       Prep Date:       DF: 1         Analyte       Result       PQL       SPK Val       Value       %REC       Control       RPD Ref       %RPD       Envirt       Qual         Surr: Selenate (surr)       4.913       0.10       2       1.571       88       80-120       0       Imit       Qual         Surr: Selenate (surr)       4.913       0.10       5       0       98.3       85-115       0       Imit       Qual         Surr: Selenate (surr)       4.913       0.10       5       98.	Surr: Selenate (surr)	5.087	0.10	5	0	102	85-115	0			
Analyte         Result         PQL         SPK Val         SPK Ref         Control         RPD Ref         RPD         RPD         Limit         Qual           Fluoride         3.697         0.10         4         0         92.4         90-110         3.684         0.352         20         1.06         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20         20<	LCSD Sample ID:	WLCSDW1-021911-R105701				Units: mg/	<u>.</u>	Analys	is Date: 2/	19/2011 0	7:40 PM
Analyte         Result         PQL         SPK Val         Value         %REC         Limit         Value         %RPD         Limit         Qual           Fluoride         3.697         0.10         4         0         92.4         90-110         3.684         0.352         20           Surr: Selenate (surr)         5.167         0.10         5         0         103         85-115         5.087         1.56         20           MS         Sample ID: 1102567-01FAMS         Units: mg/L         Analysis Date: 2/19/2011 08:23 PM         OB:23 PM           Client ID: Lovington Waste Water         Run ID: ICS3K2_110218C         SeqNo: 2285866         Prep Date:         DF: 1           Analyte         Result         PQL         SPK Val         Value         %REC         Control         RPD Ref         %RPD         Limit         Qual           Fluoride         3.332         0.10         2         1.571         88         80-120         0         Limit         Qual           Surr: Selenate (surr)         4.913         0.10         5         0         98.3         85-115         0         Limit         Qual           Sample ID: 1102567-01FMSD         Units: mg/L         Analysis Date: 2/19/2011 08:45 PM	Client ID:	Run ID	ICS3K2	2_110218C	S	eqNo: 228	5864	Prep Date:		DF: 1	
Surr: Selenale (surr)         5.167         0.10         5         0         103         85-115         5.087         1.56         20           MS         Sample ID: 1102567-01FAMS         Units: mg/L         Analysis Date: 2/19/2011 08:23 PM           Client ID: Lovington Waste Water         Run ID: ICS3K2_110218C         SeqNo: 2285866         Prep Date:         DF: 1           Analyte         Result         PQL         SPK Val         Value         %REC         Control Limit         RPD Ref Value         RPD Limit         Qual           Fluoride         3.332         0.10         2         1.571         88         80-120         0         Dimit         Qual           MSD         Sample ID: 1102567-01FMSD         Units: mg/L         Analysis Date: 2/19/2011 08:45 PM           Client ID: Lovington Waste Water         Run ID: ICS3K2_110218C         SeqNo: 2285867         Prep Date:         DF: 1           MSD         Sample ID: 1102567-01FMSD         Units: mg/L         Analysis Date: 2/19/2011 08:45 PM           Client ID: Lovington Waste Water         Run ID: ICS3K2_110218C         SeqNo: 2285867         Prep Date:         DF: 1           Analysis Date: 3/19/2011 08:45 PM         SpK Ref Value         Control         RPD Ref NePD         RPD Limit         Qual	Analyte	Result	PQL	SPK Val		%REC			%RPD		Qual
MS       Sample ID: 1102567-01FAMS       Units: mg/L       Analysis Date: 2/19/2011 08:23 PM         Client ID: Lovington Waste Water       Run ID: ICS3K2_110218C       SeqNo: 2285866       Prep Date:       DF: 1         Analyte       Result       PQL       SPK Ref       Control       RPD Ref       RPD       Limit       Qual         Fluoride       3.332       0.10       2       1.571       88       80-120       0       Limit       Qual         MSD       Sample ID: 1102567-01FMSD       Units: mg/L       Analysis Date: 2/19/2011 08:45 PM         Client ID: Lovington Waste Water       Run ID: ICS3K2_110218C       SeqNo: 2285867       Prep Date:       DF: 1         MSD       Sample ID: 1102567-01FMSD       Units: mg/L       Analysis Date: 2/19/2011 08:45 PM         Client ID: Lovington Waste Water       Run ID: ICS3K2_110218C       SeqNo: 2285867       Prep Date:       DF: 1         Analyte       Result       PQL       SPK Val       SeqNo: 2285867       Prep Date:       DF: 1         Analyte       Result       PQL       SPK Val       SeqNo: 2285867       Prep Date:       DF: 1         Glient ID: Lovington Waste Water       Run ID: ICS3K2_110218C       SeqNo: 2285867       Prep Date:       DF: 1         Analyte       Re	Fluoride	3.697	0.10	4	0	92.4	90-110	3.684	0.352	20	
Client ID: Lovington Waste Water       Run ID: ICS3K2_110218C       SeqNo: 2285866       Prep Date:       DF: 1         Analyte       Result       PQL       SPK Val       SPK Ref       Control       RPD Ref       RPD       Limit       Qual         Fluoride       3.332       0.10       2       1.571       88       80-120       0	Surr: Selenate (surr)	5.167	0.10	5	0	103	85-115	5.087	1.56	20	
Analyte         Result         PQL         SPK Val         SPK Ref Value         Control %REC         RPD Ref Value         RPD Ref %RPD         RPD Limit         RPD Qual           Fluoride         3.332         0.10         2         1.571         88         80-120         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	MS Sample ID:	1102567-01FAMS		·		Units: mg/	L	Analys	is Date: 2/	19/2011 0	8:23 PM
Analyte         Result         PQL         SPK Val         Value         %REC         Limit         Value         %RPD         Limit         Qual           Fluoride         3.332         0.10         2         1.571         88         80-120         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <t< td=""><td>Client ID: Lovington Was</td><td>te Water Run ID</td><td>ICS3K2</td><td>_110218C</td><td>S</td><td>eqNo: 228</td><td>5866</td><td>Prep Date:</td><td></td><td>DF: 1</td><td></td></t<>	Client ID: Lovington Was	te Water Run ID	ICS3K2	_110218C	S	eqNo: 228	5866	Prep Date:		DF: 1	
Surr: Selenate (surr)         4.913         0.10         5         0         98.3         85-115         0           MSD         Sample ID: 1102567-01FMSD         Units: mg/L         Analysis Date: 2/19/2011 08:45 PM           Client ID: Lovington Waste Water         Run ID: ICS3K2_110218C         SeqNo: 2285867         Prep Date:         DF: 1           Analyte         Result         PQL         SPK Ref         Control         RPD Ref         RPD           Fluoride         3.343         0.10         2         1.571         88.6         80-120         3.332         0.33         20	Analyte	Result	PQL	SPK Val		%REC			%RPD		Qual
MSD       Sample ID: 1102567-01FMSD       Units: mg/L       Analysis Date: 2/19/2011 08:45 PM         Client ID: Lovington Waste Water       Run ID: ICS3K2_110218C       SeqNo: 2285867       Prep Date:       DF: 1         Analyte       Result       PQL       SPK Ref       Control       RPD Ref       RPD         Fluoride       3.343       0.10       2       1.571       88.6       80-120       3.332       0.33       20	Fluoride	3.332	0.10	2	1.571	88	80-120	0			
Client ID: Lovington Waste Water       Run ID: ICS3K2_110218C       SeqNo: 2285867       Prep Date:       DF: 1         Analyte       Result       PQL       SPK Val       Control Value       RPD Ref       RPD Limit       Qual         Fluoride       3.343       0.10       2       1.571       88.6       80-120       3.332       0.33       20	Surr: Selenate (surr)	4.913	0.10	5	0	98.3	85-115	0			
SPK RefControlRPD RefRPDAnalyteResultPQLSPK ValValue%RECLimitValue%RPDLimitQualFluoride3.3430.1021.57188.680-1203.3320.3320						-		•	is Date: 2/		8:45 PM
Analyte         Result         PQL         SPK Val         Value         %REC         Limit         Value         %RPD         Limit         Qual           Fluoride         3.343         0.10         2         1.571         88.6         80-120         3.332         0.33         20	Client ID: Lovington Was	te Water Run ID	: ICS3K2	_110218C	S	eqNo: 228	5867				
	Analyte	Result	PQL	SPK Val		%REC			%RPD		Qual
	Fluoride	3.343	0.10	2	1.571	88.6	80-120	3.332	0.33	20	
	Surr: Selenate (surr)					99.4	85-115	4.913	1.11	20	

Note:

#### Client: Navajo Refining Company Work Order: 1102567

#### QC BATCH REPORT

Project:	Water
----------	-------

Batch ID: R	105744 Instrument I	D UV-2450		Metho	d: M4500	CN E&G					
MBLK	Sample ID: WBLKW_022	211-R105744			<u></u>	Units: m	g/L	Analy	/sis Date: 2	/22/2011	03:00 PM
Client ID:		Run 1	D: UV-245	0_110222A		SeqNo: 22	87034	Prep Date:		DF: 1	
Analyte		Result	PQL	SPK Val	SPK Ref Value	%REC	Control	RPD Ref Value	%RPD	RPD Limit	Qual
Cyanide		ND	0.020								
Cyanide, Ar	menable to Chlorination	ND	0.020								
LCS	Sample ID: WLCSW_022	211-R105744		· •	·	Units: m	g/L	Analy	rsis Date: 2	/22/2011	03:00 PM
Client ID:		Run I	D: UV-245	0_110222A		SeqNo: 22	87035	Prep Date: 1		DF: 1	
Analyte		Result	PQL	SPK Val	SPK Ref Value	%REC	Control	RPD Ref Value	%RPD	RPD Limit	Qual
Cyanide		0.195	0.020	0.2		0 97.5	80-120	(	0		
LCSD	Sample ID: WLCSDW_02	2211-R105744		·		Units: m	g/L	Analy	sis Date: 2	/22/2011 (	)3:00 PM
Client ID:		Run II	D: UV-245	0_110222A		SeqNo: 22	87039	Prep Date:		DF: 1	
Analyte		Result	PQL	SPK Val	SPK Ref Value	%REC	Control	RPD Ref Value	%RPD	RPD Limit	Qual
Cyanide		0.189	0.020	0.2		0 94.5	80-120	0.19	5 3.12	20	
MS	Sample ID: 1102567-01DN	AS				Units: m	j/L	Analy	sis Date: 2	/22/2011 (	03:00 PM
Client ID: Lo	ovington Waste Water	Run II	D: UV-245	0_110222A		SeqNo: 22	87043	Prep Date:		DF: 1	
Analyte		Result	PQL	SPK Val	SPK Ref Value	%REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
Cyanide		0.188	0.020	0.2		0 94	80-120	(	D		
The followi	ng samples were analyzed	in this batch:	11	02567-01D							

#### QC BATCH REPORT

Batch ID: R105752	Instrument ID L	JV-2450		Method	: E420.1				· ·· ··			
MBLK Sample IC	: WBLKW_022211	I-R105752				U	Inits: mg/		Analy	sis Date: 2/	22/2011 1	0:00 AM
Client ID:		Run II	D: UV-245	0_110222C		Se	qNo: 228	7161	Prep Date:		DF: 1	
Analyte		Result	PQL	SPK Val	SPK Ref Value		%REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
Phenolics, Total Recove	rable	ND	0.050									
LCS Sample ID	WLCSW_022211	-R105752		<u> </u>		U	nits: <b>mg</b> /	 L	Analys	sis Date: 2/	22/2011 1	0:00 AM
Client ID:		Run II	D: UV-245	0_110222C		See	No: <b>228</b> 7	7162	Prep Date:		DF: 1	
Analyte		Result	PQL	SPK Val	SPK Ref Value		%RÉC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
Phenolics, Total Recover	rable	0.479	0.050	0.5		0	95.8	80-120	C	)		
LCSD Sample ID	: WLCSDW-02221	1-R105752				U	nits: <b>mg</b> /l	<u> </u>	Analys	sis Date: 2/	22/2011 1	0:00 AM
Client ID:		Run II	D: UV-245	0_110222C		Sec	No: <b>228</b> 7	172	Prep Date:		DF: 1	
Analyte		Result	PQL	SPK_Val	SPK Ref Value		%REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
Phenolics, Total Recover	rable	0.48	0.050	0.5		0	96	80-120	0.479	0.209	20	
MS Sample ID	: 1102567-01CMS					U	nits: mg/l	_	Analys	sis Date: 2/	22/2011 1	0:00 AM
Client ID: Lovington Wa	ste Water	Run II	D: UV-245	0_110222C		Sec	7No: 2287	180	Prep Date:		DF: 1	
Analyte		Result	PQL	SPK Val	SPK Ref Value		%REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
Phenolics, Total Recover	able	0.457	0.050	0.5		0	91.4	80-120	0	1		
The following samples	were analyzed in t	this batch:	11	02567-01C								

Batch ID: R	105771 Instr	rument ID UV-2450		Method	d: SM450	0 NH3-B-F						
MBLK	Sample ID: WBLK	(W-022211-R105771		· · · · · · · · · · · · · · · · · · ·	Units: mg/L			Analysis Date: 2/22/2011 03:00 PM				
Client ID:		Run I	): UV-245	50_110222E		SeqNo: 228	7454	Prep Date:		DF: 1	·	
Analyte		Result	PQL	SPK Val	SPK Ref Value	%REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual	
Nitrogen, Ar	nmonia (as N)	ND	0.025									
LCS	Sample ID: WLCS	SW-022211-R105771				Units: mg/		Analys	is Date: 2	/22/2011	03:00 PM	
Client ID:		Run IC	): UV-245	0_110222E		SeqNo: 228	7455	Prep Date:		DF: 1		
Analyte		Result	PQL	SPK Val	SPK Ref Value	%REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual	
Nitrogen, Ar	nmonia (as N)	0.189	0.025	0.2		0 94.5	80-120	0				
LCSD	Sample ID: WLCS	DW-022211-R105771				Units: mg/	L	Analys	is Date: 2	22/2011	03:00 PM	
Client ID:		Run ID	e UV-245	0_110222E		SeqNo: 228	7459	Prep Date:		DF: 1		
Analyte		Result	PQL	SPK Val	SPK Ref Value	%REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual	
Nitrogen, An	nmonia (as N)	0.183	0.025	0.2		0 91.5	80-120	0.189	3.23	20		
MS	Sample ID: 11025	35-01AMS	··· ··	· ····		Units: mg/	L	Analys	is Date: 2/	22/2011	03:00 PM	
Client ID:		Run ID	: UV-245	0_110222E		SeqNo: 228	7460	Prep Date:		DF: <b>1</b>		
Analyte		Result	PQL	SPK Val	SPK Ref Value	%REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual	
											_	
	nmonia (as N)	0.356	0.025	0.2	0.17	2 92	80-120	0				

#### QC BATCH REPORT

MBLK	Sample ID: BLANK-R10578	30				Units	: mg/i	L	Analy	sis Date: 2	/22/2011 0	)5:00 PM
Client ID:		Run		ICE1_11022	22G	SeqNo	: 2287	7675	Prep Date:		DF: 1	
Analyte		Result	PQL	SPK Val	SPK Ref Value	%F	REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
Suspended	Solids (Residue, Non-Fi	ND	2.0									
LCS	Sample ID: LCS-R105780			<u>,                                     </u>		Units	: mg/l		Analy	sis Date: 2	22/2011 0	5:00 PN
Client ID:		Run	D: BALAN	CE1_11022	22G	SeqNo	2287	676	Prep Date:		DF: 1	
Analyte		Result	PQL	SPK Val	SPK Ref Value	%F	REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
Suspended	Solids (Residue, Non-Fi	79.33	2.0	100		0 7	9.3	78-120	1	0		
DUP	Sample ID: 1102485-01BDL	JP				Units:	: mg/l		Analy	sis Date: 2/	22/2011 0	5:00 PM
Client ID:		Run I	D: BALAN	CE1_11022	22G	SeqNo	: 2287	666	Prep Date:		DF: 1	
Analyte		Result	PQL	SPK Val	SPK Ref Value	%F	REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual

#### QC BATCH REPORT

Batch ID: R	105815	Instrument ID WetChem		Metho	d: M4500	NH	3 D					
MBLK	Sample ID:	WBLKW1-022311-R10581	5			ι	Jnits: mg/		Analy	sis Date: 2	2/23/2011 0	9:00 AN
Client ID:		Run	ID: WETC	HEM_11022	231	Se	eqNo: 228	8719	Prep Date:		DF: 1	
Analyte		Result	PQL	SPK Val	SPK Ref Value		%REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
Nitrogen, To	otal Kjeldahl	ND	1.0									
LCS	Sample ID:	WLCSW1-022311-R10581	5		<u> </u>	- ι	Jnits: mg/		Analy	sis Date: 2	/23/2011 0	)9:00 AN
Client ID:		Run	ID: WETC	HEM_11022	231	Se	eqNo: 228	3720	Prep Date:		DF: 1	
Analyte		Result	PQL	SPK Val	SPK Ref Value		%REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
Nitrogen, To	otal Kjeldahl	20.8	1.0	20		0	104	80-120		)		
LCSD	Sample ID:	WLCSDW1-022311-R1058	15			ι	Jnits: mg/		Analy	sis Date: 2	/23/2011 0	9:00 AM
Client ID:		Run		HEM_11022	31	Se	qNo: 2288	3732	Prep Date:		DF: 1	
Analyte		Result	PQL	SPK Val	SPK Ref Value		%REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
Nitrogen, To	otal Kjeldahl	21.8	1.0	20		0	109	80-120	20.8	<u> </u>	20	
MS	Sample ID:	1102610-01FMS	· · · · · ·		<u> </u>	U	Jnits: mg/	 L	Analys	sis Date: 2	/23/2011 0	9:00 AM
Client ID:		Run	ID: WETCI	HEM_11022	31	Se	qNo: 2288	3727	Prep Date:		DF: 1	
Analyte		Result	PQL	SPK Val	SPK Ref Value		%REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
Nitrogen, To	otal Kjeldahl	21	1.0	20	0.5	56	102	75-125	C	)		
DUP	Sample ID:	1102610-01FDUP				U	Jnits: mg/l		Analys	sis Date: 2	/23/2011 0	9:00 AM
Client ID:		Run	ID: WETCI	HEM_11022	31	Se	qNo: <b>2288</b>	3726	Prep Date:		DF: 1	
Analyte		Result	PQL	SPK Val	SPK Ref Value		%REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
Nitrogen, To	tal Kjeldahl	0.622	1.0	0		0	0	0-0	0.56	0	20	J
The followin	ng samples w	ere analyzed in this batch	: 1	102567-01H					·····			

Client:	Navajo Refining Company	QUALIFIERS,
Project:	Water	
WorkOrder:	1102567	ACRONYMS, UNITS

Qualifier	Description
*	Value exceeds Regulatory Limit
а	Not accredited
В	Analyte detected in the associated Method Blank above the Reporting Limit
E	Value above quantitation range
Н	Analyzed outside of Holding Time
J	Analyte detected below quantitation limit
М	Manually integrated, see raw data for justification
n ND	Not offered for accreditation
O.	Not Detected at the Reporting Limit Sample amount is > 4 times amount spiked
P	Dual Column results percent difference $> 40\%$
R	RPD above laboratory control limit
S	Spike Recovery outside laboratory control limits
U	Analyzed but not detected above the MDL
Acronym	Description
DCS	Detectability Check Study
DUP	Method Duplicate
LCS	Laboratory Control Sample
LCSD	Laboratory Control Sample Duplicate
MBLK	Method Blank
MDL	Method Detection Limit
MQL	Method Quantitation Limit
MS	Matrix Spike
MSD	Matrix Spike Duplicate
PDS	Post Digestion Spike
PQL	Practical Quantitation Limit
SD	Serial Dilution
SDL	Sample Detection Limit
TRRP	Texas Risk Reduction Program
Units Reported	Description
mg/I	Milligrams per Liter

mg/L Milligrams per Liter

\$

QF Page 1 of 1



ALS Laboratory Group 10450 Stancliff Rd., Suite 210

Houston, Texas 77099

Tel. +1 281 530 5656

Fax. +1 281 530 5887

Chain of Custody Form

🗌 ALS Laboratory Group

3352 128th Ave. Holland, MI 49424-9263 Tel: +1 616 399 6070 Fax: +1 616 399 6185

Page \_\_\_\_ \_of \_

			當時, 10日, 10日, 10日, 10日, 10日, 10日, 10日, 10日			Manager:		· · · · · · · · · · · · · · · · · · ·	之世日兼故 法 1993年前 日 1994年前		ALS V	Vork (	Order	#: ]]()	TER	7	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ustomer Information		Project In	formatio	n		Parameter/Method Request for Analysis										
Purchase Order		Project Name		<b>&gt;</b> ÷			A	<del>155 (</del>	<del>8299) C</del>	<del>letast</del>							
Work Order		1.4.4.6 *** 4.9.9.9.	Project Number					B									
Company Name	Navajo Refining Company	Bill To, Company	Navajo Ref	ining Com	ралу		Ċ,	C Tatal Matala (CORDICED) RORA &									
Send Report To	Darrell Moore	Invoice Attn	Darrell Mo	ore			Di <del>sno (escata)</del>										
Address	Р.О. Вок 159	Address	P.O. Box 1	59			E CROYENT SEC Jay LYMM										
·為京都委管理法人口如何要求 多名之 官會自動發展,後後,後年四日要求 多名之 官會自動,原始,所有一個一個一個一個 主要或者所以來指於臺灣議案會等。		· 注於子別出了目之, 御子之, 如此之命, 正, 如此, 如此, 如此, 如此, 如此, 如此, 如此, 如此, 如此, 如此					<b>F</b> 36.2	-	<del>, 224</del> 244	)							
City/State/Zip	Artesia, NM 88211	City/State/Zip	Artesia, NM	M 68211			G	Total4	<u> Nasida</u>								
Phone	(505) 748-3311	Phone		3311			H. a e										
Fax 4	(505) 746-5421	· · · · · · · · · · · · · · · · · · ·	(505) 746-	5421			945 945 95 95										
e-Mail Address		e-Mail Address	4				ן נ										
No.	Sample Description	Date	Time	Vatrix	Pres.	# Bottles	A	<b>B</b>	Ċ	<b>D</b>	\$ <b>\$E }</b>	5 . <b>F</b>	G	; <b>; ₩</b> ; }	$\mathbb{R}^{1}$	( <b>J</b>	Hold
1. Louington	, Waste Water	2/15/11 1.	211.5 4	later		15			Sig	1	c-1/4	-4 11	r1				
2										1							
* 41 * 47					<u> </u>												
4																	
6																	
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	,																
8																	
9							1										
10	~									_							
Sampler(s) Please P	rint & sign Moore Quult W	Bhipment M	Ex	Requ	ired Turnaro Std 10 W/k	ound Time:;( .•Days;	Checl	(Days	[] 2 W	K Deys	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	24. Hour	·····································	esults	Due Da	10: 3 8 8 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	整整。 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	1 Marie 2/18/11 Date:	Time: Rei	ceived by:	Δ		Lalu	Note	s: 1	0 Day 1	FAT. Co	: Dave	Boyer.					
Relinquished by:	Date:	Time: Ré	celved by Labor	top/	_ 2	119/11-		ooler ID		er Temp	. <u>oc</u>	Packag	e: (Chếc 19 Std (	sk One E			∦ytasz2244 P CheckList
Logged by (Laboratory):				b				· · · · · · · · · · · · · · · · · · ·		] Level ] Level	HII SID I HV SWI	DC/Raw B46/CLP	i Dala - j	TRF	P Level IV		
Preservative Key:	1-HCI 2-HNO3 3-H2SO4 4-N	OH 5-Na-S-O	6-NaHSO,	7-Other	8-4°C	9-5035	1.2.9	(1) 21 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	(1) 正确的。 (2) 正确的 (2)	小小小小小 2			r/EOD				

Note: 1. Any changes must be made in writing once samples and COC Form have been submitted to ALS Laboratory Group.
 2. Unless otherwise agreed in a formal contract, services provided by ALS Laboratory Group are expressly limited to the terms and conditions stated on the reverse.
 3. The Chain of Custody is a legal document. All information must be completed accurately.

Copyright 2008 by ALS Laboratory Group.

#### Sample Receipt Checklist

Client Name: NAVAJO REFINING		Date/Time Received:	<u>19-Feb-11 09:20</u>
Work Order: <u>1102567</u>		Received by:	RNG
Checklist completed by Raymond M Gumdon eSignature	19-Feb-11 Date	Reviewed by: eSignature	Date
Matrices: <u>Water</u>			
Carrier name: <u>FedEx</u>			
Shipping container/cooler in good condition?	Yes 🗹	No 🗌 Not Pres	sent
Custody seals intact on shipping container/cooler?	Yes 🔽	No 🗌 Not Pres	sent
Custody seals intact on sample bottles?	Yes 🗌	No 🗌 Not Pres	sent 🔽
Chain of custody present?	Yes 🗹	No 🗌	
Chain of custody signed when relinquished and received?	Yes 🗹	No 🗍	
Chain of custody agrees with sample labels?	Yes 🗹	No 🗔	
Samples in proper container/bottle?	Yes 🗹	No 🗌	
Sample containers intact?	Yes 🗹	No 🗌	
Sufficient sample volume for indicated test?	Yes 🖌	No 🗌	
All samples received within holding time?	Yes 🗹	No 🗌	
Container/Temp Blank temperature in compliance?	Yes 🗸	No 🗌	
Temperature(s)/Thermometer(s):	<u>2.0c</u>	00	2
Cooler(s)/Kit(s):	2380	·····	
Water - VOA vials have zero headspace?	Yes 🗹	No 🗌 No VOA vials	s submitted
Water - pH acceptable upon receipt?	Yes 🗌	No 🗹 N/A 🗌	
pH adjusted?	Yes 🗹	No 🗌 N/A 🛄	
pH adjusted by:	RNG		
Login Notes: <u>Preserved containers for Phenolics, TKN, </u>	Ammonia, Nitrogen	i, and Cyanide analysis.	

Client Contacted:	Date Contacted:	Person Contacted:
Contacted By:	Regarding:	
Comments:		
CorrectiveAction:		

SRC Page 1 of 1

W.O. # 1102567

de ALX /// FodEx Tracking Numbe	, 8659	10938415				
ndor's Anna and a the state of	Phone	non en en	1976- <b>1</b> 9211			
tonpany NASALO REFINING CO	(1.24)					
dross 7406 5 PAIN ST						
,LCRINGTON	State	ZIP 200	Den Anor Suite Room			
ur Internal Billing Reference						

ALS Environmental 10450 Stancliff Rd., Suite 210 Houston, Texas 77099 Tel. +1 281 530 5656 Fax. +1 281 530 5887

. سبق تر چک

ALS

·-- ---- --

1-

.....

TODY SEAL	Ria Broken By:
Time: 12130	- BNO
11 MARTE	- 219/11

CUS'

Date: 2/15/11 Name: Norstajo Tr

Company: Doerre

.

-----

\_\_\_\_\_

Client:	ALS Environmental	
Project: 1	1102567	Work Order Sample Summary
Work Order:	1102461	
e <del></del>		

Lab Samp ID Client Sample ID	<u>Matrix</u>	<u>Tag Number</u>	<b>Collection Date</b>	Date Received	<u>Hold</u>
1102461-01 1102567-01J	Water		2/18/2011 12:15	2/22/2011 09:45	

Client: Project: WorkOrder:	ALS Environmental 1102567 1102461	QUALIFIERS, ACRONYMS, UNITS
Qualifier	Description	
*	Value exceeds Regulatory Limit	
а	Not accredited	
В	Analyte detected in the associated Method Blank above	the Reporting Limit
E	Value above quantitation range	
Н	Analyzed outside of Holding Time	
J	Analyte detected below quantitation limit	
n ND	Not offered for accreditation Not Detected at the Reporting Limit	
0	Sample amount is $> 4$ times amount spiked	
P	Dual Column results percent difference > 40%	· .
R	RPD above laboratory control limit	
S	Spike Recovery outside laboratory control limits	
U	Analyzed but not detected above the MDL	
<u>Acronym</u>	Description	
DUP	Method Duplicate	
LCS	Laboratory Control Sample	
LCSD	Laboratory Control Sample Duplicate	
MBLK	Method Blank	
MDL	Method Detection Limit	
MQL	Method Quantitation Limit	
MS	Matrix Spike	
MSD	Matrix Spike Duplicate	
PDS	Post Digestion Spike	
PQL	Practical Quantitation Limit	
SD	Serial Dilution	
TDL	Target Detection Limit	
Units Reported		
μg/L	Micrograms per Liter	

•

Client:	ALS Environmental	
Project:	1102567	Case Narrative
Work Order:	1102461	

Sample received past recommended hold time.

Date: 23-Feb-11

Date: 23-Feb-11

Client: A	LS Environmental						
Project: 11	102567					Work Order: 1102461	
Sample ID: 11	102567-01J					Lab ID: 1102461-0	1
Collection Date: 2/	18/2011 12:15 PM					Matrix: WATER	
Analyses		Result	Qual	Report Limit	Units	Dilution Factor	Date Analyzed
CARBONYL COMPO	DUNDS BY HPLC		-	SW831	5A	Prep Date: 2/22/2011	I Analyst: JD
Formaldehyde		ND		100	µg/L	1	2/23/2011 02:28 PM

Note: See Qualifiers page for a list of qualifiers and their definitions.

Client:	ALS Environmental
Work Order:	1102461
Project:	1102567

# QC BATCH REPORT

Batch ID: 32	001 Inst	rument ID HPLC2		Metho	d: <b>SW831</b>	5A						
MBLK	Sample ID: HBLH	(W1-32001-32001				ί	Inits: µg/L	-	Analys	sis Date: 2/	22/2011 1	1:02 AM
Client ID:	Run ID: HPLC2_110222A		SeqNo: 1562941			2941	Prep Date: 2/2	2/2011	DF: 1			
Analyte		Result	PQL	SPK Val	SPK Ref Value		%REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
Formaldehyd	le	ND	100		······································							
LCS	Sample ID: HLCS	SW1-32001-32001			· · · · · · · · · · · · · · · · · · ·	U	Inits: µg/L	-	Analys	is Date: 2/	22/2011 1	1:02 AM
Client ID:		Run ID	HPLC2	_110222A		Se	qNo: <b>156</b> 2	2943	Prep Date: 2/22	2/2011	DF: 1	
Analyte		Result	PQL	SPK Val	SPK Ref Value		%REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
Formaldehyd	le	443.8	100	500		0	88.8	50-150	0	within 1 - 1 - 1 - 1		
LCSD	Sample ID: HLCS	DW1-32001-32001				U	Inits: µg/L		Analys	is Date: 2/	22/2011 1	1:02 AM
Client ID:		Run ID	HPLC2	_110222A		Se	qNo: <b>156</b> 2	2942	Prep Date: 2/22	2/2011	DF: 1	
Analyte		Result	PQL	SPK Val	SPK Ref Value		%REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
Formaldehyd	e	469.8	100	500		0	94	50-150	443.8	5.7	50	
MS	Sample ID: 11024	39-01A MS				U	nits: µg/L		Analys	is Date: 2/	22/2011 1	1:02 AM
Client ID:		Run ID	HPLC2	_110222A		Sec	qNo: <b>156</b> 2	2938	Prep Date: 2/22	2/2011	DF: 1	
Analyte		Result	PQL	SPK Val	SPK Ref Value		%REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
Formaldehyd	e	472.3	100	500		0	94.5	50-150	0			н
MSD	Sample ID: 11024	39-01A MSD				U	nits: µg/L		Analys	is Date: 2/	22/2011 1	1:02 AM
Client ID:		Run ID	HPLC2	_110222A		Sec	qNo: <b>156</b> 2	2939	Prep Date: 2/22	2/2011	DF: 1	
Analyte		Result	PQL	SPK Val	SPK Ref Value		%REC	Control Limit	RPD Ref Value	%RPD	RPD Limit	Qual
Formaidehyd	e	457.4	100	500		0	91.5	50-150	472.3	3.21	50	н
The followin	g samples were ar	nalyzed in this batch:	[ 11	02461-01A								

Date: 23-Feb-11

1102461



#### Subcontractor: ALS Laboratory Group 3352 128th Ave.

Holland, MI 49424

(616) 399-6070 TEL: FAX: (616) 399-6185 Acct #:

# **CHAIN-OF-CUSTODY RECORD**

Page 1 of 1

Date: <u>21-Feb-11</u> COC ID:

10088 Due Date 23-Feb-11

Cı	ustomer Information	Project Information		Parameter/Method Request for Analysis
Purchase Order	10-2120253	Project Name	1102567	A Miscellaneous Analysis (NA)
Work Order		Project Number		В
Company Name	ALS Group USA, Corp.	Bill To Company	ALS Group USA, Corp.	C
Send Report To	JayLynn F Thibault	Inv Attn	Accounts Payable	D
Address	10450 Stancliff Rd, Suite 210	Address	10450 Stancliff Rd, Suite 210	E
				F
City/State/Zip	Houston, Texas 77099-4338	City/State/Zip	Houston, Texas 77099-4338	G
Phone	(281) 530-5656	Phone	(281) 530-5656	H
Fax	(281) 530-5887	Fax	(281) 530-5887	!
eMail Address	jaylynn.thibault@alsenviro.com	eMail CC	mary.knowles@alsglobal.com	J
Sample ID	1	Aatrix Collection	Date 24hr Bottle	A B C D E F G H I J
1102567-01J (Lov	ington Waste Water)	Nater 18/Feb/2	011 12:15 (2) 1LAMGNEAT	X

Comments:			1		
		t is due on 2/23/11. Send report to J		thibault@alsglobal.com	m, and CC: results to
<u>Glenda Ramos,</u>	glenda.ramos@alsglobal	.com and Mary Knowles, mary.know	wies@alsglobal.com		<i>,</i>
				$\mathcal{O}$	
	à				
Relinquished by	Date/Tipic	Received by:	Date/Time	Cooler IDs	Report/QC Level
MMANY -	-2/2/11 /2×/	XEZAL	2/22/11 0945		Sta
Relinquished by	Date/Time	Received by:	Date/Time		

3.2' 0

Sample Receipt Checklist							
Client Name: ALS - HOUSTON		Date/Time	Received:	22-Feb-11	09:45		
Work Order: <u>1102461</u>		Received b	y:	<u>DS</u>			
Checklist completed by Diame Shaw eSignature	22-Feb-11 Date	Reviewed by:	Biel? Carey eSignature			23-Feb-11 Date	
Matrices: <u>Water</u> Carrier name: <u>FedEx</u>							
Shipping container/cooler in good condition?	Yes 🔽	No 🗌	Not Prese	nt 🗌			
Custody seals intact on shipping container/cooler?	Yes 🗌	No 🗌	Not Prese	nt 🗹			
Custody seals intact on sample bottles?	Yes	No 🗌	Not Prese	nt 🗹			
Chain of custody present?	Yes 🗹	No 🗌					
Chain of custody signed when relinquished and received?	Yes 🗹	No 🗌					
Chain of custody agrees with sample labels?	Yes 🗸	No 🗌			_		
Samples in proper container/bottle?	Yes 🔽	No 🗌					
Sample containers intact?	Yes 🔽	No 🗌					
Sufficient sample volume for indicated test?	Yes 🗹	No 🗌					
All samples received within holding time?	Yes 🗌	No 🗹					
Container/Temp Blank temperature in compliance?	Yes 🗹	No					
Temperature(s)/Thermometer(s):	<u>3.2 c</u>	··· · ·		·			
Cooler(s)/Kit(s):							
Water - VOA vials have zero headspace?	Yes 🗌	No 🗌	No VOA vials s	submitted	$\checkmark$		
Water - pH acceptable upon receipt?	Yes 🗌	No 🗌	N/A 🗹				
pH adjusted? pH adjusted by:	Yes 🗌	No 🗌	N/A 🔽				
Login Notes:							

Client Contacted:		Date Contacted:	Person Contacted:	
Contacted By:		Regarding:		
Comments:				
CorrectiveAction:	·			
				RC P

Page 1 of 1

.

Date: 04/01/2011

#### State of New Mexico Energy Minerals and Natural Resources

Form C-141 Revised October 10, 2003

Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505 Submit 2 Copies to appropriate District Office in accordance with Rule 116 on back side of form

### **Release Notification and Corrective Action**

	OPERATOR	Initial Report	Final Report
Name of Company: Navajo Refining Co. LLC	Contact: Aaron Strange		
Address: 7406 South Main Lovington, N.M.	Telephone No. 575-748-3311		•
Facility Name: Lovington Plant	Facility Type: Petroleum Refiner	у	

Surface Owner	Mineral Owner	Lease No.	
		,	

#### LOCATION OF RELEASE

Unit Letter	Section	Township	Range	Feet from the	North/South Line	Feet from the	East/West Line	County
j							1	

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

#### NATURE OF RELEASE

Type of Release: Non Haz Waste Water	Volume of Release: ~ 40 barrels	Volume R	ecovered: ~ 0 barrels
Source of Release: Tank 1209B	Date and Hour of Occurrence:		Hour of Discovery: 03/17/2011
Was Immediate Notice Given?	03/17/2011 ~ 22:55 If YES, To Whom? Left a voicema	~ 22:55	
× as Immediate Notice Given? ⊠ Yes □ No □ Not Required			
	d OCD in Santa Fe, left a voicemail 3186), sent an email to Michael Le		
	left a voicemail with the NMED.	aginon the Ci	ty manager of Lovington, and
By Whom? Darrell Moore and Gabriela Combs	Date and Hour: 03/17/2011 at ~ 23	:47 to the OC	D Santa Fe office, 03/17/2011
	at ~23:49 to the OCD Lovington o	ffice, 03/17/2	011 at ~23:55 to the NMED,
	and 03/18/2011 at ~ 07:04 to the C		of Lovington.
Was a Watercourse Reached?	If YES, Volume Impacting the Wa	tercourse.	
🗌 Yes 🖾 No	NA		
If a Watercourse was Impacted, Describe Fully.* NA	· · · · · · · · · · · · · · · · · · ·		
Describe Cause of Problem and Remedial Action Taken.*			
On 03/17/2011 at ~ 22:55 Tank 1209B overflowed approximately 40 bar			
however a broken check valve caused the tank to fill up faster than it cou	ild be pumped out. The tank was pump	ed down to p	revent further spilling and the
check valve has been replaced.	•		
Deve the Area Affected and Classes Asting Takes *			
Describe Area Affected and Cleanup Action Taken.* The area affected was at Tank 1209B at the wastewater separator and flo	wad next manitor well #6 and to the so	with The year	um truck for the plant was
brought to the spill however the water had absorbed into the ground, the	refore no water was recovered. There a	re no sign of	the spill on the ground: no oily
staining or wet areas. Safety and Environmental Solutions will delineate			the spin on the ground, no only
I hereby certify that the information given above is true and complete to	the best of my knowledge and understa	and that pursu	ant to NMOCD rules and
regulations all operators are required to report and/or file certain release			
public health or the environment. The acceptance of a C-141 report by the			
should their operations have failed to adequately investigate and remedia			
or the environment. In addition, NMOCD acceptance of a C-141 report	does not relieve the operator of respons	sibility for co	mpliance with any other
federal, state, or local laws and/or regulations.			
Signature: ann Ann	OIL CONSERV	ATION I	DIVISION
Signature. Course of the second			,
Printed Name: Aaron Strange	A		
	Approved by District Supervisor:		
Title: Sr. Environmental Technician	Approval Date:	Expiration D	ate:
		<u>Supration</u>	
E-mail Address: aaron.strange@hollycorp.com			
L-man Audress, anon-subingeoundrycorp.com	Conditions of Approval:		Attached

Phone: 575-703-5057

#### Combs, Robert

From:Moore, DarrellSent:Friday, March 18, 2011 9:54 AMTo:Chavez, Carl J, EMNRD; mleighton@lovington.orgCc:Lackey, Johnny; Strange, AaronSubject:RE: Waste Water Spill at lovingtonCarl

The spill was from a waste water tank just before it is released to the city. So, no.....not from the API.

From: Chavez, Carl J, EMNRD [mailto:CarlJ.Chavez@state.nm.us]
Sent: Friday, March 18, 2011 8:05 AM
To: Moore, Darrell; mleighton@lovington.org
Cc: Lackey, Johnny; Strange, Aaron
Subject: RE: Waste Water Spill at lovington

Darrell:

Is this hazardous waste as the release was from the API Separator? Thx.

Carl J. Chavez, CHMM New Mexico Energy, Minerals & Natural Resources Dept. Oil Conservation Division, Environmental Bureau 1220 South St. Francis Dr., Santa Fe, New Mexico 87505 Office: (505) 476-3490 Fax: (505) 476-3462 E-mail: CarlJ.Chavez@state.nm.us Website: <u>http://www.emnrd.state.nm.us/ocd/index.htm</u> "Why not Prevent Pollution; Minimize Waste; Reduce the Cost of Operations; & Move Forward with the Rest of the Nation?" To see how, go to "Pollution Prevention & Waste Minimization" at: <u>http://www.emnrd.state.nm.us/ocd/environmental.htm#environmental</u>)

From: Moore, Darrell [mailto:Darrell.Moore@hollycorp.com] Sent: Friday, March 18, 2011 8:04 AM To: mleighton@lovington.org; Chavez, Carl J, EMNRD Cc: Lackey, Johnny; Strange, Aaron Subject: Waste Water Spill at lovington

Carl and Mike

Last night, at about 11:45 pm, our Lovington plant notified us that a spill of waste water of about 40 bbls was discovered around Tk 1209B. Phone notification was made last night to Santa Fe OCD and Hobbs OCD. A C-141 will be filled out and forwarded to OCD and the City of Lovington.

Darrell Moore Environmental Manager for Water and Waste Navajo Refining Company, LLC Phone Number 575-746-5281 Cell Number 575-703-5058 Fax Number 575-746-5451

CONFIDENTIAL

This e-mail message and all corresponding e-mail messages, including all attachments, are intended solely for the individual(s) named above. They contain confidential and/or proprietary information. Do not forward, copy, distribute or otherwise relay the messages or their content to any individual without first contacting the sender of this message. If you have received this e-mail message in error, do not read,

forward, copy or distribute it or any of its content to anyone. In addition, please notify the sender that you have received this message immediately by return e-mail and delete it.



Please consider the environment before printing this e-mail.

CONFIDENTIALITY NOTICE: This e-mail, and any attachments, may contain information that is privileged, proprietary and/or confidential. If you

received this message in error, please advise the sender immediately by reply e-mail and do not retain any paper or electronic copies of this message or any

attachments. Unless expressly stated, nothing contained in this message should be construed as a digital or electronic signature or a commitment to a binding agreement.

#### Combs, Robert

From:David Boyer [dgboyer@sesi-nm.com]Sent:Thursday, April 12, 2012 11:41 AMTo:Combs, RobertSubject:Wastewater table, Lea Refinery

Attached.

The following constituents exceed WQCC standards: Benzene, chloride and TDS. Other WQCC constituents are below WQCC standards. The following non-WQCC constituents were minimal: TPH, Oil and Grease

Due to warm, dry windy conditions, spill liquids were not recoverable.

Conclusion:

Due to the above analyses and environmental conditions at the time of the spill, no drilling was performed. When the area was examined for possible drilling locations, no sign of the spill was visible. Benzene in the release would have quickly volatilized. Though chloride is the other constituent that exceeds a WQCC standard, depth to groundwater exceeds 100 feet at this location and there are three nearby monitor wells (MW-6 adjacent to the spill, and MW-9 and MW-10 downgradient) that are routinely sampled. Sampling of all three wells subsequent to the wastewater releases show that chloride concentrations in these wells are below groundwater standards.

David G. Boyer, P.G. Hydrogeologist Safety and Environmental Solutions, Inc. P.O. Box 1613 703 E. Clinton Hobbs, NM 88241 office: 575-397-0510 fax: 575-393-4388 cell: 575-390-7067 email: dgboyer@sesi-nm.com

## Wastewater samples from Lea Refinery

Constituent	Data	Peoult (mg/L)	WQCC standard
	Date	Result (mg/L)	(mg/L)
Benzene "	01/31/11	0.068	0.010
	02/18/11	2.4	0.010
Toluene	01/31/11	0.088	0.75
	02/18/11	0.12	0.75
Ethybenzene	01/31/11	0.035	0.75
"	02/18/11	0.064	0.75
Total Xylenes	01/31/11	0.058	0.62
"	02/18/11	0.10	0.62
MTBE	02/18/11	<0.0050	
TPH (Diesel range)	02/18/12	2.4	
TPH (Gasoline range)	02/18/11	1.25	
Metals			
Aluminum	02/18/11	0.0162	5.0
Arsenic	01/31/11	0.0780	0.1
"	02/18/11	0.0845	0.1
Barium	01/31/11	0.148	1.0
"	02/18/11	0.212	1.0
Boron	02/18/11	0.557	0.8
Cadmium	01/31/11	<0.00200	0.01
*1	02/18/11	<0.00200	0.01
Calcium	01/31/11	223	
Chromium	01/31/11	0.00903	0.05
11	02/18/11	0.0212	0.05
Copper	02/18/11	<0.00500	1.0
Lead	01/31/11	<0.00500	0.05
Magnesium	01/31/11	38.0	
Manganese	02/18/11	0.0684	0.2
Mercury	02/18/11	<0.000200	0.002
Molybdenum	02/18/12	0.00987	1.0
Nickel	02/18/11	< 0.00500	0.2
Potassium	01/31/11	17.0	
Selenium "	01/31/11	0.0243	0.05
	02/18/11	0.0178	0.05
Silver	01/31/11	<0.00500	0.05
11	02/18/11	<0.00500	0.05
Sodium	01/31/11	854	
Zinc	02/18/11	0.0429	10.0

•

Total Dissolved Solids	01/31/11	3,530	1,000
Anions			
Chloride	02/18/11	1,670	250
Fluoride	02/18/11	1.57	1.6
Sulfide	01/31/11	10.2	
Cyanide	02/18/11	<0.0200	0.2
Nitrogen			
Nitrate/Nitrite (as N)	01/31/11	1.75	10.0
Ammonia (as N)	01/31/11	0.243	
"	02/18/11	2.90	
Nitrogen, Total Kjeldahl	01/31/11	11.3	
11	02/18/11	14.5	
Nitrogen, organic	02/18/11	<sup>r</sup> 11.6	
Others			
BOD	02/18/11	34.8	
Phenolics	02/18/11	<0.0500	
Oil and Grease	01/31/11	8.62	·
Total Suspended Solids	02/18/11	6.67	

,

#### State of New Mexico Energy Minerals and Natural Resources

•

Oil Conservation Division 1220 South St. Francis Dr. Santa En NIM 07505

Form C-141 Revised October 10, 2003

Submit 2 Copies to appropriate District Office in accordance with Rule 116 on back side of form

				Sa	nta F	e, NM 875	505					0.000.000
			Rele	ease Notific	atio	n and Co	orrective A	ction	1			· · · ·
						<b>OPERA</b>	TOR		🛛 Initia	l Report		Final Report
Name of Co	ompany: N	avajo Refini	ing Co. L	LC			aron Strange					·····
		Main Loving					No. 575-748-33	11				
Facility Na							e: Petroleum R					
Surface Ow	ner			Mineral O	wner				Lease N	10.		<u> </u>
	·····					N OF RE						
Unit Letter	Section	Township	Range	Feet from the	North	/South Line	Feet from the	East/V	Vest Line	County		
			L	atitude		Longitud	le					
				NAT	URE	OF REL	EASE					
Type of Rele						Volume of	Release: ~ 5 barn	rels		.ecovered: -		
Source of Re			manifold	(crude inlet).		03/18/201			~ 23:45			/: 03/18/2011
Was Immedia	ate Notice G		_				Whom? Left a v					
		$\bowtie$	Yes _	No 🗌 Not Re	quired		to El Gonzales wi email with Jeff Le				575-37	70-3186) and
By Whom? C	Gabriela Con	nbs	•			Date and Hour: 03/19/2011 at ~00:01 to the OCD Santa Fe office, and						
		_					at $\sim 00.52$ to the			fice.		
Was a Watero	course Reac		Yes 🛛	No		If YES, Vo   NA	olume Impacting t	the Wate	rcourse.			
If a Watercou	irse was Imp	pacted, Descri	be Fully.*	NA		l		_				
	1 at ~ 23:45	the sump at	the Hobbs	1 Taken.* manifold (crude i d stopped the spill		n over onto th	ne ground. The pu	Imp did	not turn on	until an ope	rator s	shook the
	cted was at t cuum truck	he crude oil s was called ou	ump at the	en.* e Hobbs manifold pill had already so								
regulations all public health should their o	l operators a or the enviro perations ha ment. In ad	re required to onment. The ve failed to a dition, NMO	o report an acceptanc dequately CD accept	is true and comple d/or file certain re e of a C-141 repor investigate and ren ance of a C-141 re	lease no t by the mediate	otifications ar NMOCD ma contamination	nd perform correc arked as "Final Re on that pose a thre e the operator of r	tive active eport" de eat to gro responsil	ons for releases not relies ound water, pility for co	ases which i eve the oper- surface wat inpliance w	may en ator of ter, hu ith any	ndanger f liability man health
Signature:	tom	$\sim$	) na	7			<u>OIL CONS</u>	SER V.	ATION I	<u>DIVISIO</u>	<u>N</u>	
Signature.												
Printed Name	Aaron Stra	nge			/	Approved by	District Supervise	or:				
Title: Sr. Envi	ronmental T	echnician				Approval Dat	e:	E	xpiration D	Date:		
E-mail Addres	ss: aaron.stra	ange@hollyco	orp.com			Conditions of	Approval:			Attached		
Date: 04/1/201	11		Ph	one: 575-703-505	7					l		

NON-HAZAP

PART I:	Generator <u>Noveic Refining - Lea</u> Address 7405 S. Main	<u>Plant</u> (575)296-5821
	City/State Lovington, N.M. 88260	
ORGINAT	TION OF WASTE:	
Operation	s Center	Permit No. <u>NMD360010267</u>
Property I	Name         Lovington           (Well, Tank Battery, Plant, Facility)	
WASTE II	DENTIFICATION AND AMOUNT (BARRELS, YARE	DS, TONS, CU.FT., LBS., UNITS, ETC.)
Drilling Flu Completion Contaminat	Fluids Gas Plant Waste	Exempt Fluids C117 No Pit No
	DESCRIPTION/I	NOTES
CERTIFIC	CATION: The waste described above is not hazardous pursuant named below. I certify that the foregoing is true and Signature of Generator's Authorized Agent	to 40 CFR Part 261 and was consigned to the transporter correct to the best of my knowledge. $\frac{5 - 19 - 2011}{Date and Time of Shipment}$
PART II:	TRANSPORTER: (To be completed in	full by Transporter)
	Name <u>Fluid Transport</u> Address <u>9697601466</u> City/State <u>Stryderty</u>	Telephone No. 14 7.9 Truck No.
CERTIFIC	ATION: I certify that the waste in quantity above was received Signature of Transporter's Agent	by me for shipment to the destination below. $\frac{5 - 10 - 2011}{5 - 10}$ Date and Time Received
PART III:	DISPOSAL OR RECLAMATION SITE:	
	NameControlled Recovery, Inc.AddressP.O. Box 388City/StateHobbs, N.M. 88241-038	(575) 393-1079           Telephone No.           88         www.crihobbs.com           E-mail
CERTIFIC	ATION: I certify that the waste described in Part I was received Signature of Facility Agent	

64270

PART I:		<u>Navajo Refining - Lea Plant</u> 7406 S. Main	( 575 )396-5821
		Lovington, N.M. 88260	Telephone No.
ORGINAT	ION OF WAS		
Operations	s Center		Permit No. <u>NMD350010357</u>
Property N	lame _	Lovington (Well, Tank Battery, Plant, Facility)	
WASTE ID	ENTIFICATION	N AND AMOUNT (BARRELS, YARDS, TONS	C, CU.FT., LBS., UNITS, ETC.)
Drilling Flui	ds	Tank Bottoms	Exempt Fluids
Completion	Fluids	Gas Plant Waste	C117 No.
Contaminate	d Soil	Other Materials	Pit No
	i and i and	DESCRIPTION / NOTES	· · · · · · · · · · · · · · · · · · ·
-		+ $+$ $+$ $p$	
	$-\mathcal{D}$	Y 2.0-2	
CERTIFIC		e waste described above is not hazardous pursuant to 40 CFR Pa ned below. I certify that the foregoing is true and correct to the signature of Generator's Authorized Agent	art 261 and was consigned to the transporter best of my knowledge. $\frac{f^{*} \circ f ? \circ f \circ f}{Date and Time of Shipment}$
PART II:	TRANSPO	RTER: (To be completed in full by T	ransporter)
	Name	Fluid Transport	
			Telephone No.
	City/State	MCYTLE Heg/30	<u>(/)</u> Truck No.
CERTIFIC		rtify that the waste in quantity above was received by me for shi	
		$\sum T = 27 \cdot 3$	
		Signature of Transporter's Agent	Date and Time Received
PART III:	DISPOSAL	OR RECLAMATION SITE:	
	Name _	Controlled Recovery, Inc.	(575) 393-1079
	Address	P.O. Box 388	Telephone No.
	City/State _	Hobbs, N.M. 88241-0388	www.crihobbs.com
<b></b>			E-mail
CERTIFICA	ATION: 1 ce	tify that the waste described in Part I was received by me via th	te transporter described in Part II.

#### State of New Mexico Energy Minerals and Natural Resources

Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505 Submit 2 Copies to appropriate District Office in accordance with Rule 116 on back side of form

1220 S. St. Fra	ncis Dr., San	ta Fe, NM 8750	5			Fe, NM 87:				side of form
			<u> </u>					_ <b>4</b> •		
			Kel	ease Notifi	catio			ction		
						<u>OPER</u>		x Init	al Report 🛛 🗍 F	inal Repor
		avajo Lea Re					Darrell Moore			
		Main Lovin	gton NM	88260			No. 575-746-52			
Facility Na	me	<u> </u>				Facility Ty	be Petroleum Re	ennery		
Surface Ov	vner			Mineral (	Owner			Lease	No.	
				LOC	TIO	N OF RE	FASE			
Unit Letter	Section	Township	Range	Feet from the		h/South Line	Feet from the	East/West Line	County	
		l . e	range	r out nom me		n ooun Ente	r cet ironi uie	Last in cortaine		
L			[		ļ		[	1		
			La	titude		Longitue	le			
					ד בו די					
Type of Rele	ase Crud	le Bottoms (A	cohalt va		UKE	E OF REL	Release est. 350	bble Volume	Recovered 280 bbls	
Source of Re			ispitait, va	cuum gas on)			Hour of Occurrence		Hour of Discovery 8	/1/11_1
		<b>_</b>				8/1/11 1 a		am		
Was Immediate Notice Given?					If YES, To					
			res _	] No x Not Req	uired		ez by email			
	By Whom? Darrell Moore Was a Watercourse Reached?					Date and H	lour 8/1/11 Jume Impacting (	7:35 am		
was a water	course rea		Yes x	No		11 TES, VO	nume impacting i	me watercourse.		
If a Watercov	urse was Im	pacted, Descri	iho Eullu A							
		pueres, peser	ibe i unj.							
At 1 am on A estimated at 1214. The tau the day was r	August 1, 20 3 bbls He i nk, which is making the j	notified enviro a 20,000 bbl product, which	ntine round onmental a tank, was in is an asp	ls, an operator at 1 nd it was determi about ¾ full. By 7	ned tha 7 am th gas oil	at the tank may e leak had spr mixture, more	have a hole in th ead to almost all t	e floor. We then so he way around the	n on the south side of arted emptying the tar tank. We think that th port the spill because v	nk into Tk ne heat of
The area affe dike and poo emptying Tk 2, 2011. We	cted is insic led up south 1215 into T will then fin	neast of Tk 12 Tk 1214. We all hish the vacuur	t contains 15. Two va lso built sr ning opera	Tk 1214 and Tk 1 acuum trucks wer nall dikes to cont	e calle ain the cking i	d and began va spilled materi	cuuming up the s al into smaller are	pilled material. In as. Tk 1215 shoul	then run southeast ins addition we immediat I be empty by noon or Once we have picked	tely started n August
regulations al public health should their c or the environ	Il operators or the envir operations h nment. In a	are required to conment. The ave failed to a	o report an acceptanc dequately CD accept	d/or file certain re e of a C-141 repo investigate and re	elease r rt by th emedia	notifications and ne NMOCD m te contaminati	nd perform correct arked as "Final Re on that pose a three	tive actions for rel eport" does not rel eat to ground wate	uant to NMOCD rule eases which may enda eve the operator of lia surface water, huma ompliance with any of	inger ability in health
Signature	Dar	ull N	loore				OIL CONS	SERVATION	DIVISION	
Printed Name	: Darrell M	loore				Approved by	District Supervise	Dr.		
Title: Enviro	onmental M	anager for Wa	ter and W	aste		Approval Dat	e:	Expiration	Date:	
E-mail Addre	ss: Darrell.	moore@holly	frontier.co	om		Conditions of	Approval:		Attached	
Date: 8/	2/11		Р	hone: 575-746-52	281					

PART I:		or <u>Navajo Refining - Lea Plant</u> 7405 S. Main	(575) 206-5821
		e Lovington, N.M. 88260	Telephone No.
ORGINATIO	-		
Operations	Center		Permit No. <u>MMD360010367</u>
Property N	ame	LOVINgton (Well, Tank Battery, Plant, Facility)	54 <sup>(2</sup> )
WASTE ID	ENTIFICATIO	ON AND AMOUNT (BARRELS, YARDS, TONS, C	U.FT., LBS., UNITS, ETC.)
Drilling Flui		Tank Bottoms	Exempt Fluids
Completion 1		Gas Plant Waste	C117 No.
Contaminate	d Soil	Other Materials	Pit No.
		DESCRIPTION / NOTES	
	g <u>el tels) -</u>	acould by source disk	
			Ra. 20575
CERTIFICA			
		The waste described above is not hazardous pursuant to 40 CFR Part 2 named below. I certify that the foregoing is true and correct to the best the foregoing is true and correct to the best of the best of the set of the s	
		named below. I certify that the foregoing is true and correct to the bes	
			st.of-my knowledge.
		named below. I certify that the foregoing is true and correct to the bes	
PART II:		named below. I certify that the foregoing is true and correct to the bes	Date and Time of Shipment
	TRANSPO	DRTER: (To be completed in full by Tran	Date and Time of Shipment
	TRANSPO	named below. I certify that the foregoing is true and correct to the bes	Date and Time of Shipment
	TRANSPO Name Address	The foregoing is true and correct to the bes The foregoing is true and correct to the bes The foregoing is true and correct to the bes Signature of Generator's Authorized Agent ORTER: (To be completed in full by Tran Fluid Transport	Date and Time of Shipment ISPORTER) Telephone No.
	TRANSPO	The foregoing is true and correct to the bes The foregoing is true and correct to the bes The foregoing is true and correct to the bes Signature of Generator's Authorized Agent ORTER: (To be completed in full by Tran Fluid Transport	Date and Time of Shipment
	TRANSPO Name Address City/State	named below. I certify that the foregoing is true and correct to the bes         Image: Construction of Generator's Authorized Agent         Signature of Generator's Authorized Agent         ORTER: (To be completed in full by Tran         Fluid Transport         One completed in full by Transport	Date and Time of Shipment Date and Time of Shipment Telephone No.
PART II:	TRANSPO Name Address City/State	named below. I certify that the foregoing is true and correct to the bes         'Signature of Generator's Authorized Agent         ORTER: (To be completed in full by Tran         Fluid Transport	Date and Time of Shipment Date and Time of Shipment Telephone No. 7 2 1/ Truck No. nent to the destination below.
PART II:	TRANSPO Name Address City/State	hamed below. I certify that the foregoing is true and correct to the bes          'Signature of Generator's Authorized Agent         ORTER: (To be completed in full by Tran         Fluid Transport	Date and Time of Shipment Date and Time of Shipment Telephone No.
PART II:	TRANSPO Name Address City/State	named below. I certify that the foregoing is true and correct to the bes         'Signature of Generator's Authorized Agent         ORTER: (To be completed in full by Tran         Fluid Transport	Date and Time of Shipment Date and Time of Shipment Telephone No. 7 2 1/ Truck No. nent to the destination below.
PART II: CERTIFICA	TRANSPO Name Address City/State TION: 1 DISPOSA	named below. I certify that the foregoing is true and correct to the bes         'Signature of Generator's Authorized Agent         ORTER: (To be completed in full by Tran         Fluid: Transport.         Certify that the waste in quantity above was received by me for shipn         Signature of Transports	Date and Time of Shipment  Date and Time of Shipment  Telephone No.
PART II: CERTIFICA	TRANSPO Name Address City/State TION: 1 DISPOSA	named below. I certify that the foregoing is true and correct to the bes         Signature of Generator's Authorized Agent         ORTER: (To be completed in full by Tran         Fluid Transport         Signature of Transporter's Agent         L OR RECLAMATION SITE:         Controlled Recovery, Inc.	Date and Time of Shipment Date and Time of Shipment Telephone No. 7 2 1/ Truck No. nent to the destination below.
PART II: CERTIFICA	TRANSPO Name Address City/State TION: 1 DISPOSA Name Address	And the foregoing is true and correct to the best of the foregoing is true and correct to the best of the foregoing is true and correct to the best of the foregoing is true and correct to the best of the foregoing is true and correct to the best of the foregoing is true and correct to the best of the foregoing is true and correct to the best of the foregoing is true and correct to the best of the foregoing is true and correct to the best of the foregoing is true and correct to the best of the foregoing is true and correct to the best of the foregoing is true and correct to the best of the foregoing is true and correct to the best of the foregoing is true and correct to the best of the foregoing of the foregoing is true and correct to the best of the foregoing o	Date and Time of Shipment Date and Time of Shipment Disporter) Telephone No. <u>47.2.1/</u> Truck No. nent to the destination below. <u>8</u>
PART II: CERTIFICA	TRANSPO Name Address City/State TION: 1 DISPOSA	And the foregoing is true and correct to the best of the foregoing is true and correct to the best of the foregoing is true and correct to the best of the foregoing is true and correct to the best of the foregoing is true and correct to the best of the foregoing is true and correct to the best of the foregoing is true and correct to the best of the foregoing is true and correct to the best of the foregoing is true and correct to the best of the foregoing is true and correct to the best of the foregoing is true and correct to the best of the foregoing is true and correct to the best of the foregoing is true and correct to the best of the foregoing is true and correct to the best of the foregoing of the foregoing is true and correct to the best of the foregoing o	Date and Time of Shipment Date and Time of Shipment Date and Time of Shipment Telephone No.
PART II: CERTIFICA	TRANSPO Name Address City/State TION: 1 DISPOSA Name Address City/State	And the foregoing is true and correct to the best of the foregoing is true and correct to the best of the foregoing is true and correct to the best of the foregoing is true and correct to the best of the foregoing is true and correct to the best of the foregoing is true and correct to the best of the foregoing is true and correct to the best of the foregoing is true and correct to the best of the foregoing is true and correct to the best of the foregoing is true and correct to the best of the foregoing is true and correct to the best of the foregoing is true and correct to the best of the foregoing is true and correct to the best of the foregoing is true and correct to the best of the foregoing of the foregoing is true and correct to the best of the foregoing o	Date and Time of Shipment  Date and Time of Shipment  Date and Time of Shipment  Telephone No. <u>4</u> 21/ Truck No.  nent to the destination below. <u>5</u>
Part II: Certifica Part III:	TRANSPO Name Address City/State TION: 1 DISPOSA Name Address City/State	And the foregoing is true and correct to the best of the best of the foregoing is true and correct to the best of the best of the foregoing is true and correct to the best of	Date and Time of Shipment  Date and Time of Shipment  Date and Time of Shipment  Telephone No. <u>4</u> 21/ Truck No.  nent to the destination below. <u>5</u>

PART I:		<u>Navajo Refining - Lea Plant</u> 7406 S. Main	(575)396-5821
		Lovington, N.M. 88260	Telephone No.
ORGINAT	TION OF WAST		
Operation	s Center		Permit No. <u>NMD360010367</u>
Property I	Name	Lovington (Well, Tank Battery, Plant, Facility)	
WASTEI	DENTIFICATION	AND AMOUNT (BARRELS, YARDS, TONS, C	U.FT., LBS., UNITS, ETC.)
Drilling Flu		Tank Bottoms	Exempt Fluids
Completion		Gas Plant Waste	C117 No Pit No
Contaminat		Other Materials	Pit NO
		DESCRIPTION / NOTES	
and and	A. Martine and		
		a contanienated disk	
	0		, , , , , , , , , , , , , , , , , , , ,
· .			80× 20521
	name	d below. I certify that the foregoing is true and correct to the bes           Varia         Cartage           Signature of Generator's Authorized Agent	t of my knowledge. Date and Time of Shipment
PART II:	TRANSPOR	RTER: (To be completed in full by Tra	nsporter)
	Name	Fluid Transport	
	Address		Telephone No.
	City/State _		M 2. 4
		.1 . 1	Truck No.
CERTIFIC	ATION: 1 cert	ify that the waste in quantity above was received by me for shipm	
		Signature of Transporter's Agent	<b>8</b> <i>j j j j j j j j j j</i>
PART III:	DISPOSAL	OR RECLAMATION SITE:	
	Name _	Controlled Recovery, Inc.	(575) 393-1079
	Address	P.O. Box 388	Telephone No.
	City/State _	Hobbs, N.M. 88241-0388	www.crihobbs.com
CERTIFIC	ATION: 1 cert	ify that the waste described in Part I was received by me via the tr CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	E-mail
TCP · #7520-A			

cara Pril

44282

PART I:		Navajo Réfining - Lea Plant	( <sub>575</sub> ) 306-5921
		7406_S. Main	<u>1575 / 306-5921</u> Telephone No.
	City/State_	Loviagton, N.M. 88260	
ORGINAT	ION OF WAS	TE:	
Operation	s Center		Permit No. <u>NMD360010367</u>
Property N	lame _	Lovington (Well, Tank Battery, Plant, Facility)	
WASTE ID	DENTIFICATION	AND AMOUNT (BARRELS, YARDS, TONS, CU	J.FT., LBS., UNITS, ETC.)
Drilling Flu	ids _	Tank Bottoms	Exempt Fluids
Completion	Fluids _	Gas Plant Waste	C117 No.
Contaminate	ed Soil	Other Materials	Pit No.
	·····	DESCRIPTION/NOTES	
- Aller	Jaanda		a frances and a f
	60°	Contaminated desp	
· · · · · · · · · · · · · · · · · · ·			Box
L			<u></u>
CERTIFIC	ATION: The	waste described above is not hazardous pursuant to 40 CFR Part 2	61 and was consigned to the transporter
	nan	ned below. I certify that the foregoing is true and correct to the best	of my knowledge.
		V. C. J AL	
		Signature of Generator's Authorized Agent	Date and Time of Shipment
PART II:	TRANSPO	RTER: (To be completed in full by Trai	nsnorter)
	THANGI U		isponer)
	Name _	Fluid Transport	
	Address _		Telephone No.
	City/State _		424
		AL AI	Truck No.
CERTIFIC	ATION: I ce	rtify that the waste in quantity above was received by me for shipm	ent to the destination below.
	5	Signature of Transporter's Agent	Date and Time Received
PART III:	DISPOSAL	OR RECLAMATION SITE:	
	Name _	Controlled Recovery, Inc.	(575) 393-1079
	Address _	P.O. Box 388	Telephone No.
	City/State _	Hobbs, N.M. 88241-0388	www.crihobbs.com
CERTIEIC	ΔΤΙΩΝΙ	alforebased and the dis Dents and the distance of the distance	
		1	
		· · · · · · · · · · · · · · · · · · ·	Date and/Time Received
CERTIFIC		rtify that the waste described in Part I was received by me via the tr	<u>Statut</u>

...\*

PART I:	Generator _		
		7406 S. Main	( <u>575</u> ) <u>396–5821</u> Telephone No.
	City/State_	Lovington, N.M. 88260	receptone two.
ORGINATI	ON OF WAST	E:	
Operations	s Center 🛛		Permit No. <u>MMD360010367</u>
Property N	lame	Lovington (Well, Tank Battery, Plant, Facility)	
WASTE ID	ENTIFICATION	AND AMOUNT (BARRELS, YARDS, TONS, C	CU.FT., LBS., UNITS, ETC.)
Drilling Flui		Tank Bottoms	Exempt Fluids
Completion		Gas Plant Waste	C117 No
Contaminate	ed Soil	Other Materials	Pit No
	·····	DESCRIPTION / NOTES	
	1 1311 S.A.S.	Contamenated dest. + 12	an.
		<u></u>	
`````		Ber #2523	
CERTIFICA	ATION: The	waste described above is not hazardous pursuant to 40 CFR Part	261 and was consigned to the transporter
		ed below. I certify that the foregoing is true and correct to the be	
		1 . 1 2	2-5-11
	<u>».</u>	Signature of Generator's Authorized Agent	Date and Time of Shipment
PART II:	TDANCDOD	TED: (To be completed in full by Tra	nsportor
	INANGEUN	TER: (To be completed in full by Tra	nsporter)
	1401110	Fluid Transport	
	Address _	MONT W HUNSO	Telephone No.
	City/State_	Chydre ty	 
CERTIFICA		ify that the waste in Auantity above was received by me for ship	ment to the destination below
02/11/10/		$(\bigcirc () \land ()$	
		Signature of Transporter's Agent	Date and Time Received
PART III:	DISPOSAL	OR RECLAMATION SITE:	
	Name _	Controlled Recovery, Inc.	(575) 393-1079
	Address _	P.O. Box 388	Telephone No.
	City/State_	Hobbs, N.M. 88241-0388	www.crihobbs.com
	0.1.j, 0.110_		E-mail
CERTIFICA	TION: 1 cery	/. Ify that the waste described in Part I was received by me via the	transporter described in Part II.
	1	Signature of Facility Agent	<u>Charles and an anna an a</u>
		Signature of Facility Agent	Date and Time Received

.)<del>.</del> .

PART I:		<u>Navajo Refining - Lea Plant</u>	(75 296-5821
		7406 S. MAin	<u>175 395-5871</u> Telephone No.
	City/State	Lovington, N.M. 88260	
ORGINATIO	ON OF WAS	TE:	
Operations	Center		Permit No. <u>MD360010367</u>
Property Na	ame	(Well, Tank Battery, Plant, Facility)	
WASTEIDE	ENTIFICATION	AND AMOUNT (BARRELS, YARDS, TONS,	CU.FT., LBS., UNITS, ETC.)
Drilling Fluid	ls _	Tank Bottoms	Exempt Fluids
Completion F	luids _	Gas Plant Waste	C117 No.
Contaminated	l Soil	Other Materials	Pit No
	· · · · · · · · · · · · · · · · · · ·	DESCRIPTION / NOTES	
1.	ajara	(s between any	hashtenne z
		Contaminated smit	S BARRIE T.
	·····	LYX PRTS	- Color Mar That
CERTIFICA		e waste described above is not hazardous pursuant to 40 CFR Par ned below. 1 certify that the foregoing is true and correct to the b <u> <u> <u> </u> <u> </u></u></u>	
PART II:	TRANSPO	RTER: (To be completed in full by Tr	ansporter)
×.,	Name	Fluid Transport	
		4647 W/Aug 180	Telephone No.
		Durdert Y	$-(t, \beta(t_{-}))$
	· <b>)</b> · - · · -		Truck No.
CERTIFICA		rtify that the waste in quantity above was received by me for shi	<i>f i</i>
		Signature of Transporter's Agent	Date and Time Received
PART III:		OR RECLAMATION SITE:	
		OTTREBEAMATION OTTE:	
	Name _	Controlled Recovery, Inc.	(575) 393-1079
	Address _	P.O. Box 388	Telephone No.
	City/State _	Hobbs, N.M. 88241-0388	www.crihobbs.com E-mail
CERTIFICA		rtify that the waste described in Part I was received by me via the	
	,4	Signature of Facility Agent/	Date and Time Received

70217

-

.

PART I:	Generato	127 PM - March 1	- ( 575 ) 396-5821
	Address City/State		Telephone No.
ORGINATI	ON OF WA		
Operation	s Center		Permit No. <u>NMD360010357</u>
Property.N	lame	(Well, Tank Battery, Plant, Facility)	-
WASTE ID	ENTIFICATIO	N AND AMOUNT (BARRELS, YARDS, TON	S, CU.FT., LBS., UNITS, ETC.)
Drilling Flu	ids	Tank Bottoms	Exempt Fluids
Completion	Fluids	Gas Plant Waste	C117 No
Contaminate	ed Soil	Other Materials	Pit No
:		DESCRIPTION / NOTES	
		Carlo planta dal dinto	
	<u> </u>		and the statement of the
			Box 20521
CERTIFIC		The waste described above is not hazardous pursuant to 40 CFR hamed below. I certify that the foregoing is true and correct to the second seco	he best of my knowledge.
		Signature of Generator's Authorized Agent	Date and Time of Shipment
Part II:	TRANSPO	DRTER: (To be completed in full by T	Fransporter)
	Name	Fluid Transport	
	Address		Telephone No.
	City/State	9	<u> </u>
CERTIFICA		certify that the waste in quantity above was received by me for	
02111110/		Certify that the waste in quantity above wastecerved by the for	
		Signature of Transporter's Agent	Date and Time Received
PART III:	DISPOSA	L OR RECLAMATION SITE:	
	Name	Controlled Recovery, Inc.	(575) 393-1079
	Address	P.O. Box 388	Telephone No.
	City/State		www.crihobbs.com
		12	E-mail
CERTIFICA	TION: I	certify that the waste described in Part I was received by me vi	a the transporter described in Part II.
	_	Signature of Facility Agent	Date and Time Received

PART I:	Generator		
	Address _	7406 S. Main	(575) 396+8821
	City/State	Lovington, N.N. 88260	Telephone No.
ORGINATI	ON OF WAS	STE:	
Operation	s Center _	· · · · · · · · · · · · · · · · · · ·	Permit No. <u>NMD360010367</u>
Property N	lame _	LOVINETON (Well, Tank Battery, Plant, Facility)	
WASTEIL	DENTIFICATIO	N AND AMOUNT (BARRELS, YARDS, TONS,	CU.FT., LBS., UNITS, ETC.)
Drilling Flui	ids	Tank Bottoms	Exempt Fluids
Completion		Gas Plant Waste	C117 No
Contaminate		Other Materials	Pit No
		DESCRIPTION / NOTES	
	12 44	<u> Alexander and Andrea</u> der Stader	
	·		
			Rax 20529
		Signature of Generator's Authorized Agent	Date and Time of Shipment
Part II:	TRANSPO	RTER: (To be completed in full by Tra	ansporter)
	Name	Fluid Transport	
	Address		Telephone No.
	City/State		434
	Only/Olulo		Truck No.
CERTIFICA	TION: 10	ertify that the waste in quantity above was received by me for shi	
		Signature of Transporter's Agent	Date and Time Received
PART III:	DISPOSAL	OR RECLAMATION SITE:	
	Name	Controlled Recovery, Inc.	(575) 393-1079
	Address	P.O. Box 388	Telephone No.
	City/State	···-	www.crihobbs.com
	,		
	TION	777	E-mail
CERTIFICA	TION	ertify that the waste described in Part I was received by me via th	E-mail
CERTIFICA	TION	777	E-mail

		NON-HAZARDOUS WASTE MAN	IIFEST 70219
Part I:	Generator Address	Navajo Refining ~ Lea Plant 7406 S. Main	<u>(575)</u> 206-5821
	City/State_	Lovington, N.M. <u>38260</u>	Telephone No.
ORGINATI	ION OF WASTI	E:	
Operation	s Center		Permit No. <u>000350010367</u>
Property N	Name	<u>Lovington</u> (Well, Tank Battery, Plant, Facility)	
WASTE ID	DENTIFICATION A	AND AMOUNT (BARRELS, YARDS, TONS, C	U.FT., LBS., UNITS, ETC.)
Drilling Flu	ids	Tank Bottoms	Exempt Fluids
Completion	Fluids	Gas Plant Waste	C117 No.
Contaminate	ed Soil	Other Materials	Pit No.
		DESCRIPTION / NOTES	
		annal - a tala mar Mather thay	· · · · · · · · · · · · · · · · · · ·
	·····		· · · · · · · · · · · · · · · · · · ·
·	·····		
CERTIFIC		vaste described above is not hazardous pursuant to 40 CFR Part 2	
DERTIFIC/	named Z	vaste described above is not hazardous pursuant to 40 CFR Part 2 d below. I certify that the foregoing is true and correct to the bes	261 and was consigned to the transporter at of my knowledge
		d below. I certify that the foregoing is true and correct to the bes	261 and was consigned to the transporter it of my knowledge
	named 7 5 TRANSPOR	d below. I certify that the foregoing is true and correct to the bes	261 and was consigned to the transporter at of my knowledge Date and Time of Shipment ISPOrter)
	named 7 5 TRANSPOR	d below. I certify that the foregoing is true and correct to the bes Signature of Generator's Authorized Agent TER: (To be completed in full by Tran	261 and was consigned to the transporter it of my knowledge
	TRANSPOR Name Address	d below. I certify that the foregoing is true and correct to the bes Signature of Generator's Authorized Agent TER: (To be completed in full by Tran Fluid Transport	261 and was consigned to the transporter at of my knowledge Date and Time of Shipment ISPOrter)
Part II:	TRANSPOR TRANSPOR Name Address City/State ATION: 1 certi	d below. I certify that the foregoing is true and correct to the bes Signature of Generator's Authorized Agent TER: (To be completed in full by Tran Fluid Transport: fy that the waste in quantity above was received by me for shipn	261 and was consigned to the transporter it of my knowledge Date and Time of Shipment ISporter) Telephone No. <u>64 241 676444</u> Truck No.
Part II:	TRANSPOR TRANSPOR Name Address City/State ATION: 1 certi	d below. I certify that the foregoing is true and correct to the bes Signature of Generator's Authorized Agent TER: (To be completed in full by Tran Fluid Transport: fy that the waste in quantity above was received by me for shipn	261 and was consigned to the transporter at of my knowledge Date and Time of Shipment ISPORTER) Telephone No. <u>44</u> <u>24</u> <u>24</u> <u>24</u> <u>24</u> <u>24</u> <u>24</u> <u>24</u>
Part II: Certific/	TRANSPOR TRANSPOR Name Address City/State ATION: 1 certi	d below. I certify that the foregoing is true and correct to the bes Signature of Generator's Authorized Agent TER: (To be completed in full by Tran Fluid Transport. fy that the waste in quantity above was received by me for shipn Signature of Transporter's Agent	261 and was consigned to the transporter it of my knowledge Date and Time of Shipment ISporter) Telephone No. <u>64 241 (2000)</u> Truck No.
Part II: Certifica	TRANSPOR TRANSPOR Name Address City/State ATION: 1 certi	d below. I certify that the foregoing is true and correct to the bes Signature of Generator's Authorized Agent TER: (To be completed in full by Tran Fluid Transport: fy that the waste in quantity above was received by me for shipn	261 and was consigned to the transporter at of my knowledge Date and Time of Shipment ISPORTER) Telephone No. <u>44</u> <u>241</u> <u>244</u> <u>244</u> Truck No. hent to the destination below.
Part II: Certific/	TRANSPOR TRANSPOR Name	d below. I certify that the foregoing is true and correct to the bes Signature of Generator's Authorized Agent TER: (To be completed in full by Tran Fluid Transport. fy that the waste in quantity above was received by me for shipn Signature of Transporter's Agent	261 and was consigned to the transporter at of my knowledge Date and Time of Shipment ISPORTER) Telephone No. <u>44</u> <u>241</u> <u>244</u> <u>244</u> Truck No. hent to the destination below.
Part II: Certific/	TRANSPOR TRANSPOR Name Address City/State ATION: 1 certi  DISPOSAL C Name _ <b>C</b>	d below. I certify that the foregoing is true and correct to the best Signature of Generator's Authorized Agent TER: (To be completed in full by Tran Fluid Transport. fy that the waste in quantity above was received by me for shipn Signature of Transporter's Agent OR RECLAMATION SITE:	261 and was consigned to the transporter at of my knowledge Date and Time of Shipment Date and Time of Shipment Telephone No. <u>44</u> <u>44</u> <u>44</u> <u>44</u> <u>44</u> <u>44</u> <u>44</u> <u>44</u> <u>44</u> <u>44</u>
Part II: Certific/	TRANSPOR TRANSPOR Name Address City/State ATION: DISPOSAL C	d below. I certify that the foregoing is true and correct to the bes signature of Generator's Authorized Agent TER: (To be completed in full by Tran Fluid Transport fy that the waste in quantity above was received by me for shipn Signature of Transporter's Agent OR RECLAMATION SITE: Controlled Recovery, Inc.	26) and was consigned to the transporter it of my knowledge Date and Time of Shipment ISPORTER) Telephone No. <u>44</u> <u>24</u> <u>44</u> <u>44</u> <u>44</u> Truck No. hent to the destination below. <u>5</u> Date and Time Received (575) 393-1079
Part II: Certifica	TRANSPOR TRANSPOR Name Address City/State ATION: DISPOSAL C Name _C Address City/State	d below. I certify that the foregoing is true and correct to the bes Signature of Generator's Authorized Agent TER: (To be completed in full by Tran Fluid Transport fy that the waste in quantity above was received by me for shipn Signature of Transporter's Agent OR RECLAMATION SITE: Controlled Recovery, Inc. P.O. Box 388 Hobbs, N.M. 88241-0388	261 and was consigned to the transporter t of my knowledge Date and Time of Shipment Date and Time of Shipment nsporter) Telephone No. <u>4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1</u>
CERTIFIC	TRANSPOR TRANSPOR Name Address City/State ATION: DISPOSAL C Name _C Address City/State	d below. I certify that the foregoing is true and correct to the bes Signature of Generator's Authorized Agent TER: (To be completed in full by Tran Fluid Transport fy that the waste in quantity above was received by me for shipn Signature of Transporter's Agent OR RECLAMATION SITE: Controlled Recovery, Inc. P.O. Box 388	261 and was consigned to the transporter t of my knowledge Date and Time of Shipment Date and Time of Shipment nsporter) Telephone No. <u>44444</u> Truck No. nent to the destination below. <u>575) 393-1079</u> Telephone No. <u>www.crihobbs.com</u> E-mail

	Generato	31 OC C Martin	( 575 )396-5821
	Address	1 1 1 1 DOOXO	$\frac{1}{10000000000000000000000000000000000$
	City/State	) LANVIER COTT, SHE SHELLAN	
ORGINATI	ION OF WA	STE:	
Operation	s Center		Permit No. MD350010357
Property N	Name	LOVINZTON (Well, Tank Battery, Plant, Facility)	
WASTE ID	DENTIFICATIO	ON AND AMOUNT (BARRELS, YARDS, TONS,	CU.FT., LBS., UNITS, ETC.)
Drilling Flu Completion		Tank Bottoms Gas Plant Waste	Exempt Fluids C117 No
Contaminate	ed Soil	Other Materials	Pit No
		DESCRIPTION / NOTES	
		do contienter alma des	\$-^
CERTIFIC		The waste described above is not hazardous pursuant to 40 CFR Pa named below. I certify that the foregoing is true and correct to the	art 261 and was consigned to the transporter
		Signature of Generator's Authorized Agent	best of my knowledge. Date and Time of Shipment
PART II:	TRANSPO	Lesi Card H	Date and Time of Shipment
PART II:		Signature of Generator's Authorized Agent	Date and Time of Shipment
Part II:	Name	Signature of Generator's Authorized Agent	Date and Time of Shipment
PART II:	Name Address	Signature of Generator's Authorized Agent ORTER: (To be completed in full by Tr Fluid Transport	Date and Time of Shipment
PART II:	Name	Signature of Generator's Authorized Agent ORTER: (To be completed in full by Tr Fluid Transport	Date and Time of Shipment ansporter) Telephone No.
PART II: CERTIFICA	Name Address City/State	Signature of Generator's Authorized Agent ORTER: (To be completed in full by Tr Fluid Transport	Date and Time of Shipment         ansporter)         Telephone No. $437/4g         Truck No.         hipment to the destination below.         15/16/N$
CERTIFIC	Name Address City/State ATION:	Signature of Generator's Authorized Agent ORTER: (To be completed in full by Tr Fluid Transport certify that the waste in quantity above was received by me for sh Signature of Transporter's Agent	Date and Time of Shipment         ansporter)         Telephone No. $437/4n<$ Truck No.         nipment to the destination below.
CERTIFIC	Name Address City/State ATION:	Signature of Generator's Authorized Agent ORTER: (To be completed in full by Tr	Date and Time of Shipment         ansporter)         Telephone No. $437/4gght$ Truck No.         hipment to the destination below. $15/16/16$
CERTIFIC	Name Address City/State ATION:	Signature of Generator's Authorized Agent ORTER: (To be completed in full by Tr Fluid Transport certify that the waste in quantity above was received by me for sh Signature of Transporter's Agent	Date and Time of Shipment         ansporter)         Telephone No. $437/4gght$ Truck No.         hipment to the destination below. $15/16/16$
CERTIFIC	Name Address City/State ATION:	Signature of Generator's Authorized Agent ORTER: (To be completed in full by Tr Fluid Transport certify that the waste in quantity above was received by me for sh Carter of Transporter's Agent L OR RECLAMATION SITE: Controlled Recovery, Inc. P.O. Box 388	Date and Time of Shipment ansporter) Telephone No. <u>437/466A</u> Truck No. hipment to the destination below. <u>US/16/11</u> Date and Time Received (575) 393-1079 Telephone No.
· · · ·	Name Address City/State ATION: DISPOSA Name	Signature of Generator's Authorized Agent ORTER: (To be completed in full by Tr Fluid Transport certify that the waste in quantity above was received by me for sh Signature of Transporter's Agent L OR RECLAMATION SITE: Controlled Recovery, Inc. P.O. Box 388	Date and Time of Shipment ansporter) Telephone No. <u>437</u> / <u>455</u> / <u>165</u> / <u>N</u> Truck No. nipment to the destination below. <u>(575)</u> <u>105</u> / <u>115</u> / <u>115</u> Date and Time Received <u>(575)</u> <u>393-1079</u> Telephone No. <u>www.crihobbs.com</u>
Certifica Part III:	Name Address City/State ATION: DISPOSA Name Address City/State	Signature of Generator's Authorized Agent ORTER: (To be completed in full by Tr Fluid Transport certify that the waste in quantity above was received by me for sh Signature of Transporter's Agent L OR RECLAMATION SITE: Controlled Recovery, Inc. P.O. Box 388 Hobbs; N.M. 88241-0388	Date and Time of Shipment ansporter) Telephone No. 437/4nch Truck No. nipment to the destination below. 65/16/11 Date and Time Received (575) 393-1079 Telephone No. www.crihobbs.com E-mail
CERTIFIC	Name Address City/State ATION: DISPOSA Name Address City/State	Signature of Generator's Authorized Agent ORTER: (To be completed in full by Tr Fluid Transport certify that the waste in quantity above was received by me for sh Signature of Transporter's Agent L OR RECLAMATION SITE: Controlled Recovery, Inc. P.O. Box 388	Date and Time of Shipment ansporter) Telephone No. $437/4r_{c}$ Truck No. hipment to the destination below. 65/16/11 Date and Time Received (575) 393-1079 Telephone No. www.crihobbs.com E-mail

70228

PART I:	Genera	ntor <u>ievajo Bettelina - tex Ptanc</u> -	( )
	Addres	s <u>7406 S. Mede</u> ate Lovington, M.N. (18260	. <u>(975) 3065×5871</u> Telephone No.
ORGINATI	ION OF W	/ASTE:	
Operation	s Center		Permit No. <u>200360/16357</u>
Property N	Name	LOVICE CON (Well, Tank Battery, Plant, Facility)	
WASTE ID	DENTIFICAT	FION AND AMOUNT (BARRELS, YARDS, TONS, C	U.FT., LBS., UNITS, ETÇ.)
Drilling Flu	ids	Tank Bottoms	Exempt Fluids
Completion	Fluids	Gas Plant Waste	C117 No
Contaminate	ed Soil	Other Materials	Pit No
		DESCRIPTION / NOTES	
	1-1	n an	
	<u></u>	Albert interpendent	<u>ch h</u>
		·	
CERTIFIC	ATION:	The waste described above is not hazardous pursuant to 40 CFR Part	261 and was consigned to the transporter
_		named below. I certify that the foregoing is true and correct to the be	
		And C. D. Ale	
		Signature of Generator's Authorized Agent	Date and Time of Shipment
PART II:	TDANG	PORTER: (To be completed in full by Trai	acportari
	INANO	PORTER. (To be completed in full by trai	nsporter)
	Name		
	Addres		Telephone No.
-	City/Sta		
	Oity/Old		Truck No.
CERTIFIC/	ATION:	I certify that the waste in quantity above was received by me for ship	ment to the destination below.
		A MAR A MAR A MAR A	
		Signature of Transporter's Agent	Date and Time Received
PART III:	DISPOS	SAL OR RECLAMATION SITE:	
	Name	Controlled Recovery, Inc.	(575) 393-1079
	Addres		Telephone No.
	City/Sta	te Hobbs, N.M. 88241-0388	www.crihobbs.com
_			E-mail
CERTIFICA	ATION:	I certify that the waste described in Part I was received by me via the	transporter described in Part II.
		Signature of Facility Agent	Date and Time Received

# (19) 76229

## NON-HAZARDOUS WASTE MANIFEST

PART I:		- Mavajo Refining - Los Plant 74(% S. Main	( 575 ) ogga 5801
		Lovington, MB: 28260	Telephone No.
ORGINATIO	-		
Operations	Center _		Permit No. 190360010367
Property Na	ame _	LOVINETON (Well, Tank Battery, Plant, Facility)	
WASTE IDE	ENTIFICATIO	N AND AMOUNT (BARRELS, YARDS, TONS, C	CU.FT., LBS., UNITS, ETC.)
Drilling Fluic		Tank Bottoms	Exempt Fluids
Completion F		Gas Plant Waste	C117 No.
Contaminated	t Soil	Other Materials	Pit No
		DESCRIPTION / NOTES	
		the second s	
	<u>i na seri</u> G	and contranctal	stat Ch
CERTIFICA		ne waste described above is not hazardous pursuant to 40 CFR Part amed below. I certify that the foregoing is true and correct to the b	t 261 and was consigned to the transporter est of my knowledge.
	<u> </u>	A Contraction of the second	
••••••••••••••••••••••••••••••••••••••		Signature of Generator's Authorized Agent	Date and Time of Shipment
Part II:	TRANSPC	RTER: (To be completed in full by Tra	nsporter)
	Name	Fluid Transport	
	Address	· · ·	Telephone No. i
	City/State	· · · · · · · · · · · · · · · · · · ·	453/4.MA
CERTIFICA	ΓΙΟΝ: το	ertify that the waste in quantity above was received by me for ship	Truck No.
		Signature of Transporter's Agent	Date and Time Received
Part III:	DISPOSAL	OR RECLAMATION SITE:	
	Name	Controlled Recovery, Inc.	(575) 393-1079
	Address	P.O. Box 388	Telephone No.
	City/State	Hobbs, N.M. 88241-0388	www.crihobbs.com
			E-mail
CERTIFICAT		ertify that the waste described in Part I was received by me via the	e transporter described in Part II.
		Signature of Facility Agent	Date and Time Received

12	.03	3°.	pri-	994 C.
{	فر به	-: .		

PART I:	Generator Address		( 575 ) 396~5821
	City/State	Tarrian Mai 00250	Telephone No.
ORGINATI	ON OF WAS	TE:	
Operations	Center		Permit No. <u>MM0360010367</u>
Property N	ame _	(Well, Tank Battery, Plant, Facility)	
WASTE ID	ENTIFICATION	NAND AMOUNT (BARRELS, YARDS, TONS,	, CU.FT., LBS., UNITS, ETC.)
Drilling Flui		Tank Bottoms	Exempt Fluids
Completion		Gas Plant Waste	C117 No
Contaminate	d Soil	Other Materials	Pit No
		DESCRIPTION / NOTES	
		Containing de de	7.7
		<u>C. C. H. M. Min E. G. C. C. C. C. C.</u>	
			A
CERTIFICA		e waste described above is not hazardous pursuant to 40 CFR P med below. I certify that the foregoing is true and correct to the	
		-1 . p Q -ff.	13 13 14
		Signature of Generator's Authorized Agent	Date and Time of Shipment
		Signature of Generator's Authorized Agent	Date and Time of Shipment
Part II:	TRANSPO	Signature of Generator's Authorized Agent RTER: (To be completed in full by Tr	Date and Time of Shipment
Part II:		RTER: (To be completed in full by Tr	Date and Time of Shipment
PART II:	Name	RTER: (To be completed in full by Tr	Date and Time of Shipment
PART II:	Name Address _	RTER: (To be completed in full by Tr	Telephone No.
PART II:	Name	RTER: (To be completed in full by Tr	Date and Time of Shipment
	Name Address City/State	RTER: (To be completed in full by Tr	Telephone No.
PART II: CERTIFICA	Name Address City/State	RTER: (To be completed in full by Tr Fluic: Transport	Telephone No.
	Name Address City/State	RTER: (To be completed in full by Tr	Telephone No.
	Name - Address - City/State - TION: 1 co	RTER: (To be completed in full by Tr Fluic: Transport	Telephone No.
CERTIFICA	Name Address _ City/State _ TION: DISPOSAL	RTER: (To be completed in full by Tr Fluid Transport ertify that the waste in quantity above was received by me for sl Signature of Transporter's Agent OR RECLAMATION SITE:	Telephone No.
CERTIFICA	Name Address City/State _ TION: 1 cc  DISPOSAL Name	RTER: (To be completed in full by Tr Fluid Transport ertify that the waste in quantity above was received by me for sl Signature of Transporter's Agent OR RECLAMATION SITE: Controlled Recovery, Inc.	Telephone No.
CERTIFICA	Name - Address - City/State - TION: 1 cc DISPOSAL Name - Address -	RTER: (To be completed in full by Tr Fluic: Transport ertify that the waste in quantity above was received by me for sl Signature of Transporter's Agent OR RECLAMATION SITE: Controlled Recovery, Inc. P.O. Box 388	Telephone No.
CERTIFICA	Name Address City/State _ TION: 1 cc  DISPOSAL Name	RTER: (To be completed in full by Tr Fluid Transport ertify that the waste in quantity above was received by me for sl Signature of Transporter's Agent OR RECLAMATION SITE: Controlled Recovery, Inc.	Telephone No.
CERTIFICA	Name Address City/State _ TION: DISPOSAL Name Address City/State _	RTER: (To be completed in full by Tr Fluic: Transport ertify that the waste in quantity above was received by me for sl Signature of Transporter's Agent OR RECLAMATION SITE: Controlled Recovery, Inc. P.O. Box 388	Telephone No.
Certifica Part III:	Name Address City/State _ TION: DISPOSAL Name Address City/State _ TION:	RTER: (To be completed in full by Tr Fluid Transport ertify that the waste in quantity above was received by me for sl Signature of Transporter's Agent OR RECLAMATION SITE: Controlled Recovery, Inc. P.O. Box 388 Hobbs, N.M. 88241-0388	Telephone No.

л?:

70241

PART I:	Generat	or <u>avajo defining - Les Plent</u>	
,	Address	7406 S. Azin	<u>( 576 ) 396-0721</u>
	City/Sta	te <u>. iovinaton, Nei 88260</u>	Telephone No.
ORGINATI	ON OF W	ASTE:	
Operation	s Center		Permit No
Property N	lame	(Well, Tank Battery, Plant, Facility)	
WASTE ID	ENTIFICATI	ON AND AMOUNT (BARRELS, YARDS, TONS, CU	J.FT., LBS., UNITS, ETC.)
Drilling Flui	ids	Tank Bottoms	Exempt Fluids
Completion	Fluids	Gas Plant Waste	C117 No
Contaminate	ed Soil	Other Materials	Pit No
		DESCRIPTION / NOTES	
1 1 1			
1 dest	<u>- Add</u>	3 Romanservited alista	
CERTIFICA	ATION:	The waste described above is not hazardous pursuant to 40 CFR Part 2 named below. I certify that the foregoing is true and correct to the best	
		Signature of Generator's Authorized Agent	Date and Time of Shipment
PART II:	TRANSF	ORTER: (To be completed in full by Tran	sporter)
	Nieree	William C. Storman was to	325-573-5421
	Name	Pluid Transport	Telephone No.
	Address City/Stat		421
	City/Stai		Truck No.
CERTIFICA	ATION:	I certify that the waste inequality above was received by me for shipm	ent to the destination below. $y' = y'$
		Sr Mister	9/14/31
		Signature of Transporter's Agent	Date and Time Received
PART III:	DISPOS	AL OR RECLAMATION SITE:	
	Name	Controlled Recovery, Inc.	(575) 393-1079
	Address	P.O. Box 388	Telephone No.
	City/Stat	e Hobbs, N.M. 88241-0388	www.crihobbs.com
		· · ·	E-maił
CERTIFICA	ATION:	I certify that the waste described in Part I was received by me via the tr	ansporter described in Part II.
		Signature of Facility Agent	Date and Time Received
		or Brinning of A donning in Bound	

₽ . .

PART I:	Generator_	<u>Navajo Refinica - Leo</u>	Plant		
	Address	7406 <u>S. Main</u>		(575) 396-587	**
	City/State_	Lovington, NM 98260		Telephone No.	
ORGINATI	ON OF WAST	E:			
Operations	s Center 🛛		,	Permit No. MD3600103	57
Property N	lame	Lovington (Well, Tank Battery, Plant, Facility)			<b>N</b> - 1
WASTE ID	ENTIFICATION	AND AMOUNT (BARRELS, YAF	RDS, TONS, CU.F	T., LBS., UNITS, ETC.)	
Drilling Flui	ds	Tank Bottoms		Exempt Fluids	
Completion		Gas Plant Waste		C117 No.	
Contaminate		Other Materials		Pit No.	
		DESCRIPTION	/ NOTES		
		Er Kidmosethel of			
		the second s			
			and the second		
CERTIFICA		waste described above is not hazardous pursu ed below. I certify that the foregoing is/true a			
	: •	-1 1 FA			
	·	Signature of Generator's Authorized Agent		Date and Time of	Shipment
PART II:	TRANSPOR	TER: (To be completed in	full by Transp	orter)	
		· ·	<i>y</i> 1	,	
	Name _ <sup>l</sup>	Fluid Transport		Talaukana Na	-
	Address			Telephone No.	
	City/State_	18 11 <sup>4</sup> D		To Truck No. 10,	7./
CERTIFICA	TION: 1 cert	ify that the waste in quantity above was recei	ved by me for shipment t	to the destination below.	
		Chino Vich	2 2 ***	<i></i>	
		Signature of Transporter's Agent	17	Date and Time R	eceived
PART III:	DISPOSAL	OR RECLAMATION SITE:			
	Name _	Controlled Recovery, Inc.	·	(575) 393-1079	
	Address	P.O. Box 388		Telephone No.	
	City/State	Hobbs, N.M. 88241-0	388	www.crihobbs.co	<u>m</u>
				E-mail	
CERTIFICA	TION; I certi	ify that the waste described in Part I was rece	ived by me via the transp	porter described in Part II.	

Signature of Facility Agent

10223

r. F	2	Ŀ.	ħ
÷.		~	•

Audiess       City/State       Telephone Ne.         DRGINATION OF WASTE:       Permit No. SEDSTATUTION.       Telephone Ne.         Operations Center       Permit No. SEDSTATUTION.       Permit No. SEDSTATUTION.         WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.PT., LBS., UNITS, ETC.)       Diffing Fluids       Contaction of the second secon	PART I:	Generator	<u>Navajo Refining - Lea Plant</u> 7406 S. Main	- ( 575 )396-5821
DRGINATION OF WASTE:         Deperations Center         Property Name         Loss Logistics         (Well, Task Batery, Plant, Facility)         WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT, LBS, UNITS, ETC.)         Drilling Fluids         Completion Fluids         Completion Fluids         Completion Fluids         Contaminated Soil         DESCRIPTION / NOTES         ZMADAD         MADADA         DESCRIPTION / NOTES         ZMADAD         VALUEA         DESCRIPTION / NOTES         ZMADAD         VALUEA         VALUEA         VALUEA         VALUEA         DESCRIPTION / NOTES         ZMADAD         VALUEA         VAL			· · · · · · · · · · · · · · · · · · ·	
Operations Center       Permit No. 00000000000000000000000000000000000		City/State	Barrangeone, Bec Dogot	
roperty Name       Low LOP to Plant, Facility)         WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT, LBS, UNITS, ETC.)         Drilling Fluids       Tank Bottoms         Completion Fluids       Gas Plant Waste         Completion Fluids       Gas Plant Waste         Contaminated Soil       Other Materials         DESCRIPTION / NOTES         Image: Solid Contaminated Soil       DESCRIPTION / NOTES         Image: Solid Contaminated Soil       DESCRIPTION / NOTES         Image: Solid Contaminated Solid Contaminated Agent       DESCRIPTION / NOTES         Image: Solid Contaminated Solid Contaminated Agent       Description Plant the foregoing is true and correct to the best of my knowledge.         Image: Solid Contaminated Agent       Date and Time of Shipmer         ART II:       TRANSPORTER: (To be completed in full by Transporter)         Name       Plattic is cattics of agent         Image: Solid Controlled Recovery, Inc.       (575) 393-1079         Treck No.       Treck No.         ERTIFICATION:       Learning Recovery, Inc.         Image: Solid Recovery, Inc.       (575) 393-1079         Name       PO. Box 388       Image: Solid Recovery, Inc.         City/State       Po. Box 388       Image: Solid Recovery, Inc.         PO. Box 388       Image: Solid Recovery, Inc.<	ORGINAT	ON OF WASTE	:	
(Well, Tank Battery, Plant, Facility)         WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)         Drilling Fluids       Tank Bottoms       Exempt Fluids       Completion Fluids <td< td=""><td>Operation</td><td>s Center</td><td></td><td>Permit No. AMDBAGOLO 847</td></td<>	Operation	s Center		Permit No. AMDBAGOLO 847
(Well, Tank Battery, Plant, Facility)         WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)         Drilling Fluids       Tank Bottoms       Exempt Fluids       Completion Fluids <td< td=""><td>Property N</td><td>Name</td><td>Lovington</td><td></td></td<>	Property N	Name	Lovington	
Drilling Fluids       Tank Bottoms       Exempt Fluids         Completion Fluids       Gas Plant Waste       C117 No.         Contaminated Soil       Other Materials       Pit No.         DESCRIPTION / NOTES       DESCRIPTION / NOTES         Image: State in the waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. Tecrify that the foregoing is true and correct to the best of my knowledge.         Image: State in the waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. Tecrify that the foregoing is true and correct to the best of my knowledge.         Image: State in the waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. Tecrify that the foregoing is true and correct to the best of my knowledge.         Image: State in the waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. Tecrify that the foregoing is true and correct to the best of my knowledge.         Image: State in the waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter of State in the transporter of my knowledge.         Image: State in the waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter of the best of my knowledge.         Image: State in the waste described in full by Transporter)       Part 11 Part 11         Name       Plutic Tecrify that the waste described in full by me for shipment to the destinati	, ,		(Well, Tank Battery, Plant, Facility)	
Completion Fluids       Gas Plant Waste       C117 No.         Contaminated Soil       Other Materials       Pit No.         DESCRIPTION / NOTES       DESCRIPTION / NOTES         Image: Control of C	WASTE IE	DENTIFICATION AN	ND AMOUNT (BARRELS, YARDS, TONS	S, CU.FT., LBS., UNITS, ETC.)
Completion Fluids       Gas Plant Waste       C117 No.         Contaminated Soil       Other Materials       Pit No.         DESCRIPTION / NOTES       DESCRIPTION / NOTES         CALL       March of Control of Classical and second of Second of Classical and Second of Second of Classical and Second	Drilling Flu	ids	Tank Bottoms	Exempt Fluids
Contaminated Soil       Other Materials       Pit No.         DESCRIPTION / NOTES       DESCRIPTION / NOTES         //2       JALAA       CONDUCT AND CONTES         //2       JALAA       CONDUCT AND CONTER         //2       JALAA       CONTENT AND CONTER         //2       JALAA       JALAA         JALAA       CONTENT AND CONTER       PO - 14 - 11         Signature of Generator's Authorized Agent       Jala and Time of Shipmer         ART II:       TRANSPORTER: (To be completed in full by Transporter)       Jala and Time of Shipmer         Name       Pluida       JCSSCRE       Jala and Time of Shipmer No.         City/State	-		Gas Plant Waste	C117 No
Image: Service of Generator's Authorized Agent         CERTIFICATION:       The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge.         Image: Image	-		Other Materials	Pit No
Image: Service of Generator's Authorized Agent         CERTIFICATION:       The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge.         Image: Image			DESCRIPTION / NOTES	
ERTIFICATION:       The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge.       9 - 14 - 11         Signature of Generator's Authorized Agent       9 - 14 - 11         ART II:       TRANSPORTER: (To be completed in full by Transporter)         Name       Pluid TEARSport         Address       412.1         City/State       412.1         Signature of Transporter's Agent       9 - 14 - 11         Date and Time of Transporter's Agent       9 - 14 - 11         Signature of Transporter's Agent       9 - 14 - 11         Date and Time of Transporter's Agent       9 - 14 - 11         Address       9 - 14 - 11         Signature of Transporter's Agent       9 - 14 - 11         Date and Time Address       9 - 14 - 11         Address       9 - 14 - 11         Date and Time Agent       9 - 14 - 11         Date and Time Agent       9 - 14 - 11         Date and Time Agent       9 - 14 - 11         Date and Time Agent       9 - 14 - 11         Date and Time Agent       9 - 14 - 11         Date and Time Agent       9 - 14 - 11         Date and Time Agent       9 - 14 - 11         Date and Time Agent       9 - 14 - 11<		· · · · · · · · · · · · · · · · · · ·		
ERTIFICATION:       The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge.       9 - 14 - 11         Signature of Generator's Authorized Agent       9 - 14 - 11         ART II:       TRANSPORTER: (To be completed in full by Transporter)         Name       Pluid TEARSport         Address       412.1         City/State       412.1         Signature of Transporter's Agent       9 - 14 - 11         Date and Time of Transporter's Agent       9 - 14 - 11         Signature of Transporter's Agent       9 - 14 - 11         Date and Time of Transporter's Agent       9 - 14 - 11         Address       9 - 14 - 11         Signature of Transporter's Agent       9 - 14 - 11         Date and Time Address       9 - 14 - 11         Address       9 - 14 - 11         Date and Time Agent       9 - 14 - 11         Date and Time Agent       9 - 14 - 11         Date and Time Agent       9 - 14 - 11         Date and Time Agent       9 - 14 - 11         Date and Time Agent       9 - 14 - 11         Date and Time Agent       9 - 14 - 11         Date and Time Agent       9 - 14 - 11         Date and Time Agent       9 - 14 - 11<		C april 2010	amilamended dist-	
named below. 1 certify that the foregoing is true and correct to the best of my knowledge.       9-14-11         Signature of Generator's Authorized Agent       Date and Time of Shipmer         ART II:       TRANSPORTER: (To be completed in full by Transporter)         Name       Pluto Transport         Address       42.1         City/State       42.1         Signature of Transporter's Agent       9-14-11         Date and Time of Shipmer       12.5         RTTIFICATION:       1 certify that the waste in quantify above areas received by me for shipment to the destination below.         Image: Signature of Transporter's Agent       9-14-11         Date and Time Received       Date and Time Received         ART III:       DISPOSAL OR RECLAMATION SITE:         Name       Controlled Recovery, Inc.       (575) 393-1079         Address       P.O. Box 388       melephone No.         City/State       Hobbs, N.M. 88241-0388       www.crihobbs.com         Ernail       Ernail       Ernail         ERTIFICATION:       1 certify that the waste described in Part 1 was received by me via the transporter described in Part 1.		م <sup>ع</sup> مر	·	
named below. 1 certify that the foregoing is true and correct to the best of my knowledge.       9-14-11         Signature of Generator's Authorized Agent       Date and Time of Shipmer         ART II:       TRANSPORTER: (To be completed in full by Transporter)         Name       Pluto Transport         Address       42.1         City/State       42.1         Signature of Transporter's Agent       9-14-11         Date and Time of Shipmer       12.5         RTTIFICATION:       1 certify that the waste in quantify above areas received by me for shipment to the destination below.         Image: Signature of Transporter's Agent       9-14-11         Date and Time Received       Date and Time Received         ART III:       DISPOSAL OR RECLAMATION SITE:         Name       Controlled Recovery, Inc.       (575) 393-1079         Address       P.O. Box 388       melephone No.         City/State       Hobbs, N.M. 88241-0388       www.crihobbs.com         Ernail       Ernail       Ernail         ERTIFICATION:       1 certify that the waste described in Part 1 was received by me via the transporter described in Part 1.	· · · · · · · · · · · · · · · · · · ·			
named below. 1 certify that the foregoing is true and correct to the best of my knowledge.       9-14-11         Signature of Generator's Authorized Agent       Date and Time of Shipmer         ART II:       TRANSPORTER: (To be completed in full by Transporter)         Name       Pluto Transport         Address       42.1         City/State       42.1         Signature of Transporter's Agent       9-14-11         Date and Time of Shipmer       12.5         RTTIFICATION:       1 certify that the waste in quantify above areas received by me for shipment to the destination below.         Image: Signature of Transporter's Agent       9-14-11         Date and Time Received       Date and Time Received         ART III:       DISPOSAL OR RECLAMATION SITE:         Name       Controlled Recovery, Inc.       (575) 393-1079         Address       P.O. Box 388       melephone No.         City/State       Hobbs, N.M. 88241-0388       www.crihobbs.com         Ernail       Ernail       Ernail         ERTIFICATION:       1 certify that the waste described in Part 1 was received by me via the transporter described in Part 1.			• • • • • • • • • • • • • • • • • • •	
named below. I certify that the foregoing is true and correct to the best of my knowledge.       9-14-11         Signature of Generator's Authorized Agent       Date and Time of Shipmer         ART II:       TRANSPORTER: (To be completed in full by Transporter)         Name       Pluid TRANSport         Address	CERTIFIC	ATION: The was	ste described above is not hazardous pursuant to 40 CFR	Part 261 and was consigned to the transporter
Signature of Generator's Authorized Agent     Date and Time of Shipmer       ART II:     TRANSPORTER: (To be completed in full by Transporter)				
Signature of Generator's Authorized Agent     Date and Time of Shipmer       ART II:     TRANSPORTER: (To be completed in full by Transporter)			Concert House	9-14-11
Name       Pluin Transport       325772-5421         Address		Sig	gnature of Generator's Authorized Agent	Date and Time of Shipment
Name       Pluin Transport       325772-5421         Address	PART III	TRANSPORT	EB: (To be completed in full by ]	Transporter)
Address	ATT II.			
Address		Name	lula Transport	$\int \mathcal{Z} \frac{\int \mathcal{T}^2 - \mathcal{L}^2}{2} \frac{1}{2} \frac{1}{2}$
Truck No.         ERTIFICATION:       1 certify that the waste in quantify above was received by me for shipment to the destination below.         General Controlled Recovery inc.       General Controlled Recovery, inc.       General Controlled Recovery, inc.         ART III:       DISPOSAL OR RECLAMATION SITE:       Itelephone No.         Address       P.O. Box 388       Telephone No.         City/State       Hobbs, N.M. 88241-0388       Www.crihobbs.com         ERTIFICATION:       1 certify that the waste described in Part 1 was received by me via the transporter described in Part 1.				relephone No.
ERTIFICATION:       1 certify that the waste in quantify above was received by me for shipment to the destination below.       9 - 1/1 - 1/         Signature of Transporter's Agent       Date and Time Received         ART III:       DISPOSAL OR RECLAMATION SITE:         Name       Controlled Recovery, Inc.         Address       P.O. Box 388         City/State       Hobbs, N.M. 88241-0388         ERTIFICATION:       1 certify that the waste described in Part I was received by me via the transporter described in Part II.		City/State		
ART III:       DISPOSAL OR RECLAMATION SITE:         Name       Controlled Recovery, Inc.         Address       P.O. Box 388         City/State       Hobbs, N.M. 88241-0388         ERTIFICATION:       I certify that the waste described in Part I was received by me via the transporter described in Part I.	EBTIEIC		يور ورو و گرد. در او در در	
ART III: DISPOSAL OR RECLAMATION SITE: Name <u>Controlled Recovery, Inc.</u> (575) 393-1079 Address <u>P.O. Box 388</u> City/State <u>Hobbs, N.M. 88241-0388</u> ERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.			that the waste in quantity above was received by me for	
Name       Controlled Recovery, Inc.       (575) 393-1079         Address       P.O. Box 388       Telephone No.         City/State       Hobbs, N.M. 88241-0388       www.crihobbs.com         Ermail       E-mail         ERTIFICATION:       I ceruity, that the waste described in Part I was received by me via the transporter described in Part II.			Signature of Transporter's Agent	Date and Time Received
Address       P.O. Box 388       Telephone No.         City/State       Hobbs, N.M. 88241-0388       www.crihobbs.com         E-mail       E-mail         ERTIFICATION:       I certify that the waste described in Part I was received by me via the transporter described in Part II.	ART III:	DISPOSAL OI	R RECLAMATION SITE:	
Address       P.O. Box 388       Telephone No.         City/State       Hobbs, N.M. 88241-0388       www.crihobbs.com         E-mail       E-mail         ERTIFICATION:       I certify that the waste described in Part I was received by me via the transporter described in Part II.		0		(575) 202 1070
Address       F.O. BOX 388         City/State       Hobbs, N.M. 88241-0388       www.crihobbs.com         E-mail       E-mail         ERTIFICATION:       I certify that the waste described in Part I was received by me via the transporter described in Part II.				*
E-mail ERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II				· ·
ERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II		City/State	Hobbs, N.M. 88241-0388	
Addeday Depart				
		ATION. I certify	I TALEN I THE SECOND SECOND	a the transporter described in Part II.
Vignature of Likelity Applies Applies		ASIC	Signature of Facility Agent	Date and Time Received

76245

Part I:	Generator - Address	Navajo Refining - Lea Plant 7406 S. Main	<u>(575) 396–5821</u> Telephone No.
	City/State_	Lovington, NM 88260	
ORGINAT	ION OF WAST	ſE:	
Operation	s Center		Permit No. NMD350010367
Property N	Name	Lovington	
		(Well, Tank Battery, Plant, Facility)	
		AND AMOUNT (BARRELS, YARDS, TONS	
W/10:11: 11		AND AMOUNT (DAIGUES, MILDS, TONG	
Drilling Flu	ids	Tank Bottoms	_ Exempt Fluids
Completion		Gas Plant Waste	C117 No
Contaminat		Other Materials	Pit No
Contaminaț			
		DESCRIPTION / NOTES	
·	2 njasola	Contamenated disk_	
			· 그는 한 한 것 · · · · · · · · · · · · · · · · ·
DERTIFIC	ATION: The	BOX waste described above is not hazardous pursuant to 40 CFR ed below. I certify that the foregoing is true and correct to ff	Part 261 and Was consigned to the transporter fie best of my knowledge.
CERTIFIC	ATION: The nam	waste described above is not hazardous pursuant to 40 CFR	Part 261 and Was consigned to the transporter the best of my knowledge.
DERTIFIC	ATION: The nam	waste described above is not hazardous pursuant to 40 CFR ed below. I certify that the foregoing is true and correct to ff	ne best of my knowledge.
		waste described above is not hazardous pursuant to 40 CFR ed below. I certify that the foregoing is true and correct to ff	best of my knowledge. Date and Time of Shipment
	TRANSPOF	waste described above is not hazardous pursuant to 40 CFR ed below. I certify that the foregoing is true and correct to ff Signature of Generator's Authorized Agent	Date and Time of Shipment
		waste described above is not hazardous pursuant to 40 CFR ed below. I certify that the foregoing is true and correct to the Signature of Generator's Authorized Agent RTER: (To be completed in full by T	best of my knowledge. Date and Time of Shipment
	TRANSPOF Name _ Address _	waste described above is not hazardous pursuant to 40 CFR ed below. I certify that the foregoing is true and correct to the Signature of Generator's Authorized Agent RTER: (To be completed in full by T	Date and Time of Shipment
ART II:	TRANSPOF Name _ Address _ City/State_	waste described above is not hazardous pursuant to 40 CFR ed below. I certify that the foregoing is true and correct to the Signature of Generator's Authorized Agent RTER: (To be completed in full by T	Date and Time of Shipment
PART II:	TRANSPOF Name _ Address _ City/State_	waste described above is not hazardous pursuant to 40 CFR ed below. I certify that the foregoing is true and correct to the Signature of Generator's Authorized Agent RTER: (To be completed in full by T	Transporter) Telephone No. Truck No.
ART II:	TRANSPOF Name _ Address _ City/State_	waste described above is not hazardous pursuant to 40 CFR ed below. I certify that the foregoing is true and correct to the Signature of Generator's Authorized Agent RTER: (To be completed in full by T Fluid Transport tify that the wastern quantity above was received by me for	Transporter) Telephone No. 424 - 410 Truck No. shipment to the destination below. 9 - 14 - 11
PART II:	TRANSPOF Name _ Address _ City/State_	waste described above is not hazardous pursuani to 40 CFR ed below. I certify that the foregoing is true and correct to the Signature of Generator's Authorized Agent RTER: (To be completed in full by T Fluid Transport	Date and Time of Shipment Transporter) Telephone No. <u>47244 - 4410</u> Truck No. shipment to the destination below.
ART II: ERTIFIC	TRANSPOF Name – Address – City/State – ATION: I cer	waste described above is not hazardous pursuant to 40 CFR ed below. I certify that the foregoing is true and correct to the Signature of Generator's Authorized Agent RTER: (To be completed in full by T Fluid Transport tify that the wastern quantity above was received by me for	Transporter) Telephone No. 424 - 410 Truck No. shipment to the destination below. 9 - 14 - 11
ART II: ERTIFIC	TRANSPOF Name – Address – City/State – ATION: I cer DISPOSAL	waste described above is not hazardous pursuant to 40 CFR ed below. I certify that the foregoing is true and correct to the Signature of Generator's Authorized Agent RTER: (To be completed in full by T Fluid Transport tify that the wastering quantity above way received by me for Signature of Transporter's Agent OR RECLAMATION SITE:	Transporter) Telephone No. 424 - 410 Truck No. shipment to the destination below. 9 - 14 - 11 Date and Time Received
PART II: DERTIFIC	TRANSPOF Name Address City/State _ ATION: I cer DISPOSAL Name	waste described above is not hazardous pursuant to 40 CFR ed below. I certify that the foregoing is true and correct to the Signature of Generator's Authorized Agent RTER: (To be completed in full by T Fluid Transport tify that the wastern quantity above was received by me for Signature of Transport 's Agent OR RECLAMATION SITE: Controlled Recovery, Inc.	Transporter) Telephone No. 424 - 410 Truck No. shipment to the destination below. 9 - 14 - 11
PART II:	TRANSPOF Name – Address – City/State – ATION: I cer DISPOSAL	waste described above is not hazardous pursuant to 40 CFR ed below. I certify that the foregoing is true and correct to the Signature of Generator's Authorized Agent RTER: (To be completed in full by T Fluid Transport tify that the wastering quantity above way received by me for Signature of Transporter's Agent OR RECLAMATION SITE:	Transporter) Telephone No. 424 - 410 Truck No. shipment to the destination below. 9 - 14 - 11 Date and Time Received (575) 393-1079 Telephone No. WWW.Crihobbs.com
Dertific Part II: Part III:	TRANSPOF Name Address _ City/State _ ATION: I cer DISPOSAL Name Address _ City/State _	waste described above is not hazardous pursuant to 40 CFR ed below. I certify that the foregoing is true and correct to the Signature of Generator's Authorized Agent RTER: (To be completed in full by T Fluid Transport tify that the wastern quantity above was received by me for Signature of Transporter's Agent OR RECLAMATION SITE: Controlled Recovery, Inc. P.O. Box 388 Hobbs, N.M. 88241-0388	Transporter) Telephone No. 424 - 410 Truck No. shipment to the destination below. 9 - 14 - 11 Date and Time Received (575) 393-1079 Telephone No. WWW.Crihobbs.com E-mail
PART II: DERTIFIC	TRANSPOF Name Address _ City/State _ ATION: I cer DISPOSAL Name Address _ City/State _	waste described above is not hazardous pursuant to 40 CFR ed below. I certify that the foregoing is true and correct to the Signature of Generator's Authorized Agent RTER: (To be completed in full by T Fluid Transport tify that the wase in equation above was received by me for Signature of Transporter's Agent OR RECLAMATION SITE: Controlled Recovery, Inc. P.O. Box 388	Transporter) Telephone No. 424 - 410 Truck No. shipment to the destination below. 9 - 14 - 11 Date and Time Received (575) 393-1079 Telephone No. WWW.Crihobbs.com E-mail

TCP - #7520-A

H. C. S. S.

70200

ł.

PART I:	Generator Address	<u>Navajo Refining - Lea</u> 7406 S. Main		( 575	)396-5821
	City/State_	Lovington, N.M. 88260	)(		Telephone No.
ORGINATI	ON OF WAST	E:			
Operations	s Center 🛛		······································	Permit No.	SED SECUL
Property N		(Well, Tank Battery, Plant, Facility)			
WASTE ID	ENTIFICATION	AND AMOUNT (BARRELS, YA	RDS, TONS,	CU.FT., LBS., UNII	'S, ETC.)
Drilling Flui	ds	Tank Bottoms		Exempt Fluid	ls .
Completion	· · · · · · · · · · · · · · · · · · ·	Gas Plant Waste		C117 No	
Contaminate		Other Materials		Pit No.	
	· ·	DESCRIPTION	V / NOTES		
	yards	centanunatide	lit		
			Aox	AWS-RT9	
CERTIFIC	name	waste described above is not hazardous purs ed below. I certify that the foregoing is true	suant to 40 CFR Pa and correct to the	art 261 and was consigned t	
· · · · · · · · · · · · · · · · · · ·	hame	d below. I certify that the foregoing is true	suant to 40 CFR Pa and correct to the	art 261 and was consigned t best of my knowledge	o the transporter Date and Time of Shipmen
CERTIFICA PART II:	TRANSPOR	Signature of Generator's Authorized Agent	suant to 40 CFR Pa and correct to the	art 261 and was consigned t best of my knowledge	
	TRANSPOR	d below. I certify that the foregoing is true	suant to 40 CFR Pa and correct to the	art 261 and was consigned t best of my knowledge	Date and Time of Shipmen
	TRANSPOR Name Address	Signature of Generator's Authorized Agent	suant to 40 CFR Pa and correct to the	art 261 and was consigned t best of my knowledge	Date and Time of Shipmen
· · · 1 · ·	TRANSPOR	Signature of Generator's Authorized Agent	suant to 40 CFR Pa and correct to the	art 261 and was consigned t best of my knowledge	Date and Time of Shipmen
PART II:	TRANSPOR Name Address City/State	Signature of Generator's Authorized Agent TER: (To be completed i Fluid Transport	n full by Tr	art 261 and was consigned t best of my knowledge.	Date and Time of Shipmen Telephone No. <u>734 410</u> Truck No.
PART II:	TRANSPOR Name Address City/State	Signature of Generator's Authorized Agent TER: (To be completed i Fluid Transport	n full by Tr	art 261 and was consigned t best of my knowledge.	Date and Time of Shipmen Telephone No. 734 4104 Truck No.
PART II:	TRANSPOR Name Address City/State	Signature of Generator's Authorized Agent TER: (To be completed i Fluid Transport	n full by Tr	art 261 and was consigned t best of my knowledge.	Date and Time of Shipmen Telephone No. <u>734 410</u> Truck No.
PART II: CERTIFICA	TRANSPOR Name Address City/State ATION: I cert	Signature of Generator's Authorized Agent Signature of Generator's Authorized Agent TER: (To be completed i Fluid Transport	n full by Tr	art 261 and was consigned t best of my knowledge.	Date and Time of Shipmen Telephone No. 734 4104 Truck No.
PART II: CERTIFICA	TRANSPOR Name Address City/State TION: I cert DISPOSAL ( Name	Signature of Generator's Authorized Agent TER: (To be completed i Fluid Transport Signature of Transport OR RECLAMATION SITE Controlled Recovery, Inc	n full by Tr	art 261 and was consigned to best of my knowledge	Date and Time of Shipmen Telephone No. 734 - 4104 Truck No. How. 9 - 14 - 11 Date and Time Received 393-1079
PART II: CERTIFICA	TRANSPOR Name Address City/State ATION: I cert DISPOSAL ( Name Address	Signature of Generator's Authorized Agent Signature of Generator's Authorized Agent TER: (To be completed i Fluid Transport Signature of Transport OR RECLAMATION SITE Controlled Recovery, Inc P.O. Box 388	n full by Tra	art 261 and was consigned to best of my knowledge	Date and Time of Shipmen Telephone No. 734 - 4104 Truck No. How. 9 - 14 - 11 Date and Time Received 393-1079 ephone No.
PART II: CERTIFICA	TRANSPOR Name Address City/State TION: I cert DISPOSAL ( Name	Signature of Generator's Authorized Agent TER: (To be completed i Fluid Transport Signature of Transport OR RECLAMATION SITE Controlled Recovery, Inc	n full by Tra	art 261 and was consigned to best of my knowledge	Date and Time of Shipmen Telephone No. 734 - 4104 Truck No. How. 9 - 14 - 11 Date and Time Received 393-1079 ephone No. rihobbs.com
Part II: Certifica Part III:	TRANSPOR Name Address City/State ATION: I cert DISPOSAL ( Name Address City/State	Signature of Generator's Authorized Agent Signature of Generator's Authorized Agent TER: (To be completed i Fluid Transport Signature of Transport OR RECLAMATION SITE Controlled Recovery, Inc P.O. Box 388 Hobbs, N.M. 88241-	n full by Tra	art 261 and was consigned to best of my knowledge	Date and Time of Shipmen Telephone No. 724 - 4104 Truck No. How. 9 - 14 - 11 Date and Time Received 393-1079 ephone No. rihobbs.com E-mail
PART II: CERTIFICA PART III:	TRANSPOR Name Address City/State ATION: I cert DISPOSAL ( Name Address City/State	Signature of Generator's Authorized Agent Signature of Generator's Authorized Agent TER: (To be completed i Fluid Transport Signature of Transport OR RECLAMATION SITE Controlled Recovery, Inc P.O. Box 388	n full by Tra	art 261 and was consigned to best of my knowledge	Date and Time of Shipmen Telephone No. 724 - 4104 Truck No. How. 9 - 14 - 11 Date and Time Received 393-1079 ephone No. rihobbs.com E-mail
· · · · · · · · · · · · · · · · · · ·	TRANSPOR Name Address City/State ATION: I cert DISPOSAL ( Name Address City/State	Signature of Generator's Authorized Agent Signature of Generator's Authorized Agent TER: (To be completed i Fluid Transport Signature of Transport OR RECLAMATION SITE Controlled Recovery, Inc P.O. Box 388 Hobbs, N.M. 88241-	n full by Tra	art 261 and was consigned to best of my knowledge	Date and Time of Shipmen Telephone No. 724 - 4104 Truck No. How. 9 - 14 - 11 Date and Time Received 393-1079 ephone No. rihobbs.com E-mail

	Address _		S. Main		<u> </u>	575 / 396-5821 Telephone No.	_
	City/State	<u> </u>	ngton, MM 88	3260		Telephone Ivo.	
RGINAT	ION OF WAS	STE	AL CALLER				
peration	s Center				Permit N	o. <u>NMD360010367</u>	
-	lomo	Lovir	set m				
roperty I	vame _	(Well, Tan	nk Battery, Plant, Facility)	<u> </u>		· .	
WACTE II			UNT (BARRELS, Y	VADDS TONS	TIET IRS IN	NITS FTC )	and the second
WASTEIL		N AND AMU	UNT (BARRELS,	TARDS, TONS, C	U.F I., LDS., U	NITS, ETC.)	
Drilling Flu	uds	1	Tank Bottoms		Exempt F	luids	
Completion	· .		Gas Plant Wast		C117 No.		
Contaminat			Other Materials		Pit No.	<u>`</u>	
	· · · · · · · · · · · · · · · · · · ·			•		·	
	· · · · · · · · · · · · · · · · · · ·	· · · ·	DESCRIPTIC	ON / NOTES			
	7 DIAN	A. Am	Maminat	ed dist			
/· _	e ryan	as cer	all marial	10 min		and a second	· · · · ·
· .		<u></u>					
					~ ~ ~ `		·.
ERTIFIC		he waste describer amed below. I cer	d above is not hazardous p tify that the foregoing is it	bursuant to 40 CFR Pai	1 261 and was consigners of my knowledge.	ied to the transporter	
ERTIFIC		amed below. I cer	tify that the foregoing is the	oursuant to 40 CFR Pai rue and correct to the t	t 261 and was.consign	and the second second second second	ment
ERTIFIC		amed below. I cer	d above is not hazardous p tify that the foregoing is ti enerator's Authorized Age	oursuant to 40 CFR Pai rue and correct to the t	t 261 and was.consign	ed to the transporter Date and Time of Ship	ment
	<b>n</b>	amed below. I cer Signature of G	tify that the foregoing is the	oursuant to 40 CFR Pai rue and correct to the t	t 261 and was.consignest of my knowledge.	and the second second second second	ment
	TRANSPO	amed below. I cer Signature of G DRTER: (To	tify that the foregoing is the completed	oursuant to 40 CFR Pai rue and correct to the t	t 261 and was.consignest of my knowledge.	and the second second second second	menț
	TRANSPO	amed below. I cer Signature of G DRTER: (To	tify that the foregoing is	oursuant to 40 CFR Pai rue and correct to the t	t 261 and was.consignest of my knowledge.	and the second second second second	ment
	TRANSPO	amed below. I cer Signature of G DRTER: (To Fluid T	tify that the foregoing is the completed	oursuant to 40 CFR Pai rue and correct to the t	t 261 and was.consignest of my knowledge.	Date and Time of Ship Telephone No.	· <u>·</u> ····
ART II:	TRANSPO Name Address City/State	amed below. I cer Signature of G DRTER: (To Fluid T.	tify that the foregoing is the enerator's Authonized Age b be completed ransport	bursuant to 40 CFR Pai frue and correct to the to the to ent d in full by Tra	1 261 and was.consignest of my knowledge.	Date and Time of Ship         Telephone No.         4/21/4/10/1         Truck No.	· <u>·</u> ····
ART II:	TRANSPO Name Address City/State	amed below. I cer Signature of G DRTER: (To Fluid T.	tify that the foregoing is the enerator's Authonized Age b be completed ransport	bursuant to 40 CFR Pai frue and correct to the t ent d in full by Tra	1 261 and was.consignest of my knowledge.	Date and Time of Ship         Telephone No.         4/21/4/10/1         Truck No.	· <u>·</u> ····
ART II:	TRANSPO Name Address City/State	amed below. I cer Signature of G DRTER: (To Fluid T:	tify that the foregoing is the enerator's Authonized Age b be completed ransport	bursuant to 40 CFR Pai frue and correct to the to the to ent d in full by Tra	1 261 and was.consignest of my knowledge.	Date and Time of Ship         Telephone No.         4/21/4/10/1         Truck No.	4
ART II: ERTIFIC/	TRANSPO Name Address City/State ATION: 1	amed below. I cer Signature of G DRTER: (To Fluid T: certify that the wat Signature	tify that the foregoing is the enerator's Authorized Age of be completed ransport stern quantity above was of Transporter's Agent	bursuant to 40 CFR Pai frue and correct to the b ment d in full by Tra	1 261 and was.consignest of my knowledge.	Date and Time of Ship Telephone No. 4/2 t/ - 4/70 Truck No. on below. 9 - 15 - 1/2	4
ART II: ERTIFIC/	TRANSPO Name Address City/State ATION: 1	amed below. I cer Signature of G DRTER: (To Fluid T: certify that the wat Signature	tify that the foregoing is the enerator's Authorized Age o be completed ransport	bursuant to 40 CFR Pai frue and correct to the b ment d in full by Tra	1 261 and was.consignest of my knowledge.	Date and Time of Ship Telephone No. 4/2 t/ - 4/70 Truck No. on below. 9 - 15 - 1/2	4
ART II: ERTIFIC/	TRANSPO Name Address City/State ATION: 1 DISPOSA	amed below. I cer Signature of G DRTER: (To Fluid T. Certify that the wat Signature L OR REC	tify that the foregoing is the enerator's Authorized Age b be completed ransport stein quantity above was of Transporter's Agent LAMATION SIT	Pursuant to 40 CFR Pai rue and correct to the to ent d in full by Tra	t 261 and was.consignest of my knowledge.	Date and Time of Ship Telephone No. 4/2 t/ - 4/7 t/ Truck No. on below. 9 - 1 5 - 11 Date and Time Recei	4
ART II: ERTIFIC/	TRANSPO Name Address City/State ATION: 1 DISPOSA Name	amed below. I cer Signature of G ORTER: (To Fluid T Certify that the wat Signature L OR REC Controlle	tify that the foregoing is the enerator's Authorized Age b be completed ransport of Transport LAMATION SIT	Pursuant to 40 CFR Pai rue and correct to the to ent d in full by Tra	t 261 and was.consignest of my knowledge.	Date and Time of Ship Telephone No. 4/2 t/ - 4/70 Truck No. on below. 9 - 15 - 1/2	4
ART II: ERTIFIC/	TRANSPO Name Address City/State ATION: 1 DISPOSA Name Address	amed below. I cer Signature of G DRTER: (To Fluid T. Signature L OR REC Controlle P.O. Bo	tify that the foregoing is the ienerator's Authonized Age to be completed ransport of Transport LAMATION SIT ed Recovery, In bx 388	bursuant to 40 CFR Pai frue and correct to the to ent d in full by Tra	1 261 and was.consignest of my knowledge. ansporter)	Date and Time of Ship Telephone No. $\frac{4/2t/-4/2t}{Truck No.}$ on below. 9-15-11/2t Date and Time Recei 75) 393-1079	4
ART II: ERTIFIC/	TRANSPO Name Address City/State ATION: 1 DISPOSA Name	amed below. I cer Signature of G DRTER: (To Fluid T. Signature L OR REC Controlle P.O. Bo	tify that the foregoing is the enerator's Authorized Age b be completed ransport of Transport LAMATION SIT	bursuant to 40 CFR Pai frue and correct to the to ent d in full by Tra	1 261 and was.consignest of my knowledge. ansporter)	Date and Time of Ship Telephone No. $\frac{4/21}{1100}$ Truck No. Date and Time Recei 75):393-1079 Telephone No.	4
ERTIFIC	TRANSPO Name Address City/State ATION: 1 DISPOSA Name Address City/State	amed below. I cer Signature of G DRTER: (To Fluid T. Certify that the war Signature L OR RECI Controlle P.O. Bo Hob	tify that the foregoing is the ienerator's Authonized Age to be completed ransport of Transport LAMATION SIT ed Recovery, In bx 388	bursuant to 40 CFR Pai frue and correct to the to ent d in full by Tra	t 261 and was.consignest of my knowledge. ansporter) pment to the destination (57	Date and Time of Ship Telephone No. 4/2 L/ - 4/7/2 Truck No. on below. 9 - 75 - 77 Date and Time Recei 75) 393 - 1079 Telephone No. <b>7. crihobbs.com</b> E-mail	4

76239

Part I:	Generator Address City/State	Navajo Refining - Lea Plant 7406 S. Main Lovington, NM 88250	( <u>575</u> ) <u>396–5821</u> Telephone No.
ORGINATI	ON OF WAST	Ξ:	
Operation	s Center	1. 	Permit No. <u>NMD360010367</u>
Property N	•	Lovington (Well, Tank Battery, Plant, Facility) ND AMOUNT (BARRELS, YARDS, TONS,	CU.FT., LBS., UNITS, ETC.)
Drilling Flu Completion Contaminate	Fluids	Tank Bottoms          Gas Plant Waste          Other Materials	Exempt Fluids C117 No Pit No
		DESCRIPTION / NOTES	
	· · · · · · · · · · · · · · · · · · ·		
12	Afardo C	ontaminated Sail	
	<u> </u>	below. I certify that the foregoing is true and correct to the	best of my knowledge. 9-15-11 Date and Time of Shipment
PART II:	TRANSPOR	FER: (To be completed in full by Tra	ansporter)
	Name Address City/State	Fluid Transport	3 <u>25-573-54</u> 21 Telephone No. <u>4</u> 21
CERTIFICA		what the wastern chantity atheve was received by me for sh	Truck No. nipment to the destination below. 4 - 15 - 11 Date and Time Received
PART III:	DISPOSAL C	R RECLAMATION SITE:	
	Name <u>C</u> Address City/State	ontrolled Recovery, Inc. P.O. Box 388 Hobbs, N.M. 88241-0388	(575) 393-1079 Telephone No. www.crihobbs.com E-mail
CERTIFICA	TION: 1 ceptif	that the weste described in Part I was received by me via th	
· ·	μ	Signature of Facility Agent	Date and Time Received

and a second state of the second state

Part I:	Generato Address City/Stat	7406 S. Main	( 575 ) 396-5821 Telephone No.	
ORGINAT	ION OF WA	STE:		
Operation	s Center		Permit No. NMD360010367	
Property N		Lovington (Well, Tank Battery, Plant, Facility)		an international
WASTE II	DENTIFICATI	ON AND AMOUNT (BARRELS, YARDS, TONS, CU	J.FT., LBS., UNITS, ETC.)	· · · · · ·
Drilling Flu Completion Contaminat	Fluids	Tank Bottoms          Gas Plant Waste          Other Materials	Exempt Fluids C117 No Pit No	
		DESCRIPTION / NOTES		·
CERTIFIC		Manda Containing Box Box The waste described above is not hazardous persuant to 40 CFR Part 2 named below. I certify that the foregoing is true and correct to the best Lambda Lambda Lambda	2569 61 and was consigned to the transporter	
PART II:	TRANSP	Signature of Generator's Authorized Agent ORTER: (To be completed in full by Tran <u>Fluid Transport</u>		· · · · · · · · · · · · · · · · · · ·
	Address City/Stat		Telephone No. <u>     434 - 410</u> Truck No.	
CERTIFIC/	ATION:	I certify that the wester in quantity above was received by me for shipm		The server and the second s 
Part III:	DISPOSA	AL OR RECLAMATION SITE:		
	Name Address City/State	Controlled Recovery, Inc. P.O. Box 388 Hobbs, N.M. 88241-0388	(575) 393-1079 Telephone No. www.crihobbs.com	,
CERTIFICA TCP - #7520-A	ATION:	I certify the the waste described in Part I was received by me via the tr	E-mail ansporter described in Part II. A pate and pime Received	· · · ·

· · · · ·

u đi

\*

76240

and the fact

Part I:	Generator _ Address City/State_	Navajo Refining - Lea Pla 7406 S. Main Lovington, NM 88260	<u>nt</u> ( <u>575</u> ) <u>396–5821</u> Telephone No.
ORGINATI	ON OF WAST	E:	
Operations	s Center 🛛		Permit No. 1990360010367
Property N		Lovington (Well, Tank Battery, Plant, Facility) AND AMOUNT (BARRELS, YARDS, T	ONS, CU.FT., LBS., UNITS, ETC.)
Drilling Flui Completion Contaminate	Fluids	Tank Bottoms Gas Plant Waste Other Materials	Exempt Fluids           C117 No.           Pit No.
· · · · · ·		DESCRIPTION / NOT	ES
CERTIFICA PART II:	NTION: The name	waste described above is not hazardous pursuant to 40 ed below. I certify that the foregoing is true and correc Lange Control of Generator's Authorized Agent TER: (To be completed in full b	CFR Part 261 and was consigned to the transporter t to the best of my knowledge. 9-15-11 Date and Time of Shipment
	Name Address City/State	Fluid Transport	<u>325-573-5</u> 421 Telephone No. <u>421</u> Truck No.
CERTIFICA	TION: 1 cert	ify that the waste in quantity above was received by m Signature of Transporter's Agent	
Part III:	DISPOSAL	OR RECLAMATION SITE:	
· · · ·	Name Address City/State _	Controlled Recovery, Inc. P.O. Box 388 Hobbs, N.M. 88241-0388	(575) 393-1079 Telephone No. www.crihobbs.com
CERTIFICA		ty that the waste described in Part I was received by n	E-mail ne via the transporter described in Part II. Date and Time Received

Part I:	Generator Address	Navajo Refining - Lea Plant 7405 S. Main Lovington, NM 88250	( <u>575</u> ) <u>396–5</u> <u>321</u> Telephone No.
ORGINATI	City/State ON OF WAST	· · · · · · · · · · · · · · · · · · ·	
Operations	s Center		Permit No. 300350010367
Property N	lame	Lovington (Well, Tank Battery, Plant, Facility)	
WASTE ID	ENTIFICATION A	ND AMOUNT (BARRELS, YARDS, TONS, C	CU.FT., LBS., UNITS, ETC.)
Drilling Flui		Tank Bottoms	Exempt Fluids
Completion Contaminate		Gas Plant Waste Other Materials	C117 No Pit No
· · · · · · · · · · · · · · · · · · ·		DESCRIPTION / NOTES	
CERTIFICA PART II:	TION: The yname TRANSPOR Name	A Containing to describe above is not hazardous pursuant to 40 CFR Part d below. I certify that the foregoing is true and correct to the be signature of Generator's Authorized Agent TER: (To be completed in full by Tra Fluid Transport	est of my knowledge. Date and Time of Shipment
	Address City/State	<u>.</u>	$\frac{41.3 L/ - 4110 p_2}{\text{Truck No.}}$
CERTIFICA	TION: 1 certi	fy that the waste in fuantity above wasteceived by me for ship	
PART III:	DISPOSAL (	DR RECLAMATION SITE:	
	Name _ <b>C</b> Address City/State	ontrolled Recovery, Inc. P.O. Box 388 Hobbs, N.M. 88241-0388	(575) 393-1079 Telephone No. www.crihobbs.com E-mail
CERTIFICA	TION: I certi	that the waste described in Paryl was received by me via the	

76237

Navajo Refining - Leaplant PART I: Generator \_\_ (<u>575</u>)<u>396–5821</u> 7406 S. Main Address \_\_\_\_ Telephone N City/State\_ Lovington, NM 88260 **ORGINATION OF WASTE:** Permit No.NMD360010367 **Operations** Center **Property Name** Lovington (Well, Tank Battery, Plant, Facility) بالايتعالية الوطينان فالمعاد والمالية والتأمر تلتك يترافع فالهوز لوالله WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) **Drilling Fluids** Exempt Fluids \_\_\_\_\_ Tank Bottoms **Completion Fluids** Gas Plant Waste C117 No. Contaminated Soil Other Materials Pit No. **DESCRIPTION / NOTES** Contremented **CERTIFICATION:** The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge. Signature of Generator's Authorized Agent ate and Time of Shipment PART II: TRANSPORTER: (To be completed in full by Transporter) 32<u>5-573-5</u>421 Telephone No. Fluid Transport Name Address 421 Truck No. City/State\_ CERTIFICATION: I certify that the waste in chanties as received by me for shipment to the destination below. Signature of Transporter's Agent Date and Time Received PART III: **DISPOSAL OR RECLAMATION SITE:** (575) 393-1079 **Controlled Recovery, Inc.** Name Telephone No. P.O. Box 388 Address Hobbs, N.M. 88241-0388 www.crihobbs.com City/State\_ E-mail CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part I Signature of Facility Agen e Received te and Tin

76233

Navajo Refining Co - Lea Plant PART I: Generator \_\_ 7406 S.Main 575 ) 396-5821 Address. Telephone No. City/State. Lovington, NM 88260 **ORGINATION OF WASTE:** Permit No. \_\_<u>NMD360010367</u> **Operations** Center **Property Name** Lovington (Well, Tank Battery, Plant, Facility) WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) **Drilling Fluids** Tank Bottoms Exempt Fluids **Completion Fluids** Gas Plant Waste C117 No. Contaminated Soil Other Materials Pit No. **DESCRIPTION / NOTES** yan COMTE manal Al **CERTIFICATION:** The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. Tcertify that the foregoing is true and correct to the best of my knowledge. Signature of Generator's Authorized Agent Date and Time of Shipment PART II: TRANSPORTER: (To be completed in full by Transporter) Fluid Transport Name Telephone No. Address City/State 14 - 4117 Fruck No. **CERTIFICATION:** I certify that the waste in quantity above was received by me for shipment to the destination below. Signature of Transporter's Agent Date and Time Received PART III: **DISPOSAL OR RECLAMATION SITE: Controlled Recovery, Inc.** (575) 393-1079 Name Telephone No: P.O. Box 388 Address Hobbs, N.M. 88241-0388 www.crihobbs.com City/State E-mail **CERTIFICATION:** I certify that the waste described in Part was received by me via the transporter described in Part II/ Signature of Facility Age ate and Time Received

76235

Part I:	Generator Address City/State	7406 S. Main	( <u>575</u> ) <u>396-5821</u> Telephone No.
ORGINATIC	ON OF WAS	TE:	
Operations	Center		Permit No. <u>NMD360010367</u>
Property Na	ame _	(Well, Tank Battery, Plant, Facility)	
WASTE IDE	NTIFICATION	I AND AMOUNT (BARRELS, YARDS, TONS, (	CU.FT., LBS., UNITS, ETC.)
Drilling Fluid Completion F Contaminated	luids _	Tank Bottoms Gas Plant Waste Other Materials	Exempt Fluids C117 No Pit No
· · · · · · · · · · · · · · · · · · ·		DESCRIPTION / NOTES	
	2 rjan	ds Contaminated der	
CERTIFICAT		e waste described above is not hazardous pursuant to 40 CFR Par ned below. I certify that the foregoing is true and correct to the b Signature of Generator's Authorized Agent	
PART II:	TRANSPO	RTER: (To be completed in full by Tra	insporter)
	Name _ Address _ City/State_	Fluid Transport	325.573.5421 Telephone No. <u>421</u> Truck No.
CERTIFICAT	[ION: 1 ce	Signature of Transporter's Agent	pment to the destination below. 9 - 16 - 11 Date and Time Received
PART III:	DISPOSAL	OR RECLAMATION SITE:	
5" • • •	Address _ City/State_	Controlled Recovery, Inc. P.O. Box 388 Hobbs, N.M. 88241-0388	(575) 393-1079 Telephone No. <b>www.crihobbs.com</b> E-mail
CERTIFICAT	10N: 1 ce	rffy that the waste described in Part I was received by me via the Signature of Facility Agent	e transporter described in Part II, 9//5/// pare and Fime Received

PART I:	Generator Address _ City/State	Navajo Refining - Lea Plant 7406 S. Main Lovingtom, NM 68260	( <u>575</u> ) <u>395-5821</u> Telephone No.	
ORGINATIO	ON OF WAS	TE:		
Operations	Center _	<u> </u>	Permit No. 100010367	
Property N	Second discount of the second	Lowington (Well, Tank Battery, Plant, Facility) I AND AMOUNT (BARRELS, YARDS, TONS,	CU.FT., LBS., UNITS, ETC.)	- 985 v - 97
Drilling Fluid Completion I Contaminated	Fluids _	Tank Bottoms          Gas Plant Waste          Other Materials	Exempt Fluids 7 C117 No Pit No	
		DESCRIPTION / NOTES		
	7			
	z spira	Contaminated deriv		• •
				¢.
CERTIFICA		e waste described above is not hazardous pursuant to 40 CFR Pa ned below. Tcertify that the foregoing is true and correct to the Signature of Generator's Authorized Agent	rt 261 and was consigned to the transporter best of my knowledge. <u>9-19-11</u> Date and Time of Shipment	
PART II:	TRANSPO	RTER: (To be completed in full by Tra	ansporter)	
	Name Address City/State_	Pluid Transport	325 - 573 - 5421 Telephone No. 421	
CERTIFICA	TION: 1 ce	rtify that the waste in quantity above was received by me for shi	Truck No. pment to the destination below. 9 - 19 - 11 Date and Time Received	
Part III:	DISPOSAL	OR RECLAMATION SITE:		
	Name Address _ City/State_	Controlled Recovery, Inc. P.O. Box 388 Hobbs, N.M. 88241-0388	(575) 393-1079 Telephone No. www.crihobbs.com	
CERTIFICA		rtiff that the waste déscribed in Part I was received by me via th	E-mail e transporter described in ParyII.	
	•	$X_{ij}$ ,		

PART I: Navajo Refining - Lea Plant Generator\_ (575) 396-5821 7406 S. Main Address. Telephone No. Lovington, IM 88260 City/State **ORGINATION OF WASTE: Operations Center** Permit No. MD360010367 Lovington **Property Name** (Well, Tank Battery, Plant, Facility) an ta the State State of States WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) **Drilling Fluids** Tank Bottoms Exempt Fluids **Completion Fluids** Gas Plant Waste C117 No. Contaminated Soil Other Materials Pit No. **DESCRIPTION / NOTES** 2 njards contamunated CERTIFICATION: The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge. 9-19-11 Date and Time of Shipment Signature of Generator's Authorized Agent TRANSPORTER: (To be completed in full by Transporter) PART II: 32<u>5-573-5</u>42/ Telephone No. Fluid Transport Name Address <u>421</u> Truck No City/State\_ CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the destination below. <u>9-19-11</u> Date and Time Received Signature of Transporter's Agent **DISPOSAL OR RECLAMATION SITE:** PART III: (575) 393-1079 **Controlled Recovery, Inc.** Name Telephone No. P.O. Box 388 Address Hobbs, N.M. 88241-0388 www.crihobbs.com City/State E-mail CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II Signature of Facility Agent Date and Time Received

76248

Part I:	Generator_		
	Address	7406 S. Main Lovington, NM 88260	( <u>575</u> ) <u>396-5821</u> Telephone No.
	City/State_		·
ORGINAT	ION OF WAST	TE:	
Operatior	s Center		Permit No. 10030010307
Property I	Name	Lovington	
n an thighteachairteachailteachailteachailteachailteachailteachailteachailteachailteachailteachailteachailteach	and dia teri anti anna an an	(Well, Tank Battery, Plant, Facility)	a de la companya de En companya de la comp
		AND AMOUNT (BARRELS, YARDS, TONS, G	
Drilling Flu		Tank Bottoms	Exempt Fluids
Completion		Gas Plant Waste	C117 No.
Contaminat	ed Soil	Other Materials	Pit No
	· · · · · · · · · · · · · · · · · · ·	DESCRIPTION / NOTES	
	· ·	and the state of the	
1	2 april	s contaminated din	6
			· .
	·	March Starter	
CERTIFIC		waste described above is not hazardous pursuant to 40 CFR Par ed below. I certify that the foregoing is true and correct to the b	
CERTIFIC		waste described above is not hazardous pursuant to 40 CFR Par ed below. I certify that the foregoing is true and correct to the b Signature of Generator's Authorized Agent	
GERTIFIC	nam	ed below. I certify that the foregoing is true and correct to the b	best of my knowledge. 9 - 19 - 11 Date and Time of Shipment
		ed below. I certify that the foregoing is true and correct to the t Signature of Generator's Authorized Agent RTER: (To be completed in full by Tra	Pest of my knowledge. 9-19-11 Date and Time of Shipment ansporter)
	TRANSPOF	ed below. I certify that the foregoing is true and correct to the t Signature of Generator's Authorized Agent	best of my knowledge. 9 - 19 - 11 Date and Time of Shipment
	TRANSPOF Name	ed below. I certify that the foregoing is true and correct to the the signature of Generator's Authorized Agent RTER: (To be completed in full by Transport.	best of my knowledge. 9-19-11 Date and Time of Shipment ansporter) 325-573-5421
	TRANSPOF	ed below. I certify that the foregoing is true and correct to the the signature of Generator's Authorized Agent RTER: (To be completed in full by Transport.	best of my knowledge. 9 - 19 - 11 Date and Time of Shipment ansporter) 325 - 573 - 5421 Telephone No.
	TRANSPOF Name Address City/State	ed below. I certify that the foregoing is true and correct to the the signature of Generator's Authorized Agent RTER: (To be completed in full by Transport.	pest of my knowledge. $\frac{9-19-11}{Date and Time of Shipment}$ ansporter) 325-573-5421 Telephone No. $\frac{421}{Truck No.}$ pment to the destination below.
PART II:	TRANSPOF Name Address City/State	ed below. I certify that the foregoing is true and correct to the E Signature of Generator's Authorized Agent RTER: (To be completed in full by Tra Fluid Transcort.	pest of my knowledge. $\frac{9-19-11}{Date and Time of Shipment}$ ansporter) $\frac{325-573-542}{Telephone No.}$ $\frac{42.1}{Truck No.}$ pment to the destination below. $\frac{9-19-11}{9-19-11}$
PART II:	TRANSPOF Name Address City/State	ed below. I certify that the foregoing is true and correct to the the signature of Generator's Authorized Agent RTER: (To be completed in full by Transport.	pest of my knowledge. $\frac{9-19-11}{Date and Time of Shipment}$ ansporter) 325-573-5421 Telephone No. $\frac{421}{Truck No.}$ pment to the destination below.
PART II: CERTIFIC	TRANSPOF Name Address City/State ATION: I cer	ed below. I certify that the foregoing is true and correct to the E Signature of Generator's Authorized Agent RTER: (To be completed in full by Tra Fluid Transcort.	pest of my knowledge. $\frac{9-19-11}{Date and Time of Shipment}$ ansporter) $\frac{325-573-542}{Telephone No.}$ $\frac{42.1}{Truck No.}$ pment to the destination below. $\frac{9-19-11}{9-19-11}$
PART II: CERTIFIC	TRANSPOF NameAddress City/State ATION: I cert DISPOSAL	ed below. I certify that the foregoing is true and correct to the the signature of Generator's Authorized Agent Signature of Generator's Authorized Agent STER: (To be completed in full by Transport: Fluid 'Transport: tify that the waste in quantity above was received by me for ship Signature of Transporter's Agent	pest of my knowledge. $\frac{9-19-11}{Date and Time of Shipment}$ ansporter) $\frac{325-573-542}{Telephone No.}$ $\frac{42.1}{Truck No.}$ pment to the destination below. $\frac{9-19-11}{9-19-11}$
PART II:	TRANSPOF NameAddress City/State ATION: I cert DISPOSAL	ed below. I certify that the foregoing is true and correct to the E Signature of Generator's Authorized Agent RTER: (To be completed in full by Tra Fluid 'Pranscort. iffy that the waste in quantity bove was received by me for shi Signature of Transporter's Agent OR RECLAMATION SITE:	best of my knowledge. $\begin{array}{r} 9-19-11\\ \hline \\ Date and Time of Shipment\\ \hline \\ ansporter)\\ \hline \\ 325-573-542/\\ \hline \\ \hline \\ Telephone No.\\ \hline \\ 42/\\ \hline \\ \hline \\ \hline \\ \\ \\ \\ \hline \\ \\ \\ \\ \hline \\ \\ \\ \\ \\ \hline \\ \\ \\ \\ \hline \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\$
PART II: CERTIFIC	TRANSPOF NameA Address City/State ATION: I cert DISPOSAL	ed below. I certify that the foregoing is true and correct to the E Signature of Generator's Authorized Agent RTER: (To be completed in full by Tra Fluid Transcert. Signature of Transporter's Agent OR RECLAMATION SITE: Controlled Recovery, Inc.	best of my knowledge. $\begin{array}{r} 9-19-11\\ \hline \\ Date and Time of Shipment\\ \hline \\ ansporter)\\ \hline 325-573-542/\\ \hline \\ \hline \\ Telephone No.\\ \hline \\ 42/\\ \hline \\ \hline \\ \hline \\ \\ \hline \\ \hline \\ \hline \\ \hline \\ \\ \hline \\ \\ \hline \\ \\ \hline \\ \hline \\ \\ \hline \\ \\ \hline \\ \\ \hline \\ \hline \\ \\ \hline \\ \\ \hline \\ \hline \\ \hline \\ \\ \hline \\ \hline \\ \hline \\ \hline \\ \hline \\ \\ \hline \hline \\ \hline \hline \\ \hline \\ \hline \\ \hline \hline \\ \hline \\ \hline \hline \\ \hline \\ \hline \hline \\ \hline \hline \\ \hline \hline \\ \hline \\ \hline \hline \hline \hline \\ \hline \hline \hline \hline \\ \hline \hline$
Part II: Certific	TRANSPOF NameA Address City/State ATION: I cer DISPOSAL Name Address City/State	ed below. I certify that the foregoing is true and correct to the E Signature of Generator's Authorized Agent RTER: (To be completed in full by Tra Fluid Transcert ify that the waste in quantity above was received by me for shi Signature of Transporter's Agent OR RECLAMATION SITE: Controlled Recovery, Inc. P.O. Box 388	best of my knowledge. $\begin{array}{r} 9-19-11\\ \hline \\ Date and Time of Shipment\\ \hline \\ ansporter)\\ \hline \\ 325-573-542/\\ \hline \\ \hline \\ Telephone No.\\ \hline \\ 42./\\ \hline \\ \hline \\ \hline \\ Truck No.\\ \hline \\ \hline$
PART II: CERTIFIC	TRANSPOF NameA Address ATION: I cert DISPOSAL Name Address City/State	ed below. I certify that the foregoing is true and correct to the E Signature of Generator's Authorized Agent RTER: (To be completed in full by Tra Fluid Transcert ify that the waste in quantity above was received by me for shi Signature of Transporter's Agent OR RECLAMATION SITE: Controlled Recovery, Inc. P.O. Box 388	best of my knowledge. $\begin{array}{r} 9 - 19 - 11 \\ \hline Date and Time of Shipment \\ \hline ansporter) \\ 325 - 573 - 542 \\ \hline Telephone No. \\ \underline{42.1} \\ \hline Truck No. \\ \hline ment to the destination below. \\ \underline{9 - 19 - 11} \\ \hline Date and Time Received \\ \hline \\ \hline$
PART II: CERTIFIC	TRANSPOF NameA Address ATION: I cert DISPOSAL Name Address City/State	ed below. I certify that the foregoing is true and correct to the E Signature of Generator's Authorized Agent RTER: (To be completed in full by Tra Fluid Transcert. Signature of Transporter's Agent OR RECLAMATION SITE: Controlled Recovery, Inc. P.O. Box 388 Hobbs, N.M. 88241-0388	best of my knowledge. $\begin{array}{r} 9 - 19 - 11 \\ \hline Date and Time of Shipment \\ \hline ansporter) \\ \hline 325 - 573 - 5421 \\ \hline Telephone No. \\ \hline 421 \\ \hline Truck No. \\ \hline 9 - 19 - 11 \\ \hline Date and Time Received \\ \hline \\ $
PART II: CERTIFIC	TRANSPOF NameA Address ATION: I cert DISPOSAL Name Address City/State	ed below. I certify that the foregoing is true and correct to the E Signature of Generator's Authorized Agent RTER: (To be completed in full by Tra Fluid Transcert ify that the waste in quantity above was received by me for shi Signature of Transporter's Agent OR RECLAMATION SITE: Controlled Recovery, Inc. P.O. Box 388° Hobbs, N.M. 88241-0388	best of my knowledge. $\begin{array}{r} 9-19-11\\ \hline \\ Date and Time of Shipment\\ \hline \\ ansporter)\\ \hline \\ 325-573-542/\\ \hline \\ \hline \\ Telephone No.\\ \hline \\ 42/\\ \hline \\ \hline \\ \hline \\ Truck No.\\ \hline \\ \hline$

76253

	Generat Address City/Sta	7406 S.Main	<u>( 575 ) 396–5821</u>
ORGINAT	ION OF W	ASTE:	
Operation	is Center		_ Permit No. <u>NMD3600103<b>57</b></u>
Property I		Lovington (Well, Tank Battery, Plant, Facility) ON AND AMOUNT (BARRELS, YARDS, TON	- S, CU.FT., LBS., UNITS, ETC.)
Drilling Flu		Tank Bottoms	_ Exempt Fluids
Completion		Gas Plant Waste	C117 No
Contaminat	ted Soil	Other Materials	_ Pit No
		DESCRIPTION / NOTES	
	<u>-</u>		· · · · · · · · · · · · · · · · · · ·
	17	yds CONTAMINATED	<u><u>Sou</u></u>
	- 1 5-	gas care provinces i ca	
	<u>.</u>		
CERTIFIC	ATION:	The waste described above is not hazardous pursuant to 40 CFR named below. I certify that the foregoing is true and correct to t	he best of my knowledge.
CERTIFIC	ATION:		
CERTIFIC		named below. I certify that the foregoing is true and correct to t	he best of my knowledge. <u>9 - 2 U - 1/</u> Date and Time of Shipment Transporter)
·····	TRANSF	named below. I certify that the foregoing is true and correct to t Signature of Generator's Authorized Agent	he best of my knowledge. 9 - 2 v - 11 Date and Time of Shipment
·····	TRANSF	named below. I certify that the foregoing is true and correct to t Signature of Generator's Authorized Agent PORTER: (To be completed in full by Fluid Transport	he best of my knowledge. <u>9 - 2 U - 1/</u> Date and Time of Shipment Transporter)
	TRANSF Name Address	named below. I certify that the foregoing is true and correct to t Signature of Generator's Authorized Agent PORTER: (To be completed in full by Fluid Transport	he best of my knowledge. 9 - 2U - 1/ Date and Time of Shipment Transporter) 325 - 573 - 5421
	TRANSF	named below. I certify that the foregoing is true and correct to t Signature of Generator's Authorized Agent PORTER: (To be completed in full by Fluid Transport	he best of my knowledge. 9 - 2 U - 1/ Date and Time of Shipment Transporter) 325 - 573 - 5421 Telephone No.
Part II:	TRANSF Name Address City/Sta	named below. I certify that the foregoing is true and correct to t Signature of Generator's Authorized Agent PORTER: (To be completed in full by Fluid Transport	he best of my knowledge. $ \frac{9 - 2U - 1}{Date and Time of Shipment} $ Transporter) $ \frac{325 - 573 - 5421}{Telephone No.} $ shipment to the destination below.
Part II:	TRANSF Name Address City/Sta	named below. I certify that the foregoing is true and correct to the Signature of Generator's Authorized Agent PORTER: (To be completed in full by Fluid Transport I certify that the waste profantity prove was received by me for	he best of my knowledge. $ \frac{9 - 2U - 1}{Date and Time of Shipment} $ Transporter) $ \frac{325 - 573 - 5421}{Telephone No.} $ shipment to the destination below. $ \frac{9 - 2U - 11}{9 - 2U - 11} $
Part II:	TRANSF Name Address City/Sta	named below. I certify that the foregoing is true and correct to t Signature of Generator's Authorized Agent PORTER: (To be completed in full by Fluid Transport te	he best of my knowledge. 9 - 2U - 1/ Date and Time of Shipment Transporter) $325 - 573 - 5421$ Telephone No. $42/$ Truck No. shipment to the destination below.
Part II: Certific	TRANSF Name Address City/Sta ATION:	named below. I certify that the foregoing is true and correct to the Signature of Generator's Authorized Agent PORTER: (To be completed in full by Fluid Transport I certify that the waste profantity prove was received by me for	he best of my knowledge. $ \frac{9 - 2U - 1}{Date and Time of Shipment} $ Transporter) $ \frac{325 - 573 - 5421}{Telephone No.} $ shipment to the destination below. $ \frac{9 - 2U - 11}{9 - 2U - 11} $
Part II: Certific,	TRANSF Name Address City/Sta ATION: DISPOS	named below. I certify that the foregoing is true and correct to the Signature of Generator's Authorized Agent ORTER: (To be completed in full by Fluid Transport I certify that the waster or antity prove was received by me for Signature of Transporter's Agent AL OR RECLAMATION SITE:	he best of my knowledge. $ \frac{9 - 2U - 1}{Date and Time of Shipment} $ Transporter) $ \frac{325 - 573 - 5421}{Telephone No.} $ shipment to the destination below. $ \frac{9 - 2U - 11}{9 - 2U - 11} $
Part II: Certific,	TRANSF Name Address City/Sta ATION: DISPOS Name	named below. I certify that the foregoing is true and correct to the Signature of Generator's Authorized Agent PORTER: (To be completed in full by Fluid Transport I certify that the waster of generative power was received by me for Signature of Transporter's Agent AL OR RECLAMATION SITE: Controlled Recovery, Inc.	he best of my knowledge. $ \frac{9 - 2U - 1}{Date and Time of Shipment} $ Transporter) $ \frac{325 - 573 - 5421}{Telephone No.} $ shipment to the destination below. $ \frac{9 - 2U - 11}{Date and Time Received} $
Part II: Certific,	TRANSF Name Address City/Sta ATION: DISPOS Name Address	named below. I certify that the foregoing is true and correct to t Signature of Generator's Authorized Agent PORTER: (To be completed in full by Fluid Transport te I certify that the waster or antity prove was received by me for Signature of Transporter's Agent AL OR RECLAMATION SITE: Controlled Recovery, Inc. P.O. Box 388	he best of my knowledge. $ \frac{9 - 2 U - 1}{Date and Time of Shipment} $ Transporter) $ \frac{325 - 573 - 5421}{Telephone No.} $ shipment to the destination below. $ \frac{9 - 20 - 11}{Date and Time Received} $ $ \frac{(575) 393 - 1079}{Telephone No.} $
	TRANSF Name Address City/Sta ATION: DISPOS Name	named below. I certify that the foregoing is true and correct to t Signature of Generator's Authorized Agent PORTER: (To be completed in full by Fluid Transport te I certify that the waster or antity prove was received by me for Signature of Transporter's Agent AL OR RECLAMATION SITE: Controlled Recovery, Inc. P.O. Box 388	he best of my knowledge. $\begin{array}{r} \begin{array}{r} \begin{array}{r} \begin{array}{r} \begin{array}{r} \begin{array}{r} \begin{array}{r} \begin{array}{r} $
Part II: Certific, Part III:	TRANSF Name Address City/Stat ATION: DISPOS Name Address City/Stat	named below. I certify that the foregoing is true and correct to t Signature of Generator's Authorized Agent PORTER: (To be completed in full by Fluid Transport te I certify that the waster of antity prove was received by me for Signature of Transporter's Agent AL OR RECLAMATION SITE: Controlled Recovery, Inc. P.O. Box 388 te Hobbs, N.M. 88241-0388	he best of my knowledge. 9 - 2U - 1/ Date and Time of Shipment Transporter) 325 - 573 - 5421 Telephone No. 42/ Truck No. shipment to the destination below. $9 - 20 - 1/^{-1}$ Date and Time Received (575) 393-1079 Telephone No. WWW.Crihobbs.com E-mail
Part II: Certific,	TRANSF Name Address City/Stat ATION: DISPOS Name Address City/Stat	named below. I certify that the foregoing is true and correct to t Signature of Generator's Authorized Agent PORTER: (To be completed in full by Fluid Transport te I certify that the waster or antity prove was received by me for Signature of Transporter's Agent AL OR RECLAMATION SITE: Controlled Recovery, Inc. P.O. Box 388	he best of my knowledge. 9 - 20 - 1/ Date and Time of Shipment Transporter) 325 - 573 - 5421 Telephone No. 42/ Truck No. shipment to the destination below. $9 - 20 - 1/^{-1}$ Date and Time Received (575) 393-1079 Telephone No. WWW.Crihobbs.com E-mail

ي ک

76252

t٠

5

PART I:	Generator - Address City/State	Navajo Refining - Lea Plant 7406 S. Main Lovington, NM 88260	( <u>575</u> ) <u>396–5821</u> Telephone No.
ORGINATIO	DN OF WAST	TE:	
Operations	Center		Permit No. <del>№£360010367</del>
Property Na WASTE IDE	*	Lovington (Well, Tank Batterý, Plant, Facility) AND AMOUNT (BARRELS, YARDS, TONS, C	CU.FT., LBS., UNITS, ETC.)
Drilling Fluic Completion F	luids	Tank Bottoms Gas Plant Waste Other Materials	Exempt Fluids C117 No Pit No
		DESCRIPTION / NOTES	
	- yds(	UNTAMINATED SOIL	
CERTIFICA		waste described above is not hazardous pursuant to 40 CFR Par ed below. Lecrtify that the foregoing is true and correct to the b	est of my knowledge.
		Signature of Generator's Authorized Agent	9-2u-11 Date and Time of Shipment
PART II:	TRANSPOF	RTER: (To be completed in full by Tra	nsporter)
	Name Address City/State	Fluid TRansport	325-573-5421 Telephone No. <u>421</u> Trick No.
CERTIFICA	TION: I cer	tify that the state in quantity above was received by me for ship Signature of Transporter's Agent	1
PART III:	DISPOSAL	OR RECLAMATION SITE:	
	Name Address City/State _	Controlled Recovery, Inc. P.O. Box 388 Hobbs, N.M. 88241-0388	(575) 393-1079 Telephone No. www.crihobbs.com E-mail
CERTIFICA	FION: I cer	tify that the waste described in Part I was received by me via the ULLLL FCP JL M Signature of Facility Agent	

**NON-HAZARDOUS WASTE MANIFEST** 76251 Navajo Refining - Lea Plant\_ PART I: Generator \_ 575) 396-5821 7405 S.Main Address . Telephone No. Lovington, NM 88260 City/State **ORGINATION OF WASTE: Operations Center** Permit No. MD360010367 **Property Name** Lovington (Well, Tank Battery, Plant, Facility) and the second of a state to be and the second 化水石 法正规 腰部腰肌的右翼腿 WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) Exempt Fluids \_\_\_\_ **Drilling Fluids** Tank Bottoms CI17 No. **Completion Fluids** Gas Plant Waste Contaminated Soil Other Materials Pit No. **DESCRIPTION / NOTES** CONTAMINADEN **CERTIFICATION:** The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge. 9-20-11 Date and Time of Shipment Signature of Generator's Authorized Agent PART II: TRANSPORTER: (To be completed in full by Transporter) 325-573-5421 Telephone No. Fluid Transport Name. Address <u>42/</u> Truck No. City/State\_ **CERTIFICATION:** I certify that the waste in quantity above was received by me for shipment to the destination below. 9-20-11 Date and Time Received ature of Transporter's Agent DISPOSAL OR RECLAMATION SITE: PART III: (575) 393-1079 Controlled Recovery, Inc. Name Telephone No. P.O. Box 388 Address Hobbs, N.M. 88241-0388 www.crihobbs.com City/State E-mail CERTIFICATION: described in Part I was received by me via the transporter described in Part II. Signature of Facility Agent

	1. ef.	NON-HAZARDOUS WASTE MA	NIFEST 76270
		NON-MAZANDOUS WASTE MA	
PART I:	Generator_	Navajo Refining - Lea Plant	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Address	7406 S. Main	(575) <u>396–5821</u>
	City/State	Lovington, NM 88260	Telephone No.
ORGINAT	ION OF WASTI	- E:	
Operations Center			Permit No: NMD360010367
Property I		Lovington (Well, Tank Battery, Plant, Facility)	
WASTE II	DENTIFICATION A	ND AMOUNT (BARRELS, YARDS, TONS, C	CU.FT., LBS., UNITS, ETC.)
Drilling Flu	iids	Tank Bottoms	Exempt Fluids
Completion		Gas Plant Waste	C117 No
Contaminat		Other Materials	Pit No
		DESCRIPTION / NOTES	
معرف محمد محمد	12 yard	to contaminated S	o U
		and the second	
		Rox	20435
OFOTIELO			
CERTIFIC		aste described above is not hazarcous pursuant to 40 CFR Par	t 261 and was consigned to the transporter
CERTIFIC		aste described above is not hazarcous pursuant to 40 CFR Par I below. I certify that the foregoing is true and correct to the b	t 261 and was consigned to the transporter est of my knowledge
CERTIFIC	s∉ namec	I below. I certify that the foregoine is true and correct to the b	est of my knowledge
CERTIFIC	s∉ namec	aste described above is not hazarcous pursuant to 40 CFR Par I below. I certify that the foregoing is true and correction the b LouT.Hc. truandon ignature of Generator's Authorized Agent	t 261-and was consigned to the transporter test of my knowledge Date and Time of Shipment
DERTIFIC PART II:	namec S	I below. I certify that the foregoine is true and correct to the b	est of my knowledge Date and Time of Shipment
	TRANSPOR	I below. I certify that the foregoind is true and correct to the b Lou T. Ha canadon Ignature of Generator's Authorized Agent () TER: (To be completed in full by Tra	est of my knowledge Date and Time of Shipment
	TRANSPOR Name	I below. I certify that the foregoind is true and correct to the b Lou T. How with a standard and a standard a stan Standard a standard a sta	est of my knowledge Date and Time of Shipment
	TRANSPOR Name Address	I below. I certify that the foregoind is true and correct to the b Lou T. Ha canadon Ignature of Generator's Authorized Agent () TER: (To be completed in full by Tra	Date and Time of Shipment
	TRANSPOR Name	I below. I certify that the foregoind is true and correct to the b Lou T. Ha canadon Ignature of Generator's Authorized Agent () TER: (To be completed in full by Tra	Date and Time of Shipment
Part II:	TRANSPOR Name Address City/State	I below. I certify that the foregoint is true and correct to the b log T. Ha chandon Ignature of Generator's Authorized Agent TER: (To be completed in full by Tra Fluid Transport	Date and Time of Shipment
Part II:	TRANSPOR Name Address City/State	I below. I certify that the foregoine is true and correct to the b lou T. Ha criandon Ignature of Generator's Authorized Agent TER: (To be completed in full by Tra Fluid Transport Fluid Transport what the waste in quantity any was received by me for ship	best of my knowledge Date and Time of Shipment insporter) Telephone No. 424 - 4104 Thuck No. pment to the destination below. 9 - 31 - 11
	TRANSPOR Name Address City/State	I below. I certify that the foregoint is true and correct to the b log T. Ha chandon Ignature of Generator's Authorized Agent TER: (To be completed in full by Tra Fluid Transport	Date and Time of Shipment Insporter) Telephone No. <u>424 - 410</u> Truck No.
Part II: Certific	TRANSPOR Name Address City/State ATION: I certif	I below. I certify that the foregoine is true and correct to the b lou T. Ha criandon Ignature of Generator's Authorized Agent TER: (To be completed in full by Tra Fluid Transport Fluid Transport what the waste in quantity any was received by me for ship	Date and Time of Shipment INSPORTER) Telephone No. <u>H24 - 41</u> UA Thuck No. pment to the destination below. <u>9 - 21 - 11</u>
Part II: Certific	TRANSPOR TRANSPOR Name Address City/State ATION: I certify DISPOSAL C	I below. I certify that the foregoint is true and correct to the b Low T. He chandon ignature of Generator's Authorized Agent [] FER: (To be completed in full by Tra Fluid Transport Fluid Transport Signature of Transport Mention Site: OR RECLAMATION SITE:	Date and Time of Shipment INSPORTER) Telephone No. <u>H24 - 41</u> UA Thuck No. pment to the destination below. <u>9 - 21 - 11</u>
Part II: Certific	TRANSPOR TRANSPOR Name Address City/State ATION: I certif DISPOSAL C Name _C	I below. I certify that the foregoine is true and correct to the b low T. Ha criandon Ignature of Generator's Authorized Agent[] TER: (To be completed in full by Tra Fluid Transport Fluid Transport what the watte in quantity appreads received by me for ship Signature of Transporter's Agent	Date and Time of Shipment <b>INSPORTER</b> Telephone No. 424 - 4104 Thuck No. prment to the destination below. 9 - 31 - 11 Date and Time Received
Part II: Certific	TRANSPOR TRANSPOR Name Address City/State ATION: I certify DISPOSAL C	I below. I certify that the foregoins is true and correct to the b loginature of Generator's Authorized Agent[] TER: (To be completed in full by Tra Fluid Transport Hist the water in quantity are was received by me for ship Menature of Transport: DR RECLAMATION SITE: ontrolled Recovery, Inc.	best of my knowledge Date and Time of Shipment INSPORTER) Telephone No. 424 - 4104 Truck No. pment to the destination below. 9 - 31 - 11 Date and Time Received (575) 393-1079
Part II: Dertific	TRANSPOR Name Address City/State ATION: I certify DISPOSAL C Name _C Address City/State	I below. I certify that the foregoint is true and correct to the b log T. He mander ignature of Generator's Authorized Agent[] FER: (To be completed in full by Tra Fluid Transport signature of Transport Signature of Transport Signature of Transporter Agent OR RECLAMATION SITE: ontrolled Recovery, Inc. P.O. Box 388 Hobbs, N.M. 88241-0388	Date and Time of Shipment INSPORTER) Telephone No. 424 - 4140A Thuck No. pment to the destination below. 9-21 - 11 Date and Time Received (575) 393-1079 Telephone No. WWW.Crihobbs.com E-mail
Part II:	TRANSPOR Name Address City/State ATION: I certify DISPOSAL C Name _C Address City/State	I below. I certify that the foregoint is true and correct to the b Low T. He canadom ignature of Generator's Authorized Agent IER: (To be completed in full by Tra Fluid Transport rethat the waste in quantity appreades received by me for ship rethat the waste in quantity appreades received by me for ship rethat the waste in quantity appreades received by me for ship rethat the waste in quantity appreades received by me for ship rethat the waste in quantity appreades received by me for ship rethat the waste in quantity appreades received by me for ship rethat the waste in quantity appreades received by me for ship of RecLAMATION SITE: ontrolled Recovery, Inc. P.O. Box 388	Date and Time of Shipment Insporter) Telephone No. 424 - 414A Thuck No. pment to the destination below. 9-21 - 11 Date and Time Received (575) 393-1079 Telephone No. WWW.crihobbs.com E-mail

76271

PART I:	Generator Address City/State	7406 S, Main	( 575 ) 396-5821 Telephone No.
ORGINATIO	ON OF WAS	TE:	
Operations	Center _		Permit No. <u>NMD360010367</u>
Property N	ame _	(Well, Tank Battery, Plant, Facility)	
WASTE ID	ENTIFICATION	I AND AMOUNT (BARRELS, YARDS, TONS, C	U.FT., LBS., UNITS, ETC.)
Drilling Flui Completion I Contaminate	Fluids _	Tank Bottoms Gas Plant Waste Other Materials	Exempt Fluids C117 No Pit No
		DESCRIPTION / NOTES	3.
	12 nj	ands contaminated	20529
CERTIFICA		e waste described above is not nazardous pursuant to 40 CFR Part 2 med below. I certify that the foregoing is true and correct or the bes Along T. Hosen and correct or the best Signature of Generator's Authorized Agent	261 and was consigned to the transporter
Part II:	Name	RTER: (To be completed in full by Trar Fluid Transp <b>ot</b> t	Telephone No.
, .	Address . City/State		<u>424 - 4104</u> Truck No.
CERTIFICA		sting that the water in quantity above has received by me for shipr	nent to the destination below. $9 = 3 \cdot 1 - 1 \cdot 1$ Date and Time Received
PART III:	DISPOSAL	OR RECLAMATION SITE:	
•	Name Address Cíty/State	Controlled Recovery, Inc. P.O. Box 388 Hobbs, N.M. 88241-0388	(575) 393-1079 Telephone No. www.crihobbs.com
CERTIFICA		rify that the waste described in Part I was received by me via the Signature of Facility Agent	E-mail transporter described in Part II. <u>121</u> Date and Time Received

TCP - #7520-A

.

76250

PART I:	Generator Address _	Navajo Refining - Lea Plant 7406 S. Main	(575)396–5821
	City/State	Lovington, NM 88260	Telephone No.
ORGINAT	ION OF WAS		
Operation	is Center 🚊		Permit No. 120360010367
Property N	Namo	Lovington	
		(Well, Tank Battery, Plant, Facility)	
WASTE II	DENTIFICATIO	NAND AMOUNT (BARRELS, YARDS, TONS,	CU.FT., LBS., UNITS, ETC.)
Drilling Flu	iids	Tank Bottoms	Exempt Fluids
Completion	Fluids	Gas Plant Waste	C117 No
Contaminat	ed Soil	Other Materials	Pit No
		DESCRIPTION / NOTES	
·   .			
	12 110	usds contaminated a	Urt
	· · · · ·		
· · · · · · · · · · · · · · · · · · ·		Signature of Generator's Authorized Agent	<u>9-21-11</u> Date and Time of Shipment
PART II:	TRANSPC	RTER: (To be completed in full by Tra	ansporter)
	Name	Fluid TRansport	325-573-5421
	Address	· · · · · · · · · · · · · · · · · · ·	Telephone No.
•	City/State	· · · · · · · · · · · · · · · · · · ·	421
			Truck No.
CERTIFIC	ATION: 10	ertify that the waste in quantity above was received by me for shi	
		Signature of Transporter's Agent	pate and Time Received
PART	DISPOSAL	OR RECLAMATION SITE:	<i></i>
	Name	Controlled Recovery, Inc.	(575) 393-1079
	Address	P.O. Box 388	Telephone No.
	City/State	Hobbs, N.M. 88241-0388	www.crihobbs.com
	-	i de la constante de	E-mail
CERTIFIC		ertify that the waste described in Part I was received by me via th	e transporter described in Part II.
		Signature of Facility Agent	Date and Time Received
		or Burrane of Landrid A Point	

	Part I:	Generator Address City/State	Navajo Refining - Lea Plant 7406 S. Main Lovington, NM 88260	( <u>575)396–5821</u> Telephone No.	:
	ORGINATIC	ON OF WASTI	<b>-</b>		•. •
	Operations	Center	· · · · · · · · · · · · · · · · · · ·	Permit No. <u>MMD360010367</u>	
•	Property Na	· .	Lovington (Well, Tank Battery, Plant, Facility)	n an	
	WASTE IDE	ENTIFICATION A	ND AMOUNT (BARRELS, YARDS, TONS, C	U.FT., LBS., UNITS, ETC.)	
	Drilling Fluid Completion F Contaminated	luids	Tank Bottoms          Gas Plant Waste          Other Materials	Exempt Fluids C117 No Pit No.	
			DESCRIPTION / NOTES		
		12 ngare	is contamenated sail		
			Box # 255	2-1	
	CERTIFICA	name	raste described above is not hazardous pursuant to 40 CFR Part d below I certify that the foregoing is true and correct to the be dignature of Generator's Authorized Agent TER: (To be completed in full by Trai	est of my knowledge.	
	1 1 1	Name Address City/State	Fluid Transport	Telephone No. <u>     4.3.1/</u> 4.1.0.19 Tručk No.	· · ·
	CERTIFICA	TION: 1 certi	to that the waste in quantity above was received by the for ship	ment to the destination below. 9-21-1/ Date and Time Received	•
	PART III:	DISPOSAL C	OR RECLAMATION SITE:		
	CERTIFICAT	Address City/State	Controlled Recovery, Inc. P.O. Box 388 Hobbs, N.M. 88241-0388 fy that/the waste described in Part I was received by me via the	(575) 393-1079 Telephone No: <b>www.crihobbs.com</b> E-mail transporter described in Part II.	
	•	K	Signature of Facility Agent	Date and Time Received	•

76254

٩

PART I:	Generator . Address	Navajo Refining - Lea Plant 7406 S.Main	( 575 ) 396–5821
	City/State_	Lovington, NM 88260	Telephone No.
ORGINAT	ION OF WAS	TE:	
Operation	is Center	X	Permit No. MD360010367
Property I	lamo	Lovington	
	· · · ·	(Well, Tank Battery, Plant, Facility)	
WASTE II	DENTIFICATION	AND AMOUNT (BARRELS, YARDS, TONS,	CU.FT., LBS., UNITS, ETC.)
Drilling Flu	nids	Tank Bottoms	Exempt Fluids
Completion	ı Fluids	Gas Plant Waste	C117 No
Contaminat	ed Soil _	Other Materials	Pit No
· · ·		DESCRIPTION / NOTES	
	12 yds	CONTAMINATED SOIL	
	· · · · · · · · · · · · · · · · · · ·		
CERTIFIC		waste described above is not hazardous pursuant to 40 CFR Par red below. I certify that the foregoing is true and correct to the l	rt 261 and was consigned to the transporter best of my knowledge.
CERTIFIC		red below. I certify that the foregoing is true and correct to the l	best of my knowledge. $9 - 21 - 11$
CERTIFIC		waste described above is not hazardous pursuant to 40 CFR Paned below. I certify that the foregoing is true and correct to the local signature of Génerator's Authorized Agent	rt 261 and was consigned to the transporter best of my knowledge. 9-21-11 Date and Time of Shipment
	nar 	ed below. I certify that the foregoing is true and correct to the l	pest of my knowledge. 9-21-11 Date and Time of Shipment
PART II:	nar 	red below. I certify that the foregoing is true and correct to the l	pest of my knowledge. 9-21-11 Date and Time of Shipment
PART II:	TRANSPOR	ed below. I certify that the foregoing is true and correct to the l	best of my knowledge. 9-21-11 Date and Time of Shipment ansporter) 325-573-542
PART II:	TRANSPOF	RTER: (To be completed in full by Tra	ansporter)
PART II:	TRANSPOF Name _	RTER: (To be completed in full by Tra	best of my knowledge. 9-21-11 Date and Time of Shipment ansporter) 325-573-542 Telephone No. 421
PART II: '	TRANSPOF Name _ Address _ City/State _	ATER: (To be completed in full by Tra Fluid Transport	best of my knowledge. 9-21-11 Date and Time of Shipment ansporter) 325-573-542 Telephone No. 4121 Truck No.
PART II: '	TRANSPOF Name _ Address _ City/State _	RTER: (To be completed in full by Tra	best of my knowledge. 9-21-11 Date and Time of Shipment ansporter) 325-573-542 Telephone No. 4121 Truck No.
PART II: '	TRANSPOF Name _ Address _ City/State _	ATER: (To be completed in full by Tra Fluid Transport	pest of my knowledge. $\begin{array}{r} 9-21-11\\ \hline \\ Date and Time of Shipment\\ \hline \\ ansporter)\\ 325-573-542\\ \hline \\ \hline \\ \hline \\ Telephone No.\\ \hline \\ 4/2/\\ \hline \\ \hline \\ \\ \\ \\ \hline \\ \\ \\ \\ \\ \\ \hline \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\$
PART II: '	TRANSPOF Name _ Address _ City/State _ ATION: 1 ce	Arter: (To be completed in full by Transport Fluid Transport Chiffy that the waste in quantity above was received by me for shi Signature of Transport ransport Signature of Transporter's Agent	pest of my knowledge. 9-21-11 Date and Time of Shipment ansporter) 325-573-542 Telephone No. 421 Truck No. pment to the destination below. 9-21-11
PART II:	TRANSPOF Name _ Address _ City/State _ ATION: 1 ce	ATER: (To be completed in full by Transport	pest of my knowledge. 9-21-11 Date and Time of Shipment ansporter) 325-573-542 Telephone No. 421 Truck No. pment to the destination below. 9-21-11
PART II: '	TRANSPOF Name Address City/State _ ATION: 1 cer DISPOSAL	Arter: (To be completed in full by Transport Fluid Transport Chiffy that the waste in quantity above was received by me for shi Signature of Transport ransport Signature of Transporter's Agent	best of my knowledge 9-21-11 Date and Time of Shipment ansporter) 325-573-542 Telephone No. 4/2/ Truck No. ipment to the destination below. 9-21-11 Date and Time Received (575) 393-1079
PART II: '	TRANSPOF Name Address City/State _ ATION: 1 cer DISPOSAL	Arter of Generator's Authorized Agent Signature of Generator's Authorized Agent RTER: (To be completed in full by Transport Fluid Transport Signature of Transport OR RECLAMATION SITE: Controlled Recovery, Inc. P.O. Box 388	best of my knowledge. 9-21-11 Date and Time of Shipment Date and Time of Shipment $325-573-542$ Telephone No. $412/$ Truck No. Truck No. $9-21-11$ Date and Time Received $(575) 393-1079$ Telephone No.
PART II: '	TRANSPOF Name Address City/State ATION: 1 ce DISPOSAL Name	Area below. I certify that the foregoing is true and correct to the I Signature of Generator's Authonized Agent ATER: (To be completed in full by Tra Fluid Transport Signature of Transport Signature of Transporter's Agent OR RECLAMATION SITE: Controlled Recovery, Inc.	best of my knowledge. 9-21-11 Date and Time of Shipment Date and Time of Shipment 325-573-542 Telephone No. 4/2/ Truck No. Truck No. 9-21-11 Date and Time Received (575) 393-1079 Telephone No. <u>Www.crihobbs.com</u>
PART II: '	TRANSPOF Name Address City/State ATION: 1 ce DISPOSAL Name Address City/State	Arter of Generator's Authorized Agent Signature of Generator's Authorized Agent RTER: (To be completed in full by Transport Fluid Transport Signature of Transport OR RECLAMATION SITE: Controlled Recovery, Inc. P.O. Box 388	best of my knowledge 9-21-11 Date and Time of Shipment ansporter) 325-573-542 Telephone No. 412/ Truck No. pment to the destination below. 9-21-11 Date and Time Received (575) 393-1079 Telephone No. <u>www.crihobbs.com</u> E-mail
PART II:	TRANSPOF Name Address City/State ATION: 1 ce DISPOSAL Name Address City/State	Arter of Generator's Authorized Agent Signature of Generator's Authorized Agent RTER: (To be completed in full by Transport Fluid Transport Signature of Transport OR RECLAMATION SITE: Controlled Recovery, Inc. P.O. Box 388 Hobbs, N.M. 88241-0388	best of my knowledge. 9-21-11 Date and Time of Shipment ansporter) 325-573-542 Telephone No. 412/ Truck No. pment to the destination below. 9-21-11 Date and Time Received (575) 393-1079 Telephone No. <u>www.crihobbs.com</u> E-mail

TCP - #7520-A

a surface a series

PART I: Navajo Refining - Lea Plant Generator \_\_ (575 7406 S. Main 396-5821 Address \_ Telephone No. Lovington, NM 88260 City/State. **ORGINATION OF WASTE:** Permit No. NMD360010367 **Operations** Center Lovington **Property Name** (Well, Tank Battery, Plant, Facility) and the second second second San Carrier a del the Alexander Alexander . in Suite M WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) Exempt Fluids \_\_\_\_\_ **Drilling Fluids** Tank Bottoms **Completion Fluids** Gas Plant Waste C117 No. Contaminated Soil Other Materials Pit No. **DESCRIPTION / NOTES** Jardo P. Manusalid **CERTIFICATION:** The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge. Date and Time of Shipment Signature of Generator's Authorized Agent PART II: TRANSPORTER: (To be completed in full by Transporter) 325<u>-573-54</u>21 Telephone No. Fluid Transport Name Address 421 City/State. Fruck No. **CERTIFICATION:** I certify that the waste in quantity above was received by me for shipment to the destination below. Date and Time Received Signature of Transporter's Agent PART III: **DISPOSAL OR RECLAMATION SITE:** (575) 393-1079 Controlled Recovery, Inc. Name Telephone No. P.O. Box 388 Address www.crihobbs.com Hobbs, N.M. 88241-0388 City/State E-mail CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part/II Date and Time Received Signature of Facility Agent

76257

· . .

ORGINATION Operations ( Property Nar	Center me NTIFICATION A	E: <u>LCIVIINGPON</u> (Well, Tank Battery, Plant, Facility) AND AMOUNT (BARRELS, YARDS, T 	Permit No. <u>№4⊃369010367</u>    Exempt Fluids
Property Nar WASTE IDEN Drilling Fluids Completion Flu	me NTIFICATION A uids	(Well; Tank Battery, Plant, Facility) AND AMOUNT (BARRELS, YARDS, T Tank Bottoms	ONS, CU.FT., LBS., UNITS, ETC.)
WASTE IDEN Drilling Fluids Completion Flu	NTIFICATION A	(Well; Tank Battery, Plant, Facility) AND AMOUNT (BARRELS, YARDS, T Tank Bottoms	ONS, CU.FT., LBS., UNITS, ETC.)
WASTE IDEN Drilling Fluids Completion Flu	uids	AND AMOUNT (BARRELS, YARDS, T	ONS, CU.FT., LBS., UNITS, ETC.)
Completion Flu	uids		Exempt Fluids
	•	Other Materials	C117 No Pit No
· · ·	· · · · · · · · · · · · · · · ·	DESCRIPTION / NOT	ES
		······	
	12 M	ads contaminate	asad
	<b>/</b>		
			·····
CERTIFICAT		vaste described above is not hazardous pursuant to 40 d below. I certify that the foregoing is true and correc	CFR Part 261 and was consigned to the transporter ct to the best of my knowledge.
		Bignature of Generator's Authorized Agent	9/23/11 Date and Time of Shipment
	 ·		
PART II:	TRANSPOR	TER: (To be completed in full t	by Transporter)
<sub></sub>	Name	FLUID TRANSPORT	325-573-5421
	Address _		Telephone No.
. (	City/State_		<u> </u>
CERTIFICATI	ION: I certi	fy that the waste in quantity above was received by n	ne for shipment to the destination below.
		Signature of Transporter's Agent	Date and Time Received
PART III: I			
		OR RECLAMATION SITE:	
1	Name <u>C</u>	Controlled Recovery, Inc.	(575) 393-1079
	Address _	P.O. Box 388	Telephone No.
(	City/State_	Hobbs, N.M. 88241-0388	E-mail
CERTIFICATI	ION: Leep	fy that the waste described in Part I was received by	me via the transporter described in Part IF.
	L	Signature of Facility Agent	Date and Time Received

76255

PART I:	Generator _ Address City/State_	Navajo Refining - Les Plant 7406 S.Main Lovington, NM 88260	( <u>575</u> ) <u>396~5821</u> Telephone No.	
ORGINATI	ON OF WAST	: :E:		·
Operations	s Center		Permit No. <u>MD360010367</u>	
Property N		Iovington (Well, Tank Battery, Plant, Facility)		
WASTE ID	ENTIFICATION	AND AMOUNT (BARRELS, YARDS, TONS,	CU.FT., LBS., UNITS, ETC.)	, ideal and
Drilling Flui Completion	Fluids	Tank Bottoms Gas Plant Waste	Exempt Fluids C117 No	
Contaminate	d Soil	Other Materials	Pit No	
		DESCRIPTION / NOTES		
	njæsds	contamental sail		
		Box 2553	7	1914년 - 1914년 전 1919년 - 1919년 1919년 - 1919년 - 1 1919년 - 1919년 -
CERTIFICA	name	waste described above is not hazardous pursuant to 40 CFR Pa ed below. I certify that the foregoing is true and correct to the Signature of Generator's Authorized Agent	rt 261 and was consigned to the transporter best of my knowledge. Date and Time of Shipment	
Part II:		TER: (To be completed in full by Transport	ansporter)	
	Address City/State		Telephone No. <u> 424 - 411</u> Truck No.	
CERTIFICA	TION: I cert	ify that the system in quantity above was received by me for sh		
Part III:	DISPOSAL (	OR RECLAMATION SITE:		•
	Name <u> </u>	Controlled Recovery, Inc. P.O. Box 388 Hobbs, N.M. 88241-0388	(575) 393-1079 Telephone No. <b>www.crihobbs.com</b> E-mail	ę
CERTIFICA		f) that the waste described in Part I was received by me via the second se	,	
		•		

76258

	Generator - Address	Navajo Refining - Lea Plant 7406 S. Main	( 575 ) 396-5821
	City/State_	Lovington, NM 88260	Telephone No.
ORGINATI	ON OF WAST	ſE:	<i>,</i>
Operation	s Center		Permit No.№12360010367
Property N	lame	Lovington	
		(Well, Tank Battery, Plant, Facility)	
WASTE IF	DENTIFICATION	AND AMOUNT (BARRELS, YARDS, TONS, CU	JFT., LBS., UNITS, ETC.)
Drilling Flu	ids	Tank Bottoms	Exempt Fluids
Completion		Gas Plant Waste	C117 No
Contaminate		Other Materials	Pit No.
	· · · · · · · · · · · · · · · · · · ·	DESCRIPTION / NOTES	
· · · · ·	12	Adapta anontania Pi	A Aart
		Muna Consartiania	1 - Zette C
	· · · · · · · · · · · · · · · · · · ·		
CERTIFIC		waste described above is not hazardous pursuant to 40 CFR Part 20 ed below. I certify that the foregoing is true and correct to the best	
CERTIFIC	nam Series and series and s		
Certific) Part II:	nam	ed below. I certify that the foregoing is true and correct to the best	t of my knowledge. 9/22// Dyte and Time of Shipment
	nam	ed below. I certify that the foregoing is true and correct to the best	t of my knowledge. 9/22 Dyte and Tiple of Shipment sporter) 325-573-5421
	nam	ed below. I certify that the foregoing is true and correct to the best Signature of Generator's Authorized Agent RTER: (To be completed in full by Trans	t of my knowledge. 9/22/1 Dyle and Turle of Shipment sporter) $325-573-5421$ Telephone No.
	TRANSPOF	ed below. I certify that the foregoing is true and correct to the best Signature of Generator's Authorized Agent RTER: (To be completed in full by Trans	t of my knowledge. $\frac{9/22}{Dyte and Time of Shipment}$ sporter) $\frac{325 \cdot 573 \cdot 542}{\text{Telephone No.}}$
PART II:	TRANSPOF Name Address City/State	ed below. I certify that the foregoing is true and correct to the best Signature of Generator's Authorized Agent RTER: (To be completed in full by Trans Fluid TRansport	t of my knowledge. 9/22 Dyte and Tiple of Shipment sporter) 325-573-5421 Telephone No. 421 Truck No.
PART II:	TRANSPOF Name Address City/State	ed below. I certify that the foregoing is true and correct to the best Signature of Generator's Authorized Agent RTER: (To be completed in full by Trans	t of my knowledge. 9/22 Dyte and Turle of Shipment sporter) $325-573-5421$ Telephone No. $421$ Truck No.
PART II:	TRANSPOF Name Address City/State	ed below. I certify that the foregoing is true and correct to the best Signature of Generator's Authorized Agent RTER: (To be completed in full by Trans Fluid TRansport	t of my knowledge. 9/22 Dyte and Turle of Shipment sporter) 325-573-5421 Telephone No. 421 Truck No.
Part II: Certific/	TRANSPOF Name Address _ City/State _ ATION: I cer	ed below. I certify that the foregoing is true and correct to the best Signature of Generator's Authorized Agent RTER: (To be completed in full by Trans Fluid 'TRansport tify that the waste in quantity allow was received by my for shipm	t of my knowledge. $\frac{9/22}{Dyte and Time of Shipment}$ sporter) $\frac{325 \cdot 573 \cdot 542}{\text{Telephone No.}}$ $\frac{421}{\text{Truck No.}}$ tent to the destination below. $\frac{9/22/11}{9/22/11}$
Part II: Certific/	TRANSPOF Name Address _ City/State _ ATION: I cer DISPOSAL	ed below. I certify that the foregoing is true and correct to the best Signature of Generator's Authorized Agent RTER: (To be completed in full by Trans Fluid 'TRansport tify that the waste in quantify above was received by me for shipm Signature of Transporter's Agent OR RECLAMATION SITE:	t of my knowledge. 9/22/11 Dyte and Tizle of Shipment sporter) 325-573-5421 Telephone No. 4/2/ Truck No. ent to the destination below. 9/22/11 Dyte and Time Received
PART II: Certific/	TRANSPOF TRANSPOF Name Address City/State ATION: 1 cer DISPOSAL	ed below. I certify that the foregoing is true and correct to the best Signature of Generator's Authorized Agent RTER: (To be completed in full by Trans Fluid TRansport tify that the waste in quantity above was received by mr for chinan Signature of Transporter's Agent OR RECLAMATION SITE: Controlled Recovery, Inc.	t of my knowledge. $\frac{9/22}{Dyte and Tiple of Shipment}$ sporter) $\frac{325 \cdot 573 \cdot 542}{Telephone No.}$ $\frac{421}{Truck No.}$ tent to the destination below. $\frac{9/22}{11}$
	TRANSPOF Name Address City/State ATION: I cer DISPOSAL Name Address	ed below. I certify that the foregoing is true and correct to the best Signature of Generator's Authorized Agent RTER: (To be completed in full by Trans Fluid 'TRansport tify that the waste in quantify above was received by me for shipm Signature of Transporter's Agent OR RECLAMATION SITE:	t of my knowledge. 9/22 Dyte and Time of Shipment sporter) $325-573-5421$ Telephone No. $421$ Truck No. ent to the destination below. $9/22/11$ Dyte and Time Received (575) 393-1079
Part II: Certific <i>i</i> Part III:	TRANSPOF Name Address City/State ATION: 1 cer DISPOSAL  Name Address City/State	ed below. I certify that the foregoing is true and correct to the best Signature of Generator's Authorized Agent RTER: (To be completed in full by Trans Fluid 'TRansport tify that the waste inquantity above was received by me for chipm Signature of Transporter's Agent OR RECLAMATION SITE: Controlled Recovery, Inc. P.O. Box 388	t of my knowledge. 9/22 Dyte and Time of Shipment sporter) $325-573-5421$ Telephone No. $421$ Truck No. ent to the destination below. $9/22/11$ Dyte and Time Received (575) 393-1079 Telephone No.
PART II: Certific/	TRANSPOF Name	ed below. I certify that the foregoing is true and correct to the best Signature of Generator's Authorized Agent RTER: (To be completed in full by Trans Fluid 'TRansport tify that the waste inquantity above was received by me for chipm Signature of Transporter's Agent OR RECLAMATION SITE: Controlled Recovery, Inc. P.O. Box 388	t of my knowledge. 9/22 Dyte and Time of Shipment sporter) 325-573-5421 Telephone No. 421 Truck No. ent to the destination below. 9/22/11 Dyte and Time Received (575) 393-1079 Telephone No. www.crihobbs.com E-mail
Part II: Certific <i>i</i> Part III:	TRANSPOF Name	ed below. I certify that the foregoing is true and correct to the best Signature of Generator's Authorized Agent RTER: (To be completed in full by Trans Fluid 'TRansport tify that the waste inquantity above was received by me for chipm Signature of Transporter's Agent OR RECLAMATION SITE: Controlled Recovery, Inc. P.O. Box 388 Hobbs, N.M. 88241-0388	t of my knowledge. 9/22/11 Dyte and Time of Shipment: sporter) 325-573-5421 Telephone No. 4/2/ Truck No. ent to the destination below. 9/22/11 Dyte and Time Received (575) 393-1079 Telephone No. WWW.Crihobbs.com E-mail

76259

Navajo Refining - Lea Plant PART I: Generator\_ 7406 S.Main 575) 396-5821 Address . Telephone No. Lovington, NM 88260 City/State. ORGINATION OF WASTE: Permit No. MD360010367 **Operations** Center Lovington **Property Name** (Well, Tank Battery, Plant, Facility) WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) **Drilling Fluids** Exempt Fluids \_\_\_\_ Tank Bottoms **Completion** Fluids Gas Plant Waste C117 No. Contaminated Soil Other Materials Pit No. **DESCRIPTION / NOTES** 12 yards Contaninatide 2 y 1 **CERTIFICATION:** The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge. Date and Time of Shipment Signature of Generator's Authorized Agent PART II: TRANSPORTER: (To be completed in full by Transporter) 325 573.5421 Telephone No. Fluid TRansport Name Address 412 City/State\_ **CERTIFICATION:** wed by me for shipment to the destination below. I certify that the waste of quantity above a and Time Received PART III: DISPOSAL OR RECLAMATION SITE: (575) 393-1079 **Controlled Recovery, Inc.** Name Telephone No. P.O. Box 388 Address www.crihobbs.com Hobbs, N.M. 88241-0388 City/State E-mail **CERTIFICATION:** I certify that the yeaste described in Part I was received by me via the transporter described in Part II. /Date and Time Received Signature of Facility Agen

76256

PART I: Navajo Refining - Lea PLant Generator\_ (575\_ 7406 S. Main 396-5821 Address. Telephone No. Lovington, NM. 88260 City/State. **ORGINATION OF WASTE:** Permit No. NMD360010367 **Operations** Center Lovington **Property Name** (Well, Tank Battery, Plant, Facility) Constant of the second states and the WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CUFT., LBS., UNITS, ETC.) **Drilling Fluids** Exempt Fluids Tank Bottoms C117 No **Completion Fluids** Gas Plant Waste Contaminated Soil Other Materials Pit No. **DESCRIPTION / NOTES** yaids contanunated Stal 14 de CERTIFICATION: The waste described above is not hazardous pursuant to 40 GFR-Part-261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge. Signature of Generator's Authorized Agent Date and Time of Shipment TRANSPORTER: (To be completed in full by Transporter PART II: Fluid Transport Name Telephone No.  $\hat{\mathbb{C}}_{2^{2}}$ Address 424 - 4104 City/State Truck No. **CERTIFICATION:** I certify that the waste in quantity above was received by me for shipment to the destination below. Signature of Transporter's Date and Time Received PART III: **DISPOSAL OR RECLAMATION SITE:** (575) 393-1079 **Controlled Recovery, Inc.** Name Telephone No. P.O. Box 388 Address www.crihobbs.com Hobbs, N.M. 88241-0388 City/State\_ E-mail CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part I and Time Received Signature of Fac

Part I:	Generat		
	Address		$\frac{575}{\text{Telephone No.}}$
	City/Sta	te Lovington, NM 88260	
ORGINATI	ON OF W	ASTE:	
Operations	s Center		Permit No. <u>NMD350010367</u>
_		Lovington	
Property N	lame	(Well, Tank Battery, Plant, Facility)	
a straighter the sec	al and an an all the factor	n waa ku	and a second state of the second state and the second state of the
WASTE ID	DENTIFICATI	ON AND AMOUNT (BARRELS, YARDS, TONS	, CU.FT., LBS., UNITS, ETC.)
Drilling Flui	ids	Tank Bottoms	Exempt Fluids
Completion	and the second	Gas Plant Waste	C117 No
Contaminate	11. I.I.	Other Materials	Pit No
		DESCRIPTION / NOTES	
, <u>.</u>			
	12 N	sards contaminated sa	i l
	r		
			)
	· · · ·	Box 3	10535
CERTIFIC	ATION:	The waste described above is not hazardous pursuant to 40 CFR I named below. I certify that the foregoing is true and correct to th	e best of my knowledge.
		Signature of Generator's Authorized Agen	Date and Time of Shipment
PART II:	TRANSF	ORTER: (To be completed in full by T	ransporter)
	Name	Fluid Transport	
	Address	· · · · · · · · · · · · · · · · · · ·	Telephone No.
	City/Stat		424-41047
	- · · <b>j</b> · - · · ·		$\frac{4}{24} - \frac{4}{410} $ Truck No.
CERTIFICA	ATION:	I certify that the waste in quantity above was peceived by me for s	shipment to the destination below.
		Signature of Transporter's Agent	Date and Time Received
		Signature of Transporter S Agent	
PART III:	DISPOS	AL OR RECLAMATION SITE:	
	Name	Controlled Recovery, Inc.	(575) 393-1079
	Address	P.O. Box 388	Telephone No.
	City/Stat		www.crihobbs.com
		1 A Contraction of the second s	E-mail
CERTIFICA	ATION:	I certify that the weste described in Part I was received by me via	the transporter described in Part II
		Kenne Hepph	412011
	•	Signature of Facility Agent	'/ Date and Time Received

Navajo Refining - Lea Plant PART I: Generator\_ 575) 395-5821 7406 S. Main Address Telephone No. Lovington, NM 88260 City/State **ORGINATION OF WASTE:** Permit No. <u>NMD36001036</u>7 **Operations** Center Lovington Property Name (Well, Tank Battery, Plant, Facility) WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) **Drilling Fluids** Exempt Fluids Tank Bottoms C117 No. **Completion Fluids** Gas Plant Waste Contaminated Soil Other Materials Pit No. **DESCRIPTION / NOTES** Manunalle land 529 **CERTIFICATION:** The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge. unama Signature of Generator's Authorized Agent Date and Time of Shipment TRANSPORTER: (To be completed in full by Transporter) PART II: Fluid Transport Name Telephone No. Address City/State 24 - 4101 Frück No. **CERTIFICATION:** ived by me for shipment to the destination below. I certify that -22 Date and Time Received ature of T **DISPOSAL OR RECLAMATION SITE:** PART III: (575) 393-1079 **Controlled Recovery, Inc.** Name Telephone No. P.O. Box 388 Address www.crihobbs.com Hobbs, N.M. 88241-0388 City/State E-mail **CERTIFICATION:** in Part I was received by me via the transporter described in Part AI and Time Received

76260

	City/State	7406 S. Main E Lovington, NM 88260	Telephone No.
RGINATI	ION OF WAS	STE:	
peration	s Center		Permit No. 200360010367
roperty N WASTE IE	terhan Thaire and the same of	Lovingotn (Well, Tank Battery, Plant, Facility) ON AND AMOUNT (BARRELS, YARDS, TONS	, CU.FT., LBS., UNITS, ETC.)
Drilling Flu	ids	Tank Bottoms	Exempt Fluids
Completion	Fluids	Gas Plant Waste	C117 No
Contaminate	ed Soil	Other Materials	Pit No
		DESCRIPTION / NOTES	
	120	yurds contamenated.	sail
	· · · · · · · · · · · · · · · · · · ·		
ERTIFIC		The waste described above is not hazardous pursuant to 40 CFR F amed below. I certify that the foregoing is true and correct to the	Part 261 and was consigned to the transporter e best of my knowledge.
ERTIFIC		The waste described above is not hazardous pursuant to 40 CFR F amed below. I certify that the foregoing is true and correct to the Manual Signature of Generator's Authorized Agent	Part 261 and was consigned to the transporter e best of my knowledge. Date and Time of Shipment
	n 	amed below. I certify that the foregoing is true and correct to the	e best of my knowledge. <u> <u> <u> </u> <u> </u></u></u>
ertific) Art II:	TRANSPC Name	amed below. I certify that the foregoing is true and correct to the Kignature of Generator's Authorized Agent	e best of my knowledge. <u> <u> <u> </u> <u> </u></u></u>
	TRANSPC Name Address	amed below. I certify that the foregoing is true and correct to the Signature of Generator's Authorized Agent DRTER: (To be completed in full by Ti Fluid Transport	e best of my knowledge 9-22-11 Date and Time of Shipment ransporter) 325-573-5421 Telephone No.
	TRANSPC Name	amed below. I certify that the foregoing is true and correct to the Signature of Generator's Authorized Agent DRTER: (To be completed in full by Ti Fluid Transport	e best of my knowledge 9-22-11 Date and Time of Shipmen ransporter) 325-573-5421
	TRANSPC Name Address City/State	amed below. I certify that the foregoing is true and correct to the Signature of Generator's Authorized Agent DRTER: (To be completed in full by Ti Fluid Transport	e best of my knowledge $ \frac{9-22-11}{Date and Time of Shipment} $ ransporter) $ \frac{325-573-542}{Telephone No.} $ $ \frac{421}{Truck No.} $ shipment to the destination below.
ART II:	TRANSPC Name Address City/State	amed below. I certify that the foregoing is true and correct to the Signature of Generator's Authorized Agent DRTER: (To be completed in full by Ti Pluid Transport	e best of my knowledge $\begin{array}{r} 9-22-1/\\ \hline Date and Time of Shipment\\ ransporter)\\ 325-573-542/\\ \hline Telephone No.\\ \underline{42./}\\ \hline Truck No.\\ \end{array}$
ART II: ERTIFIC/	TRANSPO Name Address City/State ATION: 1	amed below. I certify that the foregoing is true and correct to the Signature of Generator's Authorized Agent DRTER: (To be completed in full by Ti Fluid Transport	e best of my knowledge $ \begin{array}{r}             \underline{9 - 22 - 1/} \\             Date and Time of Shipment $ ransporter) $ \begin{array}{r}             325 - 573 - 542/ \\             Telephone No. \\             \underline{42/} \\             Truck No. \end{array} $ thipment to the destination below. $ \begin{array}{r}             9 - 22 - 1/ \\             9 - 22 - 1/ \\         \end{array} $
ART II: ERTIFIC/	TRANSPO Name Address City/State ATION: 1 7 DISPOSA Name	amed below. I certify that the foregoing is true and correct to the Signature of Generator's Authorized Agent DRTER: (To be completed in full by Ti Pluid Transport certify that the waste inclustify above was received by me for s Signature of Transporter's Agent L OR RECLAMATION SITE: Controlled Recovery, Inc.	e best of my knowledge $ \begin{array}{r}             \underline{9-22-11} \\             Date and Time of Shipmen ransporter)             325 - 573-5421             Telephone No.             421             Truck No.             shipment to the destination below.             9-22-11 $
ART II: ERTIFIC/	TRANSPO Name Address City/State ATION: 1 -7 DISPOSA	amed below. I certify that the foregoing is true and correct to the Signature of Generator's Authorized Agent DRTER: (To be completed in full by Ti Fluid Transport certify that the waste inclustive above was received by me for s Signature of Transporter's Agent L OR RECLAMATION SITE: Controlled Recovery, Inc. P.O. Box 388	e best of my knowledge $ \begin{array}{r}             \underline{9 - 22 - 1/} \\             Date and Time of Shipment ransporter)             325 - 573 - 542/             Telephone No.             \underline{42/} \\             Truck No.             shipment to the destination below.             \underline{9 - 22 - 1/} \\             Date and Time Received             \underline{(575) 393 - 1079}         $
ART II:	TRANSPO Name Address City/State ATION: 1 JISPOSA Name Address City/State	amed below. I certify that the foregoing is true and correct to the Signature of Generator's Authorized Agent DRTER: (To be completed in full by Ti Fluid Transport certify that the waste inclustive above was received by me for s Signature of Transporter's Agent L OR RECLAMATION SITE: Controlled Recovery, Inc. P.O. Box 388	e best of my knowledge $ \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c}$

Navajo Refining - Lea Plant PART I: Generator\_ 575 ) 396-5821 7406 S. Main Address. Telephone No. Lovington, NM 88260 City/State **ORGINATION OF WASTE:** Permit No. \_\_\_\_\_\_360010367 **Operations** Center Lovington **Property Name** (Well, Tank Battery, Plant, Facility) WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) **Drilling Fluids** Exempt Fluids \_\_\_\_\_ Tank Bottoms C117 No. \_ **Completion Fluids** Gas Plant Waste Contaminated Soil Pit No. Other Materials DESCRIPTION / NOTES Contonionated dusk 2iands **CERTIFICATION:** The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge. and Time of Shipment Signature of Generator's Authorized Agent PART II: TRANSPORTER: (To be completed in full by Transporter) 325.573-5421 Telephone No. Fluid Transport Name Address L1 2/ Truck No. City/State. **CERTIFICATION:** was received by me for shipment to the destination below. I certify that the waste in quantity above Date and Time Received Signature of Transporter's Agent PART III: **DISPOSAL OR RECLAMATION SITE:** (575) 393-1079 Controlled Recovery, Inc. Name Telephone No. P.O. Box 388 Address www.crihobbs.com Hobbs, N.M. 88241-0388 City/State É-mail **CERTIFICATION:** bed in Part I was received by me via the transporter described in Part I Date and Time Received Signature o

76263

City/State       Lovidgton, IM       68260       Telephone No.         ORGINATION OF WASTE:       Operations Center       Permit No. 4040360010367         Operations Center       Permit No. 4040360010367         Property Name       Lovington         (Well, Table Banky, Ban, Facility)         WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT, LBS, UNITS, ETC.)         Drilling Fluids       Tank Bottoms         Completion Fluids       Gas Plant Waste         Contaminated Soil       Other Materials         DESCRIPTION / NOTES       DESCRIPTION / NOTES         DESCRIPTION / NOTES       DESCRIPTION / NOTES         DESCRIPTION / NOTES       DESCRIPTION / NOTES         DESCRIPTION / NOTES       Default the foregoing is the and concet to the best of my knowledge.         Values       Contraminated Soil       Description fluids         CERTIFICATION:       The waste described above is not hazardous pursaeut to 40 CFR Part 261 and vas consigned to the transporter insure tork concet of the best of my knowledge.       Default Transporter         DART II:       TRANSPORTER: (To be completed in full by Transporter)       Name         Name       Fluid transport       G2 S - 5 - 5 - 4 - 2 / 2 / 1 / 1 / 2 / 2 - 1 / 1 / 2 / 2 / 1 / 1 / 2 / 2 / 2 / 1 / 1		Generato		(575) 396-5821
City/State Divergence is not here to be a consigned to the camporer named below to signature of Completed in full by Transporter)  PART II: TRANSPORTER: (To be completed in full by Transporter)  Name Pluid Transport Adjoint State and The Recoverd City/State Hobbs, N.M. 88241-0388  PART II: DISPOSAL OR RECLAMATION SITE:  Name Controlled Recovery, Inc. (575) 393-1079  Address Controlled Recovery, Inc. (575) 393-1079  Address Controlled Recovery, Inc. (575) 393-1079  Address Controlled Recovery, Inc. (575) 393-1079  CERTIFICATION: to the base of the second by me via the transporter described and the second by me via the transporter described s. (1779)  CERTIFICATION: to the second the second by me via the transporter of the second by me via the transporter described s. (177)  CERTIFICATION: to the second the second by me via the transporter of the second to the			- 11 - 15- 000-50	
Operations Center       Permit No. 2050360010367         Property Name       Lovington (Well, Taile Battery, Etm., Facility)         WASTE IDENTIFICATION AND AMOUNT (BARRELS, VARDS, TONS, CU.FT., LBS, UNITS, ETC.)         Drilling Fluids       Tank Bottoms         Completion Fluids       Gas Plant Waste         Completion Fluids       Gas Plant Waste         Contraininated Soil       Other Materials         DESCRIPTION / NOTES       DESCRIPTION / NOTES         CERTIFICATION:       The waste described above is not hazardous pursuant to 40 CER Part 201 and was consigned to the transporter anneed below. Territy that the foregoing is the and correct to the best of my knowledge.         Displanter of Generation's Autificated Agenti       Dayload Time/of Supaneer         PART II:       TRANSPORTER: (To be completed in full by Transporter)         Name       Fluid Transport         Signature of Generation's Autifications were stated on the destination below.       -421/ Truck No.         CERTIFICATION:       Leversty that the wafe to generation below to the destination below.         PART III:       DISPOSAL OR RECLAMATION SITE:         Name       Controlled Recovery, Inc.       (575) 393-1079         Address       PO. Box 388       Www.crihobbs.com         E-mail       E-mail       E-mail         CERTIFICATION:       Leversty frate fore descr		City/State	3 LOVERICON, NM 68260	-
Property Name       Lovingbon         (well, Tank Bauer, Plant, Facility)         WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS, UNITS, ETC.)         Drilling Fluids       Tank Bottoms       Exempt Fluids         Completion Fluids       Gas Plant Waste       C117 No.         Contaminated Soil       Other Materials       Pit No.         DESCRIPTION / NOTES       DESCRIPTION / NOTES         2       JULICATION (CONTACHNER) Clubbal LL         CERTIFICATION:       The waste described above in job hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter anneed below. Territy that the foregoing is the and correct to the best of my knowledge.         V       Signature of Cenerator's Authorized Agent         PART II:       TRANSPORTER: (To be completed in full by Transporter)         Name       Pluid Transport         Address       42.1         Citly/State       42.2         Citly/State       42.2         Signature of Transporter's Agent       Stepsatore of Transporter's Agent         PART III:       DISPOSAL OR RECLAMATION SITE:         Name       Controlled Recovery, Inc.       (575) 393-1079         Address       Plo.Box 388       www.crihobbs.com         Ermit       Lower of the for the for the prove of the correled by me via the transporter descrifed in Part	ORGINATI		STE:	· · · ·
Property Name       Lovingbon         (well, Tank Bauer, Plant, Facility)         WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS, UNITS, ETC.)         Drilling Fluids       Tank Bottoms       Exempt Fluids         Completion Fluids       Gas Plant Waste       C117 No.         Contaminated Soil       Other Materials       Pit No.         DESCRIPTION / NOTES       DESCRIPTION / NOTES         2       JULICATION (CONTACHNER) Clubbal LL         CERTIFICATION:       The waste described above in job hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter anneed below. Territy that the foregoing is the and correct to the best of my knowledge.         V       Signature of Cenerator's Authorized Agent         PART II:       TRANSPORTER: (To be completed in full by Transporter)         Name       Pluid Transport         Address       42.1         Citly/State       42.2         Citly/State       42.2         Signature of Transporter's Agent       Stepsatore of Transporter's Agent         PART III:       DISPOSAL OR RECLAMATION SITE:         Name       Controlled Recovery, Inc.       (575) 393-1079         Address       Plo.Box 388       www.crihobbs.com         Ermit       Lower of the for the for the prove of the correled by me via the transporter descrifed in Part	Operations	s Center		_ Permit No. <u>1000360010367</u>
(Well, Tank Bainey, Plant, Facility)         WASTE IDENTIFICATION AND AMOUNT (BARRELS, VARDS, TONS, CU.FT, LBS, UNITS, ETC.)         Drilling Fluids       Tank Bottoms       Exempt Fluids         Completion Fluids       Gas Plant Waste       C117 No.         Contaminated Soil       Other Materials       Pit No.         DESCRIPTION / NOTES       DESCRIPTION / NOTES         /1       MARK Contraction Materials       Pit No.         DESCRIPTION / NOTES       Image: Contraction Materials       Pit No.         /2       MARK Contraction Materials       Pit No.         CERTIFICATION:       The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. Tecrity that the foregoing is the and correct to the best of my knowledge.         W_2/26////       Signature of Centrator's Autionized Agent       Pit/26////         DART II:       TRANSPORTER: (To be completed in full by Transporter)       Name         Name       Fluid Transport       3 2 5 - 5 / 3 - 5 4 2 / Telephone No.         CERTIFICATION:       Leertly that the ways in program to the suppresentation below.       Q/2 L / /// /// /// /// /// ////////////	• •		1	
WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)         Drilling Fluids       Tank Bottoms       Exempt Fluids         Completion Fluids       Gas Plant Waste       C117 No.         Contaminated Soil       Other Materials       Pit No.         DESCRIPTION / NOTES       DESCRIPTION / NOTES         CERTIFICATION:       The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter maned below. Tecrify that the foregoing is true and correct to the best of my knowledge.         Very Sugnature of Generator's Authorized Agent       P1/26////         PART II:       TRANSPORTER: (To be completed in full by Transporter)         Name       Fluid Transport         Address       42.2         City/State       42.2         Dispondure of Transporter's Agent       Yes         Signature of Transporter's Agent       Yes         Name       Fluid Transport         Signature of Transporter's Agent       Yes         Signature of Transporter's Agent       Yes         PART III:       DISPOSAL OR RECLAMATION SITE:         Name       Controlled Recovery, Inc.       (575) 393-1079         Address       PO. Box 388       Wwww.crinbobs.com         City/State       PO. Box 388       Wwwww.crinbobs.com	Property N	lame _		-
WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT, LBS., UNITS, ETC.)         Drilling Fluids       Tank Bottoms       Exempt Fluids         Completion Fluids       Gas Plant Waste       C117 No.         Contaminated Soil       Other Materials       Pit No.         DESCRIPTION / NOTES       DESCRIPTION / NOTES         /2       MARCHS       Conta Contaminated Soil         /2       MARCHS       Conta Control Conta Conta Conta Control Conta Control Conta Conta Control Conta Control Conta Conta Control Conta Conta Control Conta Conta Conta Conta Conta Conta Conta Control Conta Control Conta Control Conta Control Conta Control Conta Con		en ander der einer		
Drilling Fluids       Tank Bottoms       Exempt Fluids         Completion Fluids       Gas Plant Waste       C117 No.         Contaminated Soil       Other Materials       Pit No.         DESCRIPTION / NOTES       DESCRIPTION / NOTES         Image: Contaminated Soil       The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. Teerify that the foregoing is true and correct to the best of my knowledge.         Image: Controlled Box Teerify that the foregoing is true and correct to the best of my knowledge.       9/226/11/         Data and Time of Shipment       Data and out the transporter named below. Teerify that the foregoing is true and correct to the best of my knowledge.         PART II:       TRANSPORTER: (To be completed in full by Transporter)         Name       Fluid Transport         Address	WASTE ID	ENTIFICATIO	N AND AMOUNT (BARRELS, YARDS, TONS	S, CU.FT., LBS., UNITS, ETC.)
Completion Fluids       Gas Plant Waste       C117 No.         Contaminated Soil       Other Materials       Pit No.         DESCRIPTION / NOTES       DESCRIPTION / NOTES         ////////////////////////////////////		<u>.</u>	<u></u>	· · · · · · · · · · · · · · · · · · ·
Completion Fluids       Gas Plant Waste       C117 No.         Contaminated Soil       Other Materials       Pit No.         DESCRIPTION / NOTES       DESCRIPTION / NOTES         ////////////////////////////////////	Drilling Flui	ids	Tank Bottoms	Exempt Fluids
Contaminated Soil       Other Materials       Pit No.         DESCRIPTION / NOTES       DESCRIPTION / NOTES         /1       MARCES       Continue of Continge of Continue of Continue of Continge of Cont	-		Gas Plant Waste	-
2       MARCE Containing Containing to the contained below. Territy that the foregoing is true and correct to the best of my knowledge.         2       CERTIFICATION:       The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. Teerify that the foregoing is true and correct to the best of my knowledge.         2       Vignature of Generator's Autionized Agent       9/26/11         PART II:       TRANSPORTER: (To be completed in full by Transporter)         Name       Fluid Transport       325-573-542/         Address	· ·		Other Materials	Pit No
2       MARCE Containing Containing to the contained below. Territy that the foregoing is true and correct to the best of my knowledge.         2       CERTIFICATION:       The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. Teerify that the foregoing is true and correct to the best of my knowledge.         2       Vignature of Generator's Autionized Agent       9/26/11         PART II:       TRANSPORTER: (To be completed in full by Transporter)         Name       Fluid Transport       325-573-542/         Address				· · · · ·
CERTIFICATION:       The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge.         Part II:       Part Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge.         PART II:       TRANSPORTER: (To be completed in full by Transporter)         Name       Fluid Transport         Address       421         City/State       421         Signature of Transporter's Agent       9/26/11         Signature of Transport       32 S-573-5421         Address       421         City/State       421         Signature of Transporter's Agent       9/26/11         Signature of Transporter's Agent       9/26/11         Very Signature of Transporter's Agent       9/26/11         PART III:       DISPOSAL OR RECLAMATION SITE:         Name       Controlled Recovery, Inc.       (575) 393-1079         Address       Hobbs, N.M. 88241-0388       www.crihobbs.com         City/State       Hobbs, N.M. 88241-0388       www.crihobbs.com         E-mail       E-mail       E-mail			DESCRIPTION / NOTES	<u>.</u>
CERTIFICATION:       The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge.         Part II:       Part Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge.         PART II:       TRANSPORTER: (To be completed in full by Transporter)         Name       Fluid Transport         Address       421         City/State       421         Signature of Transporter's Agent       9/26/11         Signature of Transport       32 S-573-5421         Address       421         City/State       421         Signature of Transporter's Agent       9/26/11         Signature of Transporter's Agent       9/26/11         Very Signature of Transporter's Agent       9/26/11         PART III:       DISPOSAL OR RECLAMATION SITE:         Name       Controlled Recovery, Inc.       (575) 393-1079         Address       Hobbs, N.M. 88241-0388       www.crihobbs.com         City/State       Hobbs, N.M. 88241-0388       www.crihobbs.com         E-mail       E-mail       E-mail		10		
CERTIFICATION:       The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. Toerrify that the foregoing is true and correct to the best of my knowledge. <i>Legendrewise</i> Signature of Generator's Authorized Agent <i>P</i> /26/11         Date and Time of Shipment             PART II:          TRANSPORTER: (To be completed in full by Transporter)         Name <i>Fluid Transport 32 S - 573 - 542/</i> Address <i>City/State 42 1         Truck No.         </i> Certify that the waste in gagentry approvement to the destination below. <i>9/26/11         Truck No.         </i> Certify that the waste in gagentry approvement to the destination below. <i>9/26/11         Truck No.         </i> Certify that the waste in gagentry approvement to the destination below. <i>9/26/11         Truck No.         Certify that the waste in gagentry approvement to the destination below.         <i>9/26/11         Truck No.         Certify that the waste in gagentry approvement of the destination below.         <i>9/26/11         Truck No.         Certify that the waste in gagentry approvement of the destination below.         <i>9/26/11         Truck No.         Certify that the waste in gagentry approvement of the destination below.         <i>9/26/11         Truck No.         Certify that the waste in gagentry approvement of the solution of the received          PART III:          DISPOSAL OR RECLAMATION SITE:          Name          Controlled Recovery, Inc.         <i>100. Box 388 100. B</i></i></i></i></i></i>		_/d	yando Contamanatid.	
named below. T certify that the foregoing is true and correct to the best of my knowledge.       9/26////         Very Signature of Generator's Authorized Agent       9/26////         PART II:       TRANSPORTER: (To be completed in full by Transporter)         Name       Fluid Transport         Address       9/26///         City/State       9/26///         Determine of the water in generator of the destination below.         Very State       9/26///         Data and Time of Transport       9/26///         Signature of Transporter's Agent       9/26///         PORT III:       DISPOSAL OR RECLAMATION SITE:         Name       Controlled Recovery, Inc.       (575) 393-1079         Address       P.O. Box 388       Www.crihobbs.com         City/State       Hobbs, N.M. 88241-0388       Www.crihobbs.com         E-mail       Icentify hat the water described in Part II       Wetwater water described in Part II	· · · ·			
named below. T certify that the foregoing is true and correct to the best of my knowledge.       9/26////         Very Signature of Generator's Authorized Agent       9/26////         PART II:       TRANSPORTER: (To be completed in full by Transporter)         Name       Fluid Transport         Address       9/26///         City/State       9/26///         Determine of the water in generator of the destination below.         Very State       9/26///         Data and Time of Transport       9/26///         Signature of Transporter's Agent       9/26///         PORT III:       DISPOSAL OR RECLAMATION SITE:         Name       Controlled Recovery, Inc.       (575) 393-1079         Address       P.O. Box 388       Www.crihobbs.com         City/State       Hobbs, N.M. 88241-0388       Www.crihobbs.com         E-mail       Icentify hat the water described in Part II       Wetwater water described in Part II	<u>· · · ·</u>			
named below. T certify that the foregoing is true and correct to the best of my knowledge.       9/26////         Very Signature of Generator's Authorized Agent       9/26////         PART II:       TRANSPORTER: (To be completed in full by Transporter)         Name       Fluid Transport         Address       9/26///         City/State       9/26///         Determine of the water in generator of the destination below.         Very State       9/26///         Data and Time of Transport       9/26///         Signature of Transporter's Agent       9/26///         PORT III:       DISPOSAL OR RECLAMATION SITE:         Name       Controlled Recovery, Inc.       (575) 393-1079         Address       P.O. Box 388       Www.crihobbs.com         City/State       Hobbs, N.M. 88241-0388       Www.crihobbs.com         E-mail       Icentify hat the water described in Part II       Wetwater water described in Part II			· · · · · · · · · · · · · · · · · · ·	
Name       Fluid Transport       325-573-542/ Telephone No.         Address       42/ Truck No.         City/State       42/ Truck No.         CERTIFICATION:       Lecrify that the wate in quarter at the wave control by me for shipment to the destination below.       9/26/11/ Truck No.         CERTIFICATION:       Lecrify that the wate in quarter at the wave control by me for shipment to the destination below.       9/26/11/ Truck No.         PART III:       DISPOSAL OR RECLAMATION SITE:       9/26/11/ Tale and Time Received         PART III:       DISPOSAL OR RECLAMATION SITE:         Name       Controlled Recovery, Inc.       (575) 393-1079 Telephone No.         Address       P.O. Box 388       www.crihobbs.com         City/State       Hobbs, N.M. 88241-0388       www.crihobbs.com         E-mail       Certify that the waste describeed in Part II       Was received by me via the transporter described in Part II	· · · · ·		Verificature of Generator's Authorized Agent	9/26/11 Date and Time of Shipment
Address       Telephone No.         City/State       42/         Truck No.       Truck No.         CERTIFICATION:       I certify that the wate in quarter of transporter's Agent       9/26/11         Signature of Transporter's Agent       9/26/11         PART III:       DISPOSAL OR RECLAMATION SITE:         Name       Controlled Recovery, Inc.       (575) 393-1079         Address       P.O. Box 388       Telephone No.         City/State       Hobbs, N.M. 88241-0388       www.crihobbs.com         E-mail       E-mail       E-mail	Part II:	TRANSPC	DRTER: (To be completed in full by T	[ransnorter]
Address       42/         City/State       42/         DERTIFICATION:       1 certify that the wate in quantify blace weaterer by me for shipment to the destination below.       9/26/1/         Signature of Transporter's Agent       9/26/1/         PART III:       DISPOSAL OR RECLAMATION SITE:         Name       Controlled Recovery, Inc.       (575) 393-1079         Address       P.O. Box 388         City/State       Hobbs, N.M. 88241-0388       www.crihobbs.com         E-mail       E-mail         CERTIFICATION:       1 certify that the visite described are Part 1 was received by me via the transporter described in Part 1/				
CERTIFICATION:       I certify that the wards in quantify abdies was received by me for shipment to the destination below.       9/26/11         Signature of Transporter's Agent       Date and Time Received         PART III:       DISPOSAL OR RECLAMATION SITE:         Name       Controlled Recovery, Inc.         Address       P.O. Box 388         City/State       Hobbs, N.M. 88241-0388         VERTIFICATION:       I certify that the waste described in Part I was received by me via the transporter described in Part II		Name	Fluid Transport	325-573-5421
Anticle       9/26/11         Signature of Transporter's Agent       Date and Time Received         PART III:       DISPOSAL OR RECLAMATION SITE:         Name       Controlled Recovery, Inc.         Address       P.O. Box 388         City/State       Hobbs, N.M. 88241-0388         Vertication       E-mail         CERTIFICATION:       I certify that the wriste described in Part I was received by me via the transporter described in Part I			Fluid Transport	325-573-5421
Anticle       9/26/11         Signature of Transporter's Agent       Date and Time Received         PART III:       DISPOSAL OR RECLAMATION SITE:         Name       Controlled Recovery, Inc.         Address       P.O. Box 388         City/State       Hobbs, N.M. 88241-0388         Vertication       E-mail         CERTIFICATION:       I certify that the wriste described in Part I was received by me via the transporter described in Part I		Address	· · · · · · · · · · · · · · · · · · ·	325-573-5421
PART III: DISPOSAL OR RECLAMATION SITE: Name <u>Controlled Recovery, Inc.</u> (575) 393-1079 Address <u>P.O. Box 388</u> City/State <u>Hobbs, N.M. 88241-0388</u> <u>www.crihobbs.com</u> E-mail CERTIFICATION: Icertify that the wriste described in Part 11 Multice With the wriste described in Part 11 Multice With the wriste described in Part 11 Multice With the Write described in Part 11 Multice With the Write described in Part 11 Multice With the Write described in Part 11 CERTIFICATION: Icertify that the wriste described in Part 11 Multice With the Write described		Address City/State	)	325-573-5421 Telephone No. 421 Truck No.
PART III: DISPOSAL OR RECLAMATION SITE: Name <u>Controlled Recovery, Inc.</u> (575) 393-1079 Address <u>P.O. Box 388</u> City/State <u>Hobbs, N.M. 88241-0388</u> <u>www.crihobbs.com</u> E-mail CERTIFICATION: Icertify that the wriste described in Part 11 Multice With the wriste described in Part 11 Multice With the wriste described in Part 11 Multice With the Write described in Part 11 Multice With the Write described in Part 11 Multice With the Write described in Part 11 CERTIFICATION: Icertify that the wriste described in Part 11 Multice With the Write described	CERTIFICA	Address City/State	)	325-573-5421 Telephone No. 421 Truck No.
Name       Controlled Recovery, Inc.       (575) 393-1079         Address       P.O. Box 388       Telephone No.         City/State       Hobbs, N.M. 88241-0388       www.crihobbs.com         E-mail       E-mail         CERTIFICATION:       Icertify that the waste described for Part I was received by me via the transporter described in Part II	CERTIFICA	Address City/State	certify that the waste in quantity above wastereiver by me for	325-573-5421 Telephone No. <u>421</u> Truck No.
Address P.O. Box 388 City/State Hobbs, N.M. 88241-0388 City/State Hobbs, N.M. 88241-0388 E-mail CERTIFICATION: I cerefty that the waste described and Part I was received by me via the transporter described in Part I Multice Multice M	CERTIFICA	Address City/State	certify that the waste in quantity above wastereiver by me for	325-573-5421 Telephone No. 421 Truck No.
Address P.O. Box 388 City/State Hobbs, N.M. 88241-0388 City/State Hobbs, N.M. 88241-0388 E-mail CERTIFICATION: I cerefty that the waste described and Part I was received by me via the transporter described in Part I Multice Multice M	:	Address City/State TION: 1	certify that the waste in quantity above wastereiver by me for Signature of Transporter's Agent	325-573-5421 Telephone No. 421 Truck No.
City/State Hobbs, N.M. 88241-0388 www.crihobbs.com E-mail	:	Address City/State ATION: 1 DISPOSA	certify that the waste in quantity above wastereiver by me for Signature of Transporter's Agent L OR RECLAMATION SITE:	$\frac{325-573-5421}{\text{Telephone No.}}$ $\frac{421}{\text{Truck No.}}$ shipment to the destination below. $\frac{9/26/11}{\text{Date and Time Received}}$
E-mail CERTIFICATION: I cerefty that the waste described and Part I was received by me via the transporter described in Part I Audulul of Opla	:	Address City/State ATION: 1 DISPOSA	certify that the wayte in quantity above was conjugated by me for Signature of Transporter's Agent L OR RECLAMATION SITE: Controlled Recovery, Inc.	325-573-542/ Telephone No. 42/ Truck No. shipment to the destination below. 9/26/11 Date and Time Received (575) 393-1079
Allhere Jopin 12/0/11	: :	Address City/State ATION: 1 DISPOSA Name Address	certify that the waste in quantity above westerceiver by me for Signature of Transporter's Agent L OR RECLAMATION SITE: Controlled Recovery, Inc. P.O. Box 388	$\frac{325-573-542}{\text{Telephone No.}}$ shipment to the destination below. $\frac{9/26/11}{\text{Date and Time Received}}$ $\underline{(575) 393-1079}$ Telephone No.
Similar of Calif. Harden	: :	Address City/State ATION: 1 DISPOSA Name Address	certify that the waste in quantity above westerceiver by me for Signature of Transporter's Agent L OR RECLAMATION SITE: Controlled Recovery, Inc. P.O. Box 388	$\frac{325-573-542}{\text{Telephone No.}}$ shipment to the destination below. $\frac{9/26/11}{\text{Date and Time Received}}$ $\frac{(575) 393-1079}{\text{Telephone No.}}$
Signature of Facility Agent/ Date and T/me Received	Part III:	Address City/State ATION: 1 DISPOSA Name Address City/State	certify that the wate in quantity above weareceived by me for Signature of Transporter's Agent L OR RECLAMATION SITE: Controlled Recovery, Inc. P.O. Box 388 Hobbs, N.M. 88241-0388	$\frac{325-573-542}{\text{Telephone No.}}$ shipment to the destination below. $\frac{9/26/11}{\text{Date and Time Received}}$ $\frac{(575) 393-1079}{\text{Telephone No.}}$ E-mail

TCP - #7520

76275

ORGINATI			
	ON OF WASTE:		
Operations	s Center		Permit No. №D360010367
Property N	(W	ovington /ell, Tank Battery, Plant, Facility)	
WASTE ID	ENTIFICATION AND	AMOUNT (BARRELS, YARDS, TON	IS, CU.FT., LBS., UNITS, ETC.)
Drilling Flui	ds	Tank Bottoms	Exempt Fluids
Completion		Gas Plant Waste	_ C117 No.
Contaminate		C Other Materials	_ Pit No.
	· · · · ·	DESCRIPTION / NOTES	
	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
· .	12 Adapa	a contaminatil.	Jail
• -			
PART II:		F. To be completed in full by	Date and Tiple of Shipment
PAR I. II.	TRANSPORTER	: (To be completed in full by	· · ·
	Name <u>Flut</u>	ld Transport	325-573-5421
	Address		Telephone No.
	City/State	<u>.</u>	421
			Trück No.
CERTIFICA	VION: I certify that	the wastern quantity above was received by me to	rshipment to the destination below.
**** ***	Sig	gnature of Transporter's Agent	Date and Time Received
PART III:		RECLAMATION SITE:	<i>f</i>
			(575) 202 4070
		rolled Recovery, Inc.	
		). Box 388 Hobbs, N.M. 88241-0388	www.crihobbs.com
	City/State	100003 H.HI. 0024  -0000	E-mail
	· // / ·	1 A Constant	ia the transporter described in/Part II.

ę,

Navajo Refining - Lea Plant PART I: Generator\_ 575)396-5821 7406 S. Main Address Telephone No. Lovington, NM\_ 88260 City/State **ORGINATION OF WASTE: Operations** Center Permit No. NMD36010367 Lovington **Property Name** (Well, Tank Battery, Plant, Facility) ومعاديها والارتقاع ويراز المراجعة وا WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) Exempt Fluids **Drilling Fluids** Tank Bottoms C117 No. Gas Plant Waste **Completion Fluids** Other Materials Contaminated Soil Pit No. **DESCRIPTION / NOTES** yards contamenated material **CERTIFICATION:** The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge. lovern and Time of Shipment Signature of Generator's Authorized Agent TRANSPORTER: (To be completed in full by Transporter) PART II: JZ<u>5-573-54</u>2/ Telephone No. Fluid Transport Name Address 421 Truck No. <sup>4</sup>City/State **CERTIFICATION:** I certify that the waste in quantity above was received by me for shipment to the destination below 9-27-11 Signature of Transporter's Agent Date and Time Received PART III: **DISPOSAL OR RECLAMATION SITE:** (575) 393-1079 **Controlled Recovery, Inc.** Name Telephone No. P.O. Box 388 Address Hobbs, N.M. 88241-0388 www.crihobbs.com City/State\_\_\_ E-mail **CERTIFICATION:** I certify that the waste described in Part I was received by me via the transporter described in Part Signature of Facility Agent and Time Received

TCP - #7520-A

.

NAVAJO REFINING - LEA PLANT PART I: Generator\_ (575) 396-5821 7406 S. MAIN Address. Telephone No. LOVINGION, NM 88260 City/State ORGINATION OF WASTE: **Operations** Center LOVINGION **Property Name** (Well, Tank Battery, Plant, Facility) WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) **Drilling Fluids** Tank Bottoms Exempt Fluids C117 No. **Completion Fluids** Gas Plant Waste **Contaminated Soil** Other Materials Pit No. **DESCRIPTION / NOTES** antomoral Materia rands CERTIFICATION: The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge. 9-27-11 Date and Time of Shipment Signature of Generator's Authorized Agent PART II: TRANSPORTER: (To be completed in full by Transporter) 32<u>5-573-</u>5421 Telephone No. FLUID TRASNPORT Name Address # 421 City/State\_ CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the destination below.  $\frac{9-27-}{2}$  Date and Time Receiv Signature of Transporter's Agent PART III: **DISPOSAL OR RECLAMATION SITE:** (575) 393-1079 **Controlled Recovery, Inc.** Name Telephone No. P.O. Box 388 Address www.crihobbs.com Hobbs, N.M. 88241-0388 City/State E-mail **CERTIFICATION:** fy that the waste described in Part I was received by me via the transporter described in Part II. Signature of Facilit Received

NON-HAZ	ZARDOUS	WASTE MANIFES	Γ

	Generat		( )
	Address		( <u>575</u> ) <u>396–5821</u> Telephone No.
	City/Sta	te Lovington, NM 88260	
ORGINAT	TON OF W	ASTE:	
Operatior	ns Center		Permit No <u>@MD36001036</u> 7
Property I	Name	(Well, Tank Battery, Plant, Facility)	
WASTE II	DENTIFICAT	ION AND AMOUNT (BARRELS, YARDS, TONS, C	:U.FT., LBS., UNITS, ETC.)
Drilling Flu	uids	Tank Bottoms	Exempt Fluids
Completior	n Fluids	Gas Plant Waste	C117 No.
Contaminat	ted Soil	Other Materials	Pit No
		DESCRIPTION / NOTES	
/	2 Mar	de contamenated Sail	
	<u>A ique</u>	Chi Child and the P	
• • •		C. C	
CERTIFIC	ATION:	The waste described above is not hazardous pursuant to 40 CFR Part named below. I certify that the foregoing is true and correct to the be	est of my knowledge.
CERTIFIC			
Certific	a an an an an	named below. I certify that the foregoing is true and correct to the be ElouT. Howmander	est of my knowledge. 9-27-11 Date and Time of Shipment
	TRANS	named below. I certify that the foregoing is true and correct to the be <u>Elou T. Hormande</u> Signature of Generator's Authorized Agent PORTER: (To be completed in full by Trai	est of my knowledge. <u>9-27-11</u> Date and Time of Shipment nsporter)
	TRANS	named below. I certify that the foregoing is true and correct to the be <u>Lloy T. Hounder</u> Signature of Generator's Authonized Agent PORTER: (To be completed in full by Trai <u>Fluid Transport</u>	est of my knowledge. 9-27-11 Date and Time of Shipment
	TRANS Name Address	named below. I certify that the foregoing is true and correct to the be <u>Elou T. Hormande</u> Signa(fre of Generator's Authonized Age) PORTER: (To be completed in full by Trai <u>Fluid Transport</u>	est of my knowledge. 9-27-11 Date and Time of Shipment nsporter) 525-573-547
	TRANS	named below. I certify that the foregoing is true and correct to the be <u>Elou T. Hormande</u> Signa(fre of Generator's Authonized Age) PORTER: (To be completed in full by Trai <u>Fluid Transport</u>	est of my knowledge. 9-27-11 Date and Time of Shipment nsporter) 325-573-547
	TRANS Name Address City/Sta	named below. I certify that the foregoing is true and correct to the be <u>Elou T. Herunder</u> Signal of Generator's Authonized Age PORTER: (To be completed in full by Train <u>Fluid Transport</u> te	est of my knowledge. $\begin{array}{r} 9-27-11 \\ \hline Date and Time of Shipment \\ \hline nsporter) \\ 325-573-542 \\ \hline Telephone No. \\ \underline{421} \\ \hline Truck No. \end{array}$
Part II:	TRANS Name Address City/Sta	named below. I certify that the foregoing is true and correct to the be <u>Elou T. Hormande</u> Signa(fre of Generator's Authonized Age) PORTER: (To be completed in full by Trai <u>Fluid Transport</u>	est of my knowledge. $\begin{array}{r} 9-27-11 \\ \hline Date and Time of Shipment \\ \hline nsporter) \\ 325-573-542 \\ \hline Telephone No. \\ \underline{421} \\ \hline Truck No. \end{array}$
Part II:	TRANS Name Address City/Sta	named below. I certify that the foregoing is true and correct to the be <u>Elou T. Herunder</u> Signal of Generator's Authonized Age PORTER: (To be completed in full by Train <u>Fluid Transport</u> te	est of my knowledge. $\begin{array}{r} 9-27-11 \\ \hline Date and Time of Shipment \\ \hline nsporter) \\ 325-573-542 \\ \hline Telephone No. \\ \hline 421 \\ \hline Truck No. \\ \hline \end{array}$ ment to the destination below.
Part II: Certific	TRANS Name Address City/Sta	named below. I certify that the foregoing is true and correct to the be <u>Elou I.</u> Signafure of Generator's Authorized Agent PORTER: (To be completed in full by Train <u>Fluid Transport</u> te I certify that the waste in quantity above was received by me for ship <u>Mathematica</u>	est of my knowledge. $\begin{array}{r} 9-27-11 \\ \hline Date and Time of Shipment \\ \hline nsporter) \\ \hline 525-573-547 \\ \hline Telephone No. \\ \hline 421 \\ \hline Truck No. \\ \hline ment to the destination below. \\ \hline 9-27-11 \\ \end{array}$
Part II:	TRANS Name Address City/Sta ATION: DISPOS	named below. I certify that the foregoing is true and correct to the be <u>Llow I</u> <u>Houmannade</u> Signafure of Generator's Authorized Agent PORTER: (To be completed in full by Train <u>Fluid Transport</u> te I certify that the waste in quantity above was received by me for ship <u>Signature of Transport</u> 's Agent AL OR RECLAMATION SITE:	est of my knowledge. 9-27-11 Date and Time of Shipment $325-573-547$ Telephone No. $421$ Truck No. ment to the destination below. $9-27-11$ Date and Time Received
Part II: Certific	TRANS Name Address City/Sta ATION: DISPOS Name	named below. I certify that the foregoing is true and correct to the be Llou I. Hermanned Signaffre of Generator's Authonized Agent PORTER: (To be completed in full by Train Fluid Transport te I certify that the waste in quantity above was received by me for ship Signature of Transporter's Agent SAL OR RECLAMATION SITE: Controlled Recovery, Inc.	est of my knowledge. $\begin{array}{r} 9-27-11 \\ \hline Date and Time of Shipment \\ \hline nsporter) \\ 525-573-547 \\ \hline Telephone No. \\ \underline{421} \\ \hline Truck No. \\ \hline ment to the destination below. \\ \underline{9-27-11} \end{array}$
Part II: Certific	TRANS Name Address City/Sta ATION: DISPOS	named below. I certify that the foregoing is true and correct to the be Llow I. Hoursender Signafure of Generator's Authorized Agent PORTER: (To be completed in full by Train Fluid Transport te I certify that the waste in quantity above was received by me for ship Mathematica Signature of Transporter's Agent AL OR RECLAMATION SITE: Controlled Recovery, Inc. P.O. Box 388	est of my knowledge. $\begin{array}{r} 9-27-11 \\ \hline Date and Time of Shipment \\ \hline nsporter) \\ 325-573-542 \\ \hline Telephone No. \\ \underline{421} \\ \hline Truck No. \\ \hline \\ $
Part II: Certific Part III:	TRANS Name Address City/Sta ATION: DISPOS Name Address City/Sta	named below. I certify that the foregoing is true and correct to the be Llow I. Hoursender Signafure of Generator's Authorized Agent PORTER: (To be completed in full by Train Fluid Transport te I certify that the waste in quantity above was received by me for ship Mathematica Signature of Transporter's Agent AL OR RECLAMATION SITE: Controlled Recovery, Inc. P.O. Box 388	est of my knowledge. $\begin{array}{r} 9-27-11 \\ \hline Date and Time of Shipment \\ \hline \\ nsporter) \\ \hline 325-573-542) \\ \hline \\ \hline \\ Telephone No. \\ \hline \\ 421 \\ \hline \\ $
Part II: Certific	TRANS Name Address City/Sta ATION: DISPOS Name Address City/Sta	named below. I certify that the foregoing is true and correct to the be Llow I. Hoursender Signafure of Generator's Authorized Agent PORTER: (To be completed in full by Train Fluid Transport te I certify that the waste in quantity above was received by me for ship Mathematica Signature of Transporter's Agent AL OR RECLAMATION SITE: Controlled Recovery, Inc. P.O. Box 388	est of my knowledge. 9-27-11 Date and Time of Shipment $325-573-5472$ Telephone No. 421 Truck No. ment to the destination below. 9-27-11 Date and Time Received $(575) 393-1079$ Telephone No. WWW.crihobbs.com E-mail
Part II: Certific Part III:	TRANS Name Address City/Sta ATION: DISPOS Name Address City/Sta	named below. I certify that the foregoing is true and correct to the be Liou I. Hermannel. Signafure of Generator's Authonized Agent PORTER: (To be completed in full by Train Fluid Transport te I certify that the waste in quantity above was received by me for ship Signature of Transporter's Agent AL OR RECLAMATION SITE: Controlled Recovery, Inc. P.O. Box 388 te Hobbs, N.M. 88241-0388	est of my knowledge. 9-27-11 Date and Time of Shipment $325-573-5472$ Telephone No. 421 Truck No. ment to the destination below. 9-27-11 Date and Time Received $(575) 393-1079$ Telephone No. WWW.crihobbs.com E-mail

76274

Navajo Refining - Lea Plant PART I: Generator \_\_\_\_ ( 575 )396-5821 7406 S. Main Address \_ Telephone No. Lovington, NM 88260 City/State\_ **ORGINATION OF WASTE:** Permit No. MD360010367 **Operations Center** Lovington **Property Name** (Well, Tank Battery, Plant, Facility) an <u>an an an</u> WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.) Exempt Fluids **Drilling Fluids** Tank Bottoms Gas Plant Waste C117 No. **Completion Fluids** Contaminated Soil Other Materials Pit No. **DESCRIPTION / NOTES** ajarda contaminated sec **CERTIFICATION:** The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge. Signature of Generator S Authorized Agent and Time of Shipment TRANSPORTER: (To be completed in full by Transporter) PART II: 325-573-5421 Telephone No. Fluid Transport Name Address 421 Truck No. City/State **CERTIFICATION:** I certify that the waste in quantity above was received by me for shipment to the destination below. Signature of Transporter's Agent Date and Time Received PART III: **DISPOSAL OR RECLAMATION SITE:** Controlled Recovery, Inc. (575) 393-1079 Name Telephone No. P.O. Box 388 Address www.crihobbs.com Hobbs, N.M. 88241-0388 City/State\_ E-mail **CERTIFICATION:** I certify that the way ribed in Part I was received by me via the transporter described in Part IJ Signature of Acility Agent Date and Time Received

PART I:	Generator Address	Navajo Refining - Lea Plant 7406 S. Main	( 575) 396-5821
	City/State_	Lovington, NM 88260	Telephone No.
ORGINAT	ION OF WASTI		
Operation	s Center		Permit No
Property N	Name	Lovington (Well, Tank Battery, Plant, Facility)	
WASTE II	DENTIFICATION A	AND AMOUNT (BARRELS, YARDS, TONS	s, CU.FT., LBS., UNITS, ETC.)
	:1-	Taul Dattana	Exempt Fluids
Drilling Flu Completion		Tank Bottoms Gas Plant Waste	C117 No
Contaminat		Other Materials	Pit No
		DESCRIPTION / NOTES	
1	12 reards	Contominated sail	
	0		
		/	
CERTIFIC	name	vaste described above is not hazardous pursuant to 40 CFR d below. I certify that the foregoing is true and correct to th Lewissignature of Generator's Authorized Agent	e best of my knowledge Date and Time of Shipment
Part II:	TRANSPOR	TER: (To be completed in full by T	ransporter)
	Name	Fluid Transport	
	Address		Telephone No.
	City/State_		<u>424 - 4104</u> Truck No.
CERTIFIC	ATION: Locati	fy that the waste in quantity above was received by me for	
			shipment to the destination below.
		Bignature of Transporter's Agent	shipment to the destination below. 
 Part III:	DISPOSAL (	× There Proper	
 Part III:	Name _C	Signature of Transporter's Agent OR RECLAMATION SITE: Controlled Recovery, Inc.	(575) 393-1079
Part III:	Name _ <b>C</b> Address	DR RECLAMATION SITE:	Date and Time Received
	Name <u>C</u> Address City/State	DR RECLAMATION SITE: Controlled Recovery, Inc. P.O. Box 388	<u>//- /5</u> Date and Time Received (575) 393-1079 Telephone No.
Part III: Certific/	Name _C Address City/State	DR RECLAMATION SITE: Controlled Recovery, Inc. P.O. Box 388	(575) 393-1079 Telephone No. <u>www.crihobbs.com</u> E-mail

NON-HAZARDOUS	WASTE MANIFEST

3. A.

76283

	Address	7406 S. Main	( 575 ) 396–5821
	City/State1	Lovington, NM 88260	Telephone No.
RGINATIC	ON OF WASTE:		
perations	Center		Permit No
Property Na	ameI	Lovington	
an a		Well, Tank Battery, Plant, Facility)	ana
WASTE IDE	NTIFICATION AND	) AMOUNT (BARRELS, YARDS, TON	
Drilling Fluid	s	Tank Bottoms	Exempt Fluids
Completion F		Gas Plant Waste	C117 No
Contaminated	I Soil	C Other Materials	Pit No
		DESCRIPTION / NOTES	
	12 reasda	contaminated soil	WOOD
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
			and the second
DERTIFICA		described above is not hazardous pursuant to 40 CFF ow. Lecrify that the foregoing is true and correct to	
DERTIFICA		described above is not hazardous pursuant to 40 CFF ow. 1 certify that the foregoing is true and correct to	
DERTIFICA	named bel	ow. Lecrtify that the foregoing is true and correct to	the best of my knowledge.
DERTIFICA	named bel		
)ertifica Part II:	named bela	ow. I certify that the foregoing is true and correct to ture of Generator's Authorized Agent	the best of my knowledge.
	named bela Signa TRANSPORTE	ow Leertify that the foregoing is true and correct to ture of Generator's Authorized Agent R: (To be completed in full by	the best of my knowledge.
	named bela Signa TRANSPORTEI Name <u>F1</u>	ow. I certify that the foregoing is true and correct to ture of Generator's Authorized Agent	the best of my knowledge.
	named bela <u>Ja</u> Signa TRANSPORTER Name <u>F1</u> Address	ow Leertify that the foregoing is true and correct to ture of Generator's Authorized Agent R: (To be completed in full by	the best of my knowledge. 11/15/11 Pate and Time of Shipment Transporter) 325-573-5421 Telephone No.
	named bela Signa TRANSPORTEI Name <u>F1</u>	ow Leertify that the foregoing is true and correct to ture of Generator's Authorized Agent R: (To be completed in full by	the best of my knowledge.
Part II:	named belo Signa TRANSPORTER Name <u>F1</u> Address City/State	ow Lectify that the foregoing is true and correct to ture of Generator's Authorized Agent R: (To be completed in full by uiā Transpo <b>t</b> t	the best of my knowledge. Pate and Time of Shipment Transporter) 325-573-5421 Telephone No. 4/21 Truck No.
	named belo Signa TRANSPORTER Name <u>F1</u> Address City/State	ow Leertify that the foregoing is true and correct to ture of Generator's Authorized Agent R: (To be completed in full by	the best of my knowledge. Pate and Time of Shipment Transporter) 325-573-5421 Telephone No. 4/21 Truck No.
Part II:	named belo Signa TRANSPORTER Name Address City/State TION: 1 certify that	ow Lectify that the foregoing is true and correct to ture of Generator's Authorized Agent R: (To be completed in full by uiā Transpo <b>t</b> t	the best of my knowledge. Pate and Time of Shipment Transporter) 325-573-5421 Telephone No. 4/21 Truck No.
Part II: Certifica	named belo Signal TRANSPORTED Name <u>F1</u> Address <u></u> City/State <u></u> TION: I certify that S	ow 1 certify that the foregoing is true and correct to Lure of Generator's Authorized Agent R: (To be completed in full by uid Transpott at the waste irrquantity above was received by me for Signature of Transporter's Agent	the best of my knowledge. Pate and Time of Shipment Transporter) 325 - 573 - 5421 Telephone No. 4/21 Truck No. Truck No.
Part II:	named belo Signal TRANSPORTED Name <u>F1</u> Address <u></u> City/State <u></u> TION: I certify that S	ow Leertify that the foregoing is true and correct to ture of Generator's Authorized Agent R: (To be completed in full by uid Transport at the waste irrepartity above was received by me for	the best of my knowledge. Pate and Time of Shipment Transporter) 325 - 573 - 5421 Telephone No. 4/21 Truck No. Truck No.
Part II: Certifica	named belo Signa TRANSPORTED Name <u>F1</u> Address <u></u> City/State <u></u> TION: I certify that S DISPOSAL OR	ow 1 certify that the foregoing is true and correct to Lure of Generator's Authorized Agent R: (To be completed in full by uid Transpott at the waste irrquantity above was received by me for Signature of Transporter's Agent	the best of my knowledge. Pate and Time of Shipment Transporter) $32 > -573 - 54 \ge 1$ Telephone No. $4/\ge 1$ Truck No. Truck No. Truck No. 1/15/11 Pate and Time Received (575) 393-1079
Part II: Certifica	TRANSPORTER          Name       F1         Address	ow Leertify that the foregoing is true and correct to ture of Generator's Authorized Agent R: (To be completed in full by uid Transport at the waste in quantity above was accreived by me for information of Transporter's Agent RECLAMATION SITE:	the best of my knowledge. Pate and Time of Shipment Transporter) $32 > -573 - 54 \ge 1$ Telephone No. $41 \ge 1$ Truck No. Truck No. Truck No. Truck No. Truck No.
Part II: Certifica	named belo Signa TRANSPORTER Name F1 Address City/State TION: Lecrtify the S DISPOSAL OR Name Con Address P	ow Leertify that the foregoing is true and correct to ture of Generator's Authorized Agent R: (To be completed in full by uid Transport at the waste irrepartity above wasternived by me for signature of Transporter's Agent RECLAMATION SITE: htrolled Recovery, Inc. O. Box 388	the best of my knowledge. Transporter) 32 > -573 - 5421 Telephone No. 421 Truck No. Truck No. Truck No. 11/15/11 Pate and Time Received (575) 393-1079
Part II: Certifica	TRANSPORTER          Name       F1         Address	ow Leertify that the foregoing is true and correct to Left ture of Generator's Authorized Agent R: (To be completed in full by uiā Transpo <b>t</b> t at the waste in quantity above wasternised by me for bignature of Transporter's Agent RECLAMATION SITE: htrolled Recovery, Inc.	the best of my knowledge. Transporter) $32 > -573 - 54 \ge 1$ Telephone No. $4/\ge 1$ Truck No. Truck No. 11/15/11 Wate and Time Received (575) 393 - 1079 Telephone No.
Part II: Certifica	TRANSPORTER Name F1 Address City/State DISPOSAL OR Name Con Address P: City/State	ow Leertify that the foregoing is true and correct to ture of Generator's Authorized Agent R: (To be completed in full by uid Transport at the waste irrepartity above wasternived by me for signature of Transporter's Agent RECLAMATION SITE: htrolled Recovery, Inc. O. Box 388	the best of my knowledge. Transporter) $32 > -573 - 54 \ge 1$ Telephone No. $4/\ge 1$ Truck No. Truck No. 11/15/11 Pate and Time Received (575) 393-1079 Telephone No. WWW.crihobbs.com E-mail

TCP - #7520-A

Sec. Read

Section

Unit Letter

#### State of New Mexico Energy Minerals and Natural Resources

Form C-141 Revised October 10, 2003

Final Report

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

Submit 2 Copies to appropriate District Office in accordance with Rule 116 on back side of form

### **Release Notification and Corrective Action**

	<b>OP</b>	<b>ERA</b>	TOR
--	-----------	------------	-----

	<b>V A A A A A A A A A A</b>		
Name of Company: Navajo Refining Co. LLC	Contact: Aaron Strange		
Address: 7406 South Main Lovington, N.M.	Telephone No. 575-748-3311		
Facility Name: Lovington Plant	Facility Type: Petroleum Refiner	у	

Surface Owner	Mineral Owner	Lease No.

#### LOCATION OF RELEASE

Township	
----------	--

Range

North/South Line Feet from the

East/West Line

Initial Report

County

Latitude \_\_\_\_\_ Longitude \_

Feet from the

#### NATURE OF RELEASE

Type of Release: Waste Water (in the process of being stripped by air)	Volume of Release: ~ 15 barrels	Volume Recovered: ~ 0 barrels	
Source of Release: Frac tank (temporary replacement for TK-1209B	Date and Hour of Occurrence:	Date and Hour of Discovery: 12/10/2011	
Strip Tank while it is being repaired)	12/10/2011 ~ 08:30	~ 08:45	
Was Immediate Notice Given?	If YES, To Whom? Called Carl Cha	ivez with the OCD in Santa Fe (505-476-	
🛛 Yes 🔲 No 🛄 Not Required	3490, however there was no answer	and could not leave a message. Called the	
	OCD Lovington Office (575-393-61	61 ext. 111), however the voicemail was	
	full. Left a voicemail with the opera	tor's answering machine at the OCD	
	Lovington Office. Sent an email to Michael Leighton the City Manager of		
	Lovington, and to Carl Chavez.		
By Whom? Estefani Hammond (by phone) and Aaron Strange (by	Date and Hour: 12/10/2011 at ~ 10:	30 to the OCD Santa Fe office by phone,	
email).	12/10/2011 at ~10:35 to the OCD Lovington office by phone, 10/12/2011 at		
	~07:51 to the OCD Santa Fe by email, and 10/12/2011 at ~ 07:51 to th		
	Manager of Lovington by email.		
Was a Watercourse Reached?	If YES, Volume Impacting the Wate	ercourse.	
🗌 Yes 🖾 No	NA		

If a Watercourse was Impacted, Describe Fully.\* NA

Describe Cause of Problem and Remedial Action Taken.\*

At ~ 08:30 a frac tank overflowed waste water into a secondary containment which then overflowed onto the ground. A vacuum truck pulled out of the secondary containment to prevent more of the water from overflowing onto the ground, however ~15 barrels made it to the ground was not recovered. The frac tank liner inside the tank is breaking apart and plugged off P-307 suction strainer screen causing the spill. Operators are cleaning the suction screen once a week to prevent further incidents. The Frac tank is being used to temporarily replace the TK-1209B Strip Tank while it is being repaired. It was in the process of stripping the water with air at the time of the spill.

Describe Area Affected and Cleanup Action Taken.\*

The area affected was at the Frac tank which is just West of Tank 1209B. Approximately 15 barrels of water was not recovered. There are no sign of the spill on the ground; no oily staining. The spill area will be excavated and place into bins for disposal.

I hereby certify that the information given above is true and complete to the best of my knowledge and understand that pursuant to NMOCD rules and regulations all operators are required to report and/or file certain release notifications and perform corrective actions for releases which may endanger public health or the environment. The acceptance of a C-141 report by the NMOCD marked as "Final Report" does not relieve the operator of liability should their operations have failed to adequately investigate and remediate contamination that pose a threat to ground water, surface water, human health or the environment. In addition, NMOCD acceptance of a C-141 report does not relieve the operator of responsibility for compliance with any other federal, state, or local laws and/or regulations.

Signature: Aun Sun	in the second se	<u>OIL CONSE</u>	RVATION ]	DIVISION
Printed Name: Aaron Strange		Approved by District Supervisor:		
Title: Sr. Environmental Technician		Approval Date:	Expiration D	Date:
E-mail Address: aaron.strange@hollycorp.con	n	Conditions of Approval:		Attached
Date: 12/15/2011	Phone: 575-703-5057			

#### Combs, Robert

From:David Boyer [dgboyer@sesi-nm.com]Sent:Thursday, April 12, 2012 11:41 AMTo:Combs, RobertSubject:Wastewater table, Lea RefineryAttached.

The following constituents exceed WQCC standards: Benzene, chloride and TDS. Other WQCC constituents are below WQCC standards. The following non-WQCC constituents were minimal: TPH, Oil and Grease

Due to warm, dry windy conditions, spill liquids were not recoverable.

Conclusion:

Due to the above analyses and environmental conditions at the time of the spill, no drilling was performed. When the area was examined for possible drilling locations, no sign of the spill was visible. Benzene in the release would have quickly volatilized. Though chloride is the other constituent that exceeds a WQCC standard, depth to groundwater exceeds 100 feet at this location and there are three nearby monitor wells (MW-6 adjacent to the spill, and MW-9 and MW-10 downgradient) that are routinely sampled. Sampling of all three wells subsequent to the wastewater releases show that chloride concentrations in these wells are below groundwater standards.

David G. Boyer, P.G. Hydrogeologist Safety and Environmental Solutions, Inc. P.O. Box 1613 703 E. Clinton Hobbs, NM 88241 office: 575-397-0510 fax: 575-393-4388 cell: 575-390-7067 email: <u>dgboyer@sesi-nm.com</u>

# Wastewater samples from Lea Refinery

Constituent	Date	Result (mg/L)	WQCC standard (mg/L)
' Benzene	01/31/11	0.068	0.010
11	02/18/11	2.4	0.010
Toluene	01/31/11	0.088	0.75
"	02/18/11	0.12	0.75
Ethybenzene	01/31/11	0.035	0.75
**	02/18/11	0.064	0.75
Total Xylenes	01/31/11	0.058	0.62
н	02/18/11	0.10	0.62
MTBE	02/18/11	<0.0050	
TPH (Diesel range)	02/18/12	2.4	
TPH (Gasoline range)	02/18/11	1.25	
Metals			
Aluminum	02/18/11	0.0162	5.0 *
Arsenic	01/31/11	0.0780	0.1
"	02/18/11	0.0845	0.1
Barium	01/31/11	0.148	1.0
"	02/18/11	0.212	1.0
Boron	02/18/11	0.557	0.8
Cadmium	01/31/11	<0.00200	0.01
"	02/18/11	<0.00200	0.01
Calcium	01/31/11	223	
Chromium	01/31/11	0.00903	0.05
"	02/18/11	0.0212	0.05
Copper	02/18/11	<0.00500	1.0
Lead	01/31/11	<0.00500	0.05
Magnesium	01/31/11	38.0	
Manganese	02/18/11	0.0684	0.2
Mercury	02/18/11	<0.000200	0.002
Molybdenum	02/18/12	0.00987	1.0
Nickel	02/18/11	< 0.00500	0.2
Potassium Selenium	01/31/11 01/31/11	17.0 0.0243	0.05
	02/18/11	0.0178	0.05
Silver	01/31/11	<0.00500	0.05
	02/18/11	<0.00500	0.05
Sodium	01/31/11	854	• -
Zinc	02/18/11	0.0429	10.0

•• ••

Total Dissolved Solids	01/31/11	3,530	1,000	
Anions				
Chloride	02/18/11	1,670	250	
Fluoride	02/18/11	1.57	1.6	
Sulfide	01/31/11	10.2		
Cyanide	02/18/11	<0.0200	0.2	
Nitrogen				
Nitrate/Nitrite (as N)	01/31/11	1.75	10.0	
Ammonia (as N)	01/31/11	0.243		
11	02/18/11	2.90		
Nitrogen, Total Kjeldahl	01/31/11	11.3		
"	02/18/11	14.5		
Nitrogen, organic	02/18/11	11.6		
Others				
BOD	02/18/11	34.8		
Phenolics	02/18/11	<0.0500		
Oil and Grease	01/31/11	8.62		
Total Suspended Solids	02/18/11	6.67	``	