

JUL 28 2009

# Closure Report

Prepared for  
Oxy USA

**Roaring Springs 13 Fed #4 Battery**

**Eddy County, NM**

2RP-292

Prepared by

***Elke Environmental, Inc.***

P.O. Box 14167 Odessa, TX 79768

Phone (432) 366-0043 Fax (432) 366-0884

# ***Elke Environmental, Inc.***

P.O. Box 14167 Odessa, TX 79768  
Phone (432) 366-0043 Fax (432) 366-0884

July 13, 2009

New Mexico Oil Conservation Division  
Mr. Mike Bratcher  
1301 West Grand Ave.  
Artesia, New Mexico 88210

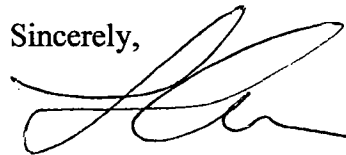
Re: Oxy USA – Roaring Springs 13 Fed #4 Battery  
UL'C' Sec. 13 T21S R23E Eddy County  
2RP-292

Mr. Mike Bratcher,

Elke Environmental was contracted by Oxy USA to complete the remediation of the leak at the Roaring Springs 13 Fed #4 Battery. A delineation of the site was completed using an air rotary rig. During the vertical delineation a poly liner was encountered at 2' below ground surface. A borehole was drilled at this site to 96' deep and encountered a rock formation that was impenetrable by the drill rig at the site. No water bearing formations were encountered within the 96' borehole. Attached is a plat map, field analytical, lab confirmation and a driller's log for the site.

As per the approved plan 4' of impacted soil was excavated and hauled to Lea Land Disposal. Clean native soil was backfilled into the excavation and new berms built around the battery. If you have any questions about the enclosed report please contact me at the office.

Sincerely,



Logan Anderson

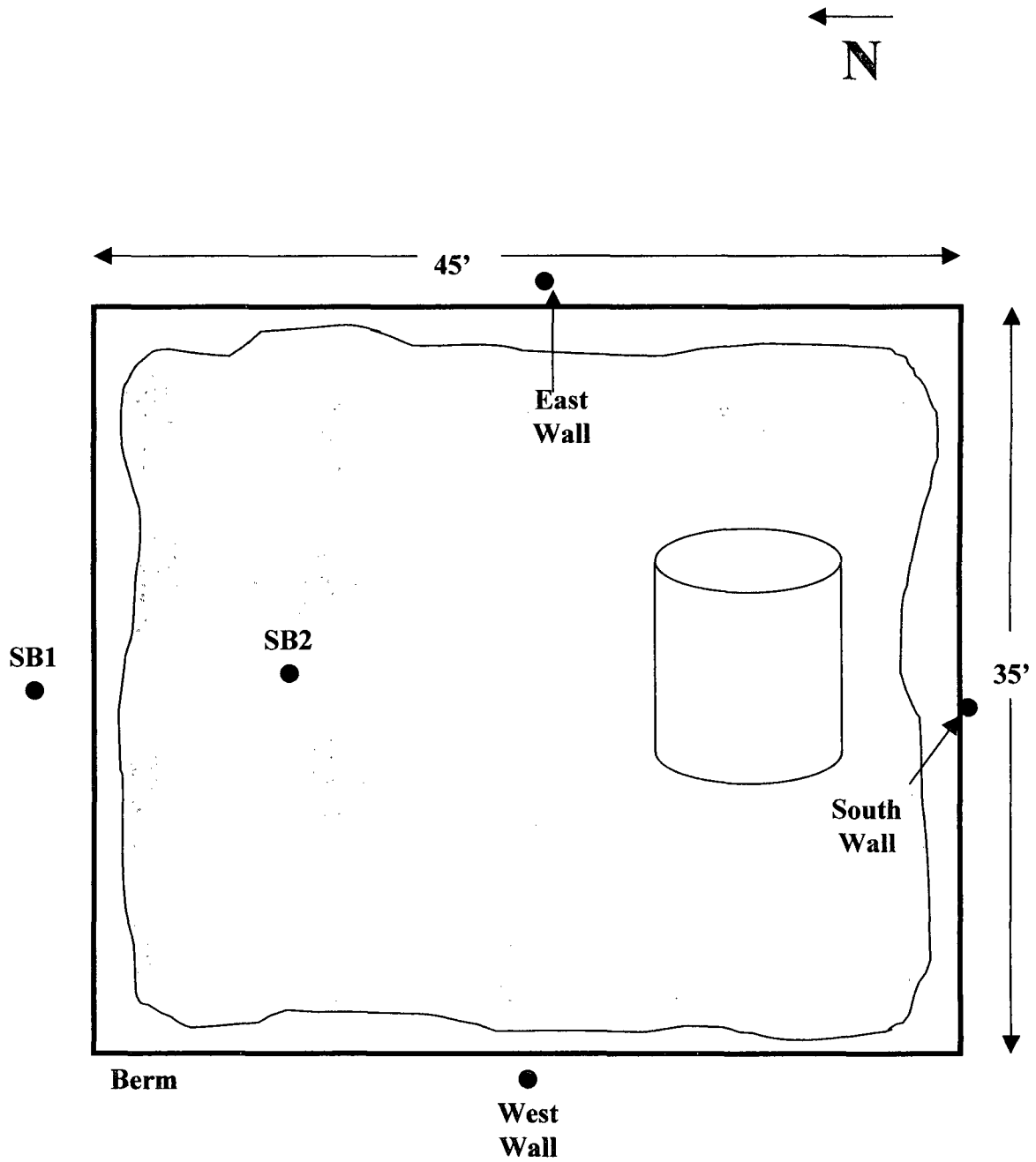
**Oxy USA**

Roaring Springs 13 Fed #4 Battery

UL 'C' Sec. 13 T21S R23E

Eddy County, NM

Plat Map



# ***Elke Environmental, Inc.***

P.O. Box 14167 Odessa, TX 79768

## **Field Analytical Report Form**

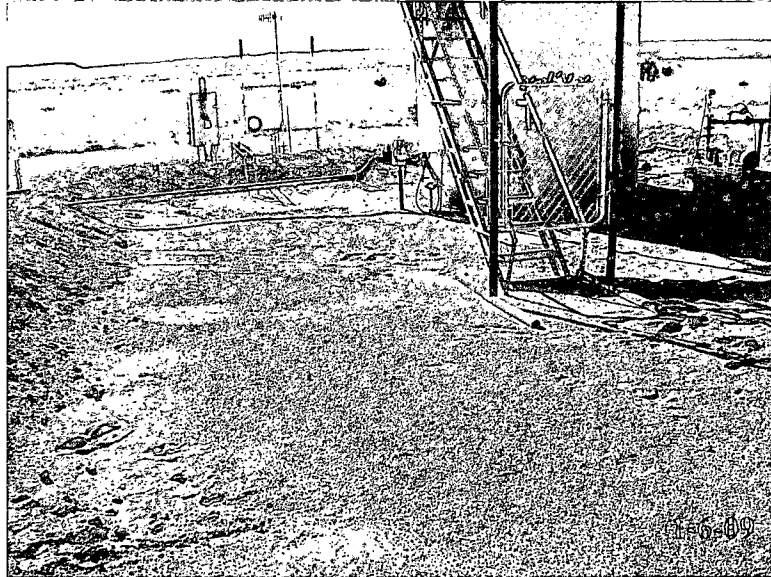
**Client** Oxy USA **Analyst** Logan Anderson

**Site** Roaring Springs 13 Fed #4 Battery

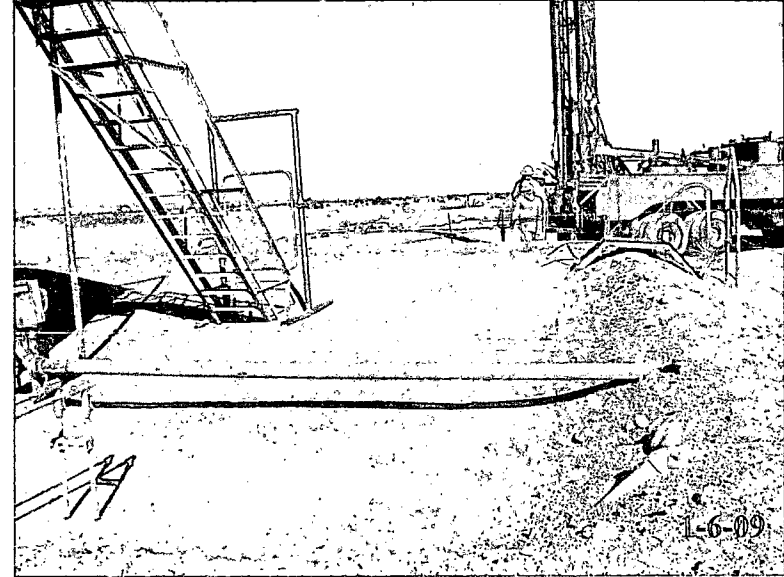
Sample ID	Date	Depth	TPH / PPM	CI / PPM	PID / PPM	GPS
SB1	1-6-09	5'	52	248	0.0	32° 29.038' N 104° 33.513' W
SB2	1-7-09	2'	74	3,353	0.0	32° 29.036' N 104° 33.513' W
SB2	1-7-09	5'		818	0.0	32° 29.036' N 104° 33.513' W
SB2	1-7-09	10'	56	270	0.0	32° 29.036' N 104° 33.513' W
South Wall	1-7-09	Surface	51	218	0.0	32° 29.033' N 104° 33.513' W
West Wall	1-7-09	Surface	47	221	0.0	32° 29.036' N 104° 33.515' W
East Wall	1-7-09	Surface	48	247	0.0	32° 29.036' N 104° 33.511' W

**Analyst Notes** \_\_\_\_\_

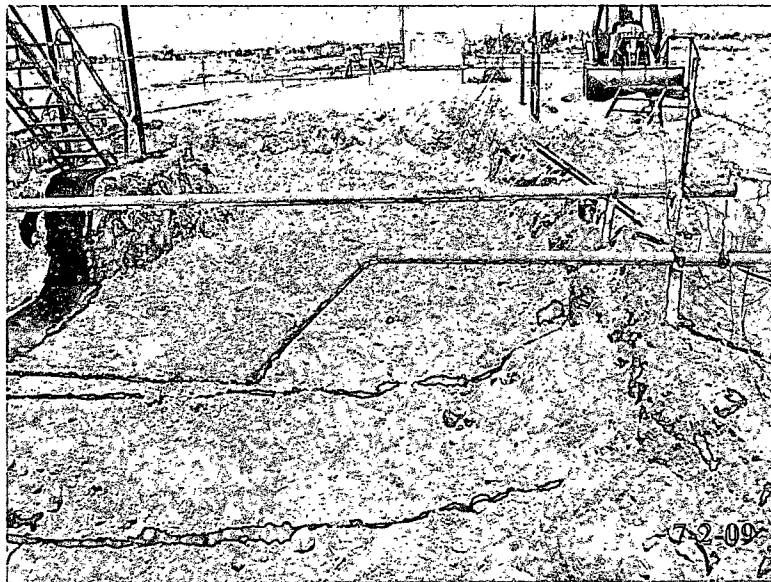
# Oxy USA – Roaring Springs 13 Fed #4 Battery



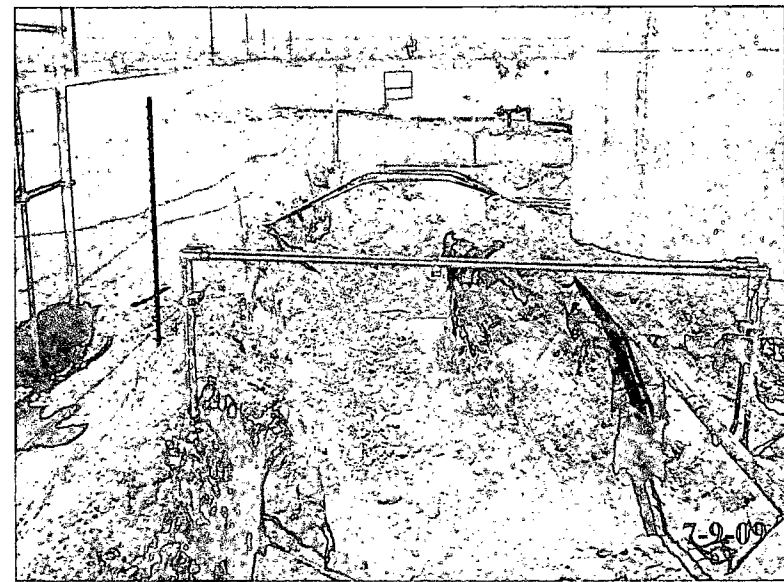
Site before remediation of impacted soil.



Delineation of site with an air rotary rig.

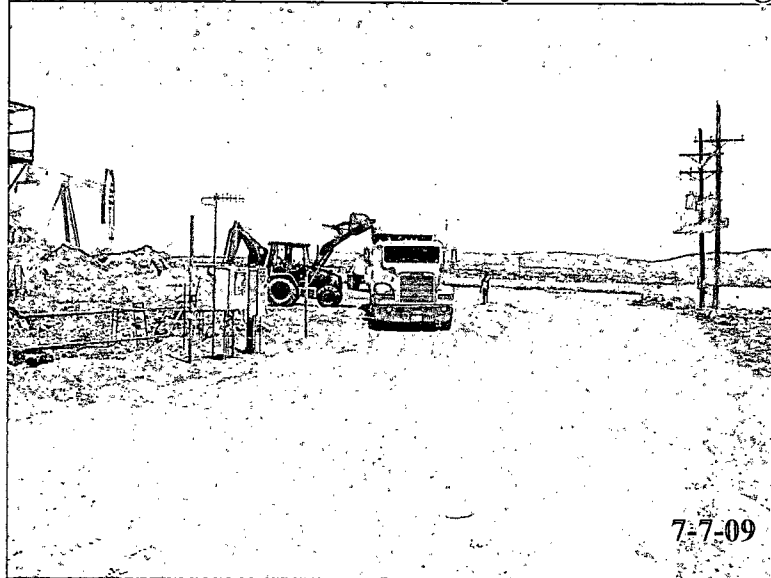


Site after excavation of 4' of impacted soil.

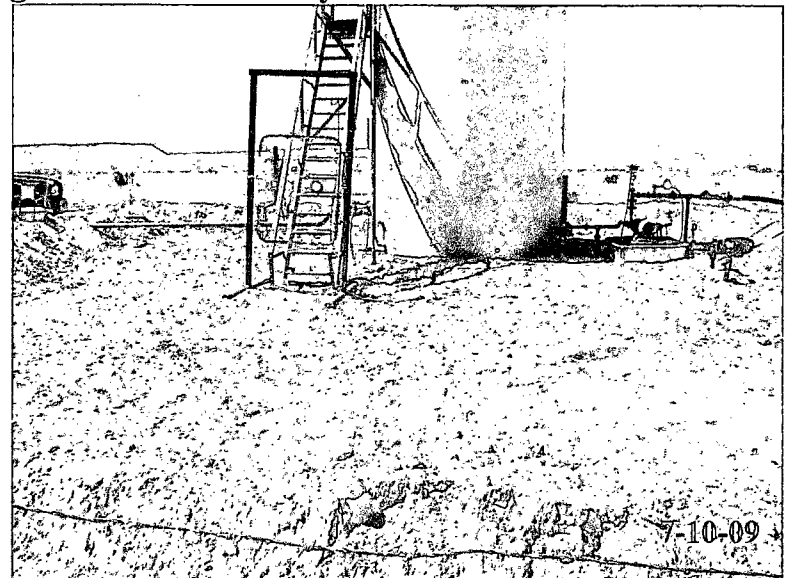


Site after excavation of 4' of impacted soil.

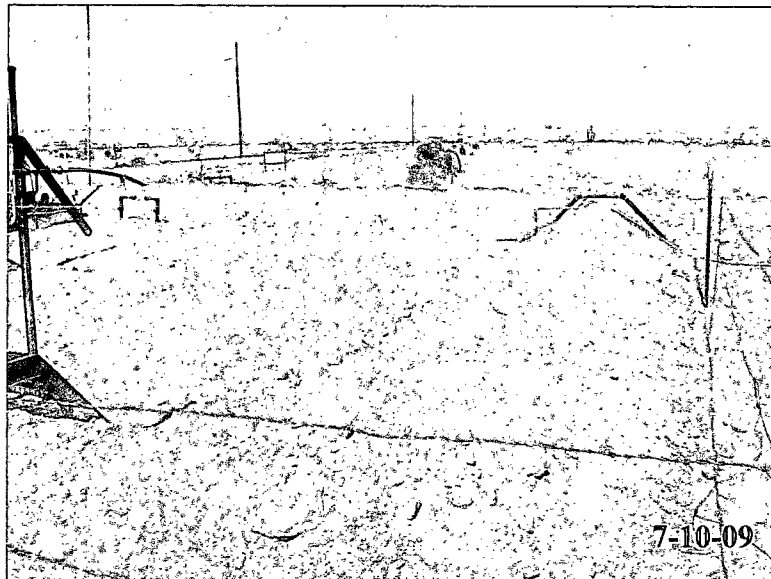
## Oxy USA – Roaring Springs 13 Fed #4 Battery



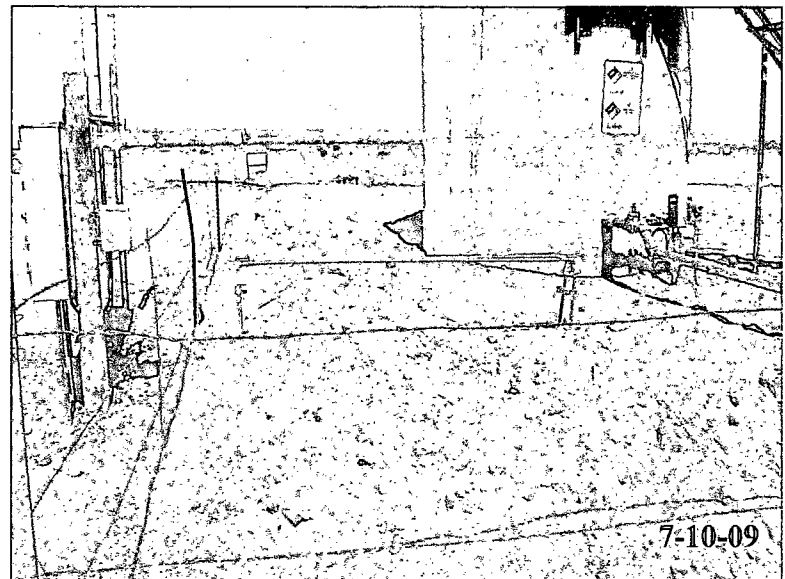
Loading impacted soil on truck for disposal.



Site after backfill of clean caliche and rebuilt berms.



Site after backfill of clean native soil and rebuilding berms around the tank.





# WELL RECORD & LOG

OFFICE OF THE STATE ENGINEER

[www.ose.state.nm.us](http://www.ose.state.nm.us)

1. GENERAL AND WELL LOCATION	POD NUMBER (WELL NUMBER) ROARING SPRINGS 13 FED #4 - SB-1				OSE FILE NUMBER(S)				
	WELL OWNER NAME(S) OXY USA				PHONE (OPTIONAL)				
	WELL OWNER MAILING ADDRESS PO BOX 1988				CITY CARLSBAD		STATE NM	ZIP 88221	
	WELL LOCATION (FROM GPS)	DEGREES LATITUDE 32	MINUTES 29	SECONDS 2.00 N	* ACCURACY REQUIRED, ONE TENTH OF A SECOND				
		LONGITUDE 104	33	31.00 W	* DATUM REQUIRED, WGS 82				
DESCRIPTION RELATING WELL LOCATION TO STREET ADDRESS AND COMMON LANDMARKS UL "C" EDDY COUNTY, NEW MEXICO									
2. OPTIONAL	0.5 ACRE 1/4		1.0 ACRE 1/2		1.0 ACRE 3/4		1.50 ACRE 3/4		
	SECTION 13				TOWNSHIP 215		RANGE 25		
	SUBDIVISION NAME				LOT NUMBER		BLOCK NUMBER		
	HYDROGRAPHIC SURVEY				MAP NUMBER		TRACT NUMBER		
3. DRILLING INFORMATION	LICENSE NUMBER WD1478		NAME OF LICENSED DRILLER EDWARD BRYAN			NAME OF WELL DRILLING COMPANY STRAUB CORPORATION			
	DRILLING STARTED 1/6/09		DRILLING ENDED 1/6/09		DEPTH OF COMPLETED WELL (FT)		BORE HOLE DEPTH (FT) 96		
					DEPTH WATER FIRST ENCOUNTERED (FT) N/A				
	COMPLETED WELL IS: <input type="checkbox"/> ARTESIAN <input checked="" type="checkbox"/> DRY HOLE <input type="checkbox"/> SHALLOW (UNCONFINED)						STATIC WATER LEVEL IN COMPLETED WELL (FT)		
	DRILLING FLUID: <input checked="" type="checkbox"/> AIR <input type="checkbox"/> MUD <input type="checkbox"/> ADDITIVES - SPECIFY:								
	DRILLING METHOD: <input checked="" type="checkbox"/> ROTARY <input type="checkbox"/> HAMMER <input type="checkbox"/> CABLE TOOL <input type="checkbox"/> OTHER - SPECIFY:								
	DEPTH (FT) FROM TO		BORE HOLE DIA. (IN)		CASING MATERIAL		CONNECTION TYPE (CASING)		
	0 96		6"		N/A		N/A		
4. WATER BEARING STRATA	DEPTH (FT) FROM TO		THICKNESS (FT)		FORMATION DESCRIPTION OF PRINCIPAL WATER-BEARING STRATA (INCLUDE WATER-BEARING CAVITIES OR FRACTURE ZONES)			YIELD (GPM)	
METHOD USED TO ESTIMATE YIELD OF WATER-BEARING STRATA						TOTAL ESTIMATED WELL YIELD (GPM)			

FOR OSE INTERNAL USE

WELL RECORD & LOG (Version 6/9/08)

FILE NUMBER	POD NUMBER	TRN NUMBER
LOCATION	PAGE 1 OF 2	

<b>5. SEAL AND PUMP</b>	TYPE OF PUMP: <input type="checkbox"/> SUBMERSIBLE <input type="checkbox"/> JET <input type="checkbox"/> NO PUMP - WELL NOT EQUIPPED <input type="checkbox"/> TURBINE <input type="checkbox"/> CYLINDER <input type="checkbox"/> OTHER - SPECIFY:						
	ANNULAR SEAL AND GRAVEL PACK	DEPTH (FT)		BORE HOLE DIA. (IN)	MATERIAL TYPE AND SIZE	AMOUNT (CUBIC FT)	METHOD OF PLACEMENT
		FROM	TO				

<b>6. GEOLOGIC LOG OF WELL</b>	DEPTH (FT)		THICKNESS (FT)	COLOR AND TYPE OF MATERIAL ENCOUNTERED (INCLUDE WATER-BEARING CAVITIES OR FRACTURE ZONES)	WATER BEARING?
	FROM	TO			
	0	2	2	TAN FINE SAND/CALICHE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	2	5	3	TAN FINE SAND/SANDSTONE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	5	11	6	TAN FINE SAND/DARK GRAY CLAY	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	11	12	1	DARK GRAY CLAY	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	12	17	5	TAN SILTY CLAY/SILTY SAND	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	17	20	3	GRAY LIMESTONE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	20	31	11	DARK GRAY SILTY CLAY	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	31	39	8	GRAY LIMESTONE/GRAY CLAY LAYERS	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	39	41	2	GRAY LIMESTONE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	41	43	2	TAN SANDY CLAY	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	43	47	4	TAN VERY FINE SAND	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	47	51	4	GRAY SANDY CLAY	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	51	64	13	TAN FINE SAND/SANDSTONE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	64	65	1	TAN FINE SAND/SANDSTONE/CALICHE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	65	87	22	TAN FINE SAND/SANDSTONE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	87	90	3	TAN VERY FINE SAND/DARK BROWN SANDY CLAY	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
90	93	3	GRAY FINE SAND/GRAY SANDSTONE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
ATTACH ADDITIONAL PAGES AS NEEDED TO FULLY DESCRIBE THE GEOLOGIC LOG OF THE WELL.					

<b>7. TEST &amp; ADDITIONAL INFO</b>	WELL TEST	METHOD: <input type="checkbox"/> BAUER <input type="checkbox"/> PUMP <input type="checkbox"/> AIR LIFT <input type="checkbox"/> OTHER - SPECIFY:			
	TEST RESULTS - ATTACH A COPY OF DATA COLLECTED DURING WELL TESTING, INCLUDING START TIME, END TIME, AND A TABLE SHOWING DISCHARGE AND DRAWDOWN OVER THE TESTING PERIOD.				
	ADDITIONAL STATEMENTS OR EXPLANATIONS: SOIL BORING ONLY. PLUGGED WITH PELLETIZED BENTONITE UPON COMPLETION OF SAMPLING.				

<b>8. SIGNATURE</b>	THE UNDERSIGNED HEREBY CERTIFIES THAT, TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF, THE FOREGOING IS A TRUE AND CORRECT RECORD OF THE ABOVE DESCRIBED HOLE AND THAT HE OR SHE WILL FILE THIS WELL RECORD WITH THE STATE ENGINEER AND THE PERMIT HOLDER WITHIN 20 DAYS AFTER COMPLETION OF WELL DRILLING.	
	 SIGNATURE OF DRILLER	1/12/09 DATE

FOR USE INTERNAL USE

WELL RECORD &amp; LOG (Version 6/9/08)

FILE NUMBER

POD NUMBER

TRN NUMBER

LOCATION

PAGE 2 OF 2

<b>5. SEAL AND PUMP</b>	TYPE OF PUMP: <input type="checkbox"/> SUBMERSIBLE <input type="checkbox"/> JET <input type="checkbox"/> NO PUMP - WELL NOT EQUIPPED <input type="checkbox"/> TURBINE <input type="checkbox"/> CYLINDER <input type="checkbox"/> OTHER - SPECIFY:						
	ANNULAR SEAL AND GRAVEL PACK	DEPTH (FT)		BORE HOLE DIA. (IN)	MATERIAL TYPE AND SIZE	AMOUNT (CUBIC FT)	METHOD OF PLACEMENT
		FROM	TO				

<b>6. GEOLOGIC LOG OF WELL</b>	DEPTH (FT)		THICKNESS (FT)	COLOR AND TYPE OF MATERIAL ENCOUNTERED (INCLUDE WATER-BEARING CAVITIES OR FRACTURE ZONES)	WATER BEARING?	
	FROM	TO			<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
	93	96	3	DENSE SUPER HARD SANDSTONE	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO

ATTACH ADDITIONAL PAGES AS NEEDED TO FULLY DESCRIBE THE GEOLOGIC LOG OF THE WELL

<b>7. TEST &amp; ADDITIONAL INFO</b>	WELL TEST	METHOD: <input type="checkbox"/> BAILER <input type="checkbox"/> PUMP <input type="checkbox"/> AIR LIFT <input type="checkbox"/> OTHER - SPECIFY:
	TEST RESULTS - ATTACH A COPY OF DATA COLLECTED DURING WELL TESTING, INCLUDING START TIME, END TIME, AND A TABLE SHOWING DISCHARGE AND DRAWDOWN OVER THE TESTING PERIOD.	
	ADDITIONAL STATEMENTS OR EXPLANATIONS  SOIL BORING ONLY. PLUGGED WITH PELLETIZED BENTONITE UPON COMPLETION OF SAMPLING.	

<b>8. SIGNATURE</b>	THE UNDERSIGNED HEREBY CERTIFIES THAT, TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF, THE FOREGOING IS A TRUE AND CORRECT RECORD OF THE ABOVE DESCRIBED HOLE AND THAT HE OR SHE WILL FILE THIS WELL RECORD WITH THE STATE ENGINEER AND THE PERMIT HOLDER WITHIN 20 DAYS AFTER COMPLETION OF WELL DRILLING.	
	 SIGNATURE OF DRILLER	1/12/09 DATE

FOR OSE INTERNAL USE:

WELL RECORD &amp; LOG (Version 6/9/08)

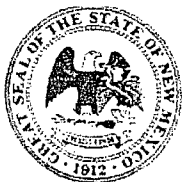
FILE NUMBER

POD NUMBER

TRN NUMBER

LOCATION

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# WELL RECORD & LOG

OFFICE OF THE STATE ENGINEER

[www.ose.state.nm.us](http://www.ose.state.nm.us)

<b>1. GENERAL AND WELL LOCATION</b>	POD NUMBER (WELL NUMBER) <b>GOODNIGHT 27 FEDERAL #2H SB-1</b>				OSP FILE NUMBER(S)			
	WELL OWNER NAME(S) <b>OXY USA</b>				PHONE (OPTIONAL)			
	WELL OWNER MAILING ADDRESS <b>PO BOX 1988</b>				CITY <b>CARLSBAD</b>		STATE <b>NM</b>	ZIP <b>88221</b>
	WELL LOCATION (FROM GPS)	DEGREES LATITUDE <b>32</b>	MINUTES <b>16</b>	SECONDS <b>41.00 N</b>	ACCURACY REQUIRED: ONE TENTH OF A SECOND DATUM REQUIRED: WGS 84			
DESCRIPTION RELATING WELL LOCATION TO STREET ADDRESS AND COMMON LANDMARKS <b>UL "L", EDDY COUNTY, NEW MEXICO</b>								
<b>2. OPTIONAL</b>	(1/4 ACRE) <input type="checkbox"/>		(1/2 ACRE) <input type="checkbox"/>		(3/4 ACRE) <input type="checkbox"/>		(1 ACRE) <input type="checkbox"/>	
	SECTION <b>27</b>				TOWNSHIP <b>235</b>		RANGE <b>29</b>	
	SUBDIVISION NAME				LOT NUMBER		BLOCK NUMBER	
HYDROGRAPHIC SURVEY				MAP NUMBER		TRACT NUMBER		
<b>3. DRILLING INFORMATION</b>	LICENSE NUMBER		NAME OF LICENSED DRILLER <b>EDWARD BRYAN</b>			NAME OF WELL DRILLING COMPANY <b>STRAUB CORPORATION</b>		
	DRILLING STARTED <b>1/8/09</b>		DRILLING ENDED <b>1/8/09</b>		DEPTH OF COMPLETED WELL (FT) <b>98</b>		DEPTH WATER FIRST ENCOUNTERED (FT) <b>87</b>	
	COMPLETED WELL IS: <input type="checkbox"/> ARTESIAN <input type="checkbox"/> DRY HOLE <input type="checkbox"/> SHALLOW (UNCONFINED)							STATE WATER LEVEL IN COMPLETED WELL (FT)
	DRILLING FLUID: <input checked="" type="checkbox"/> AIR <input type="checkbox"/> MUD <input type="checkbox"/> ADDITIVES - SPECIFY							
	DRILLING METHOD: <input checked="" type="checkbox"/> ROTARY <input type="checkbox"/> HAMMER <input type="checkbox"/> CABLE TOOL <input type="checkbox"/> OTHER - SPECIFY							
	DEPTH (FT)		BORE HOLE DIA. (IN)		CASING MATERIAL		CONNECTION TYPE (CASING)	
	FROM	TO						
	<b>0</b>	<b>98</b>	<b>6"</b>		<b>N/A</b>		<b>N/A</b>	
<b>4. WATER BEARING STRATA</b>	DEPTH (FT)		THICKNESS (FT)		FORMATION DESCRIPTION OF PRINCIPAL WATER-BEARING STRATA (INCLUDE WATER-BEARING CAVITIES OR FRACTURE ZONES)			YIELD (GPM)
	FROM	TO						
	<b>87</b>	<b>90</b>	<b>3</b>		<b>RED SILTY SAND/SILTY CLAY/GRAY CLAY</b>			
METHOD USED TO ESTIMATE YIELD OF WATER-BEARING STRATA						TOTAL ESTIMATED WELL YIELD (GPM)		

FOR OSE INTERNAL USE

WELL RECORD & LOG (Version 6/9/08)

FILE NUMBER

POD NUMBER

TRN NUMBER

LOCATION

PAGE 1 OF 2

<b>5. SEAL AND PUMP</b>	TYPE OF PUMP: <input type="checkbox"/> SUBMERSIBLE <input type="checkbox"/> JET <input type="checkbox"/> NO PUMP - WELL NOT EQUIPPED <input type="checkbox"/> TURBINE <input type="checkbox"/> CYLINDER <input type="checkbox"/> OTHER - SPECIFY:						
	ANNULAR SEAL AND GRAVEL PACK	DEPTH (FT)		BORE HOLE DIA. (IN)	MATERIAL TYPE AND SIZE	AMOUNT (CUBIC FT)	METHOD OF PLACEMENT
		FROM	TO				

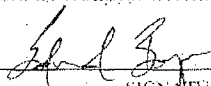
  

<b>6. GEOLOGIC LOG OF WELL</b>	DEPTH (FT)		THICKNESS (FT)	COLOR AND TYPE OF MATERIAL ENCOUNTERED (INCLUDE WATER-BEARING CAVITIES OR FRACTURE ZONES)	WATER BEARING?	
	FROM	TO			<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
	0	4	4	TAN FINE SAND/CALICHE	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
	4	37	33	TAN FINE SAND/SANDSTONE/CALICHE	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
	37	39	2	TAN SILTY SAND WITH CLAY	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
	39	43	4	RED SILTY CLAY	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
	43	46	3	TAN FINE VERY FINE SAND/SANDSTONE	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
	46	58	12	TAN SILTY SAND/CALICHE	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
	58	64	6	RED SANDY CLAY	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
	64	90	26	RED SILTY SAND/SILTY CLAY/GRAY CLAY	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
	90	98	8	GRAY SANDY CLAY	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
ATTACH ADDITIONAL PAGES AS NEEDED TO FULLY DESCRIBE THE GEOLOGIC LOG OF THE WELL						

<b>7. TEST &amp; ADDITIONAL INFO</b>	WELL TEST	METHOD: <input type="checkbox"/> BAILER <input type="checkbox"/> PUMP <input type="checkbox"/> AIR LIFT <input type="checkbox"/> OTHER - SPECIFY:
	TEST RESULTS - ATTACH A COPY OF DATA COLLECTED DURING WELL TESTING, INCLUDING START TIME, END TIME, AND A TABLE SHOWING DISCHARGE AND DRAWDOWN OVER THE TESTING PERIOD.	
	ADDITIONAL STATEMENTS OR EXPLANATIONS SOIL BORING ONLY. PLUGGED WITH PELLETIZED BENTONITE UPON COMPLETION OF SAMPLING.	

<b>8. SIGNATURE</b>	THE UNDERSIGNED HEREBY CERTIFIES THAT, TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF, THE FOREGOING IS A TRUE AND CORRECT RECORD OF THE ABOVE DESCRIBED HOLE AND THAT HE OR SHE WILL FILE THIS WELL RECORD WITH THE STATE ENGINEER AND THE PERMIT HOLDER WITHIN 20 DAYS AFTER COMPLETION OF WELL DRILLING.	
	 _____ SIGNATURE OF DRILLER	1/12/09 _____ DATE

FOR USE INTERNAL USE

WELL RECORD &amp; LOG (Version 6/9/08)

FILE NUMBER	POD NUMBER	TRN NUMBER
LOCATION	PAGE 2 OF 2	

# LEA LAND DISPOSAL SITE NEW MEXICO

MILE MARKER #64 US HWY 62/180 • 30 MILES EAST OF CARLSBAD, NM • PHONE (505) 887-4048

## LEA LAND, LLC

1300 WEST MAIN STREET • OKLAHOMA CITY, OK 73106 • PHONE (405) 236-4257

NON-HAZARDOUS WASTE MANIFEST				NO. <b>068651</b>	1. PAGE <u>  </u> OF <u>  </u>	2. TRAILER NO. <u>J-1</u>
GENERATOR	3. COMPANY NAME <b>OXY USA</b>		4. ADDRESS <b>102 S. Main Street</b>		5. PICK-UP DATE <b>7/7/2008</b>	
	PHONE NO.		CITY STATE ZIP <b>Carlsbad NM 88220</b>		6. TNRC ID. NO.	
	7. NAME OR DESCRIPTION OF WASTE SHIPPED:				8. CONTAINERS No. Type	9. TOTAL QUANTITY
	a. <b>Non-Regulated, Non Hazardous Waste</b>				<b>1</b> <b>CM</b>	
	b.					
RECEIVER	c.					
	d. <b>32880 @ 37,960</b>					
	12. COMMENTS OR SPECIAL INSTRUCTIONS: <b>ROARING SPRINGS 13 FEDERAL BATTERY</b>				13. WASTE PROFILE NO. <b>708504</b>	
	14. <b>IN CASE OF EMERGENCY OR SPILL, CONTACT</b>					
	NAME <b>Kim Slaughter</b>		PHONE NO. <b>575-887-4048</b>		24-HOUR EMERGENCY NO.	
TRANSPORTER	15. <b>GENERATOR'S CERTIFICATION:</b> I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, including applicable state regulations, and are the same materials previously approved by LEA LAND, LLC.					
	PRINTED/TYPED NAME			SIGNATURE		DATE
	16. <b>TRANSPORTER (1)</b> NAME: <b>ELKE ENVIRONMENTAL, INC.</b> TEXAS I.D. NO. IN CASE OF EMERGENCY CONTACT: <b>KELTON BEARD</b> EMERGENCY PHONE: <b>(575) 390-1903</b>			17. <b>TRANSPORTER (2)</b> NAME: TEXAS I.D. NO. IN CASE OF EMERGENCY CONTACT: EMERGENCY PHONE:		
DISPOSAL SITE	18. <b>TRANSPORTER (1):</b> Acknowledgment of receipt of material PRINTED/TYPED NAME <u>Jose Briondo</u> SIGNATURE <u>Jose Briondo</u> DATE <u>7/7/2008</u>			19. <b>TRANSPORTER (2):</b> Acknowledgment of receipt of material PRINTED/TYPED NAME _____ SIGNATURE _____ DATE _____		
	Lea Land, LLC		ADDRESS: Mile Marker 64, U.S. Hwy 62/180, 30 Miles East of Carlsbad, NM		PHONE: 505-887-4048	
	PERMIT NO. WM-01-035 - New Mexico		20. COMMENTS			
DISPOSAL SITE	21. <b>DISPOSAL FACILITY'S CERTIFICATION:</b> I hereby certify that the above described wastes were delivered to this facility, that the facility is authorized and permitted to receive such wastes.					
	AUTHORIZED SIGNATURE <u>[Signature]</u>		CELL NO. _____		DATE 7/7/2008	TIME 1030

GENERATOR: COPIES 1 & 6

DISPOSAL SITE: COPIES 2 & 3

TRANSPORTERS: COPIES 4 & 5

COPY 4

# LEA LAND DISPOSAL SITE NEW MEXICO

MILE MARKER #64 US HWY 62/180 • 30 MILES EAST OF CARLSBAD, NM • PHONE (505) 887-4048

## LEA LAND, LLC

1300 WEST MAIN STREET • OKLAHOMA CITY, OK 73106 • PHONE (405) 236-4257

VASQUEZ  
1148

### NON-HAZARDOUS WASTE MANIFEST

NO 068653

1. PAGE \_\_\_ OF \_\_\_

2. TRAILER NO. 1148

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#### 3. COMPANY NAME

OXY USA

PHONE NO.

#### 4. ADDRESS

102 S. Main Street

CITY

Carlsbad

STATE

NM

ZIP

88220

#### 5. PICK-UP DATE

7/7/2009

#### 6. TNRCC I.D. NO.

#### 7. NAME OR DESCRIPTION OF WASTE SHIPPED:

a. Non-Regulated, Non Hazardous Waste

b.

c.

d.

32,780 @ 34310

#### 8. CONTAINERS

No.

Type

1

CM

#### 9. TOTAL QUANTITY

#### 10. UNIT Wt/Vol.

#### 11. TEXAS WASTE ID #

#### 12. COMMENTS OR SPECIAL INSTRUCTIONS:

ROARING SPRINGS 13 FEDERAL #1 BATTERY

#### 13. WASTE PROFILE NO.

708594

#### 14.

#### IN CASE OF EMERGENCY OR SPILL, CONTACT

#### NAME

Kim Slaughter

#### PHONE NO

575-887-4048

#### 24-HOUR EMERGENCY NO.

15. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, including applicable state regulations, and are the same materials previously approved by LEA LAND, LLC.

#### PRINTED/TYPED NAME

#### SIGNATURE

#### DATE

#### 16. TRANSPORTER (1)

#### NAME:

ELKE ENVIRONMENTAL, INC.

#### TEXAS I.D. NO.

#### IN CASE OF EMERGENCY CONTACT:

KELTON BEARD

#### EMERGENCY PHONE:

(575) 380-1803

#### 17.

#### TRANSPORTER (2)

#### NAME:

#### TEXAS I.D. NO.

#### IN CASE OF EMERGENCY CONTACT:

#### EMERGENCY PHONE:

#### 18. TRANSPORTER (1): Acknowledgment of receipt of material

#### PRINTED/TYPED NAME

Enriquez

#### SIGNATURE

Enriquez

#### DATE

7/7/2009

#### 19. TRANSPORTER (2): Acknowledgment of receipt of material

#### PRINTED/TYPED NAME

#### SIGNATURE

#### DATE

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Lea Land, LLC

#### ADDRESS:

Mile Marker 64, U.S. Hwy 62/180,  
30 Miles East of Carlsbad, NM

#### PHONE:

505-887-4048

#### PERMIT NO.

WM-01-035 - New Mexico

#### 20. COMMENTS

21. **DISPOSAL FACILITY'S CERTIFICATION:** I hereby certify that the above described wastes were delivered to this facility, that the facility is authorized and permitted to receive such wastes.

#### AUTHORIZED SIGNATURE

San-Hua C. Arreola

#### CELL NO.

#### DATE

7/7/2009

#### TIME

1040

# LEA LAND DISPOSAL SITE NEW MEXICO

MILE MARKER #64 US HWY 62/180 • 30 MILES EAST OF CARLSBAD, NM • PHONE (505) 887-4048

## LEA LAND, LLC

1300 WEST MAIN STREET • OKLAHOMA CITY, OK 73106 • PHONE (405) 236-4257

V. ASQUEZ

NON-HAZARDOUS WASTE MANIFEST		NO	058655	1. PAGE	OF	2. TRAILER NO.	1149
G E N E R A T O R	3. COMPANY NAME OXY USA	4. ADDRESS 102 S. Main Street			5. PICK-UP DATE 7/7/2008		
	PHONE NO.	CITY Carlsbad		STATE NM	ZIP 89220	6. TNRCC I.D. NO.	
	7. NAME OR DESCRIPTION OF WASTE SHIPPED:				8. CONTAINERS No.	9. TOTAL QUANTITY	10. UNIT Wt/Vol
	a. Non-Regulated, Non Hazardous Waste				1	CM	
	b.						
T R A N S P O R T E R S	c.						
	d. 2900 @ 36080						
	12. COMMENTS OR SPECIAL INSTRUCTIONS: ROARING SPRINGS 13 FEDERAL #4 BATTERY				13. WASTE PROFILE NO. 708594		
	14. IN CASE OF EMERGENCY OR SPILL, CONTACT						
	NAME Kin Slaughter		PHONE NO. 675-887-4048		24-HOUR EMERGENCY NO.		
D I S C O L L Y	15. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, including applicable state regulations, and are the same materials previously approved by LEA LAND, LLC.						
	PRINTED/TYPED NAME			SIGNATURE		DATE	
	16. TRANSPORTER (1) NAME: ELKE ENVIRONMENTAL, INC. TEXAS I.D. NO. IN CASE OF EMERGENCY CONTACT: KELTON BEARD EMERGENCY PHONE: (575) 390-1903			17. TRANSPORTER (2) NAME: TEXAS I.D. NO. IN CASE OF EMERGENCY CONTACT: EMERGENCY PHONE:			
	18. TRANSPORTER (1): Acknowledgment of receipt of material PRINTED/TYPED NAME Rene Vasquez SIGNATURE Rene Vasquez DATE 7/7/2008			19. TRANSPORTER (2): Acknowledgment of receipt of material PRINTED/TYPED NAME SIGNATURE DATE			
	20. COMMENTS						
D I S C O L L Y	21. DISPOSAL FACILITY'S CERTIFICATION: I hereby certify that the above described wastes were delivered to this facility, that the facility is authorized and permitted to receive such wastes.						
	AUTHORIZED SIGNATURE Donna C. Williams			CELL NO.		DATE 7/7/2008	
	TIME 1045						
	ADDRESS: Lea Land, LLC Mile Marker 64, U.S. Hwy 62/180, 30 Miles East of Carlsbad, NM			PHONE: 505-887-4048			
	PERMIT NO. WM-01-035 - New Mexico						

# LEA LAND DISPOSAL SITE NEW MEXICO

MILE MARKER #64 US HWY 62/180 • 30 MILES EAST OF CARLSBAD, NM • PHONE (505) 887-4048

## LEA LAND, LLC

1300 WEST MAIN STREET • OKLAHOMA CITY, OK 73106 • PHONE (405) 236-4257

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### NON-HAZARDOUS WASTE MANIFEST

NO 068657

1. PAGE OF

2. TRAILER NO.

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#### 3. COMPANY NAME

OXY USA

PHONE NO.

#### 4. ADDRESS

102 S. Main Street

CITY

STATE

ZIP

Carlsbad

NM

88220

#### 5. PICK-UP DATE

7/7/2009

#### 6. TNRCC I.D. NO.

#### 7. NAME OR DESCRIPTION OF WASTE SHIPPED:

a. Non-Regulated, Non-Hazardous Waste

b.

c.

d.

#### 12. COMMENTS OR SPECIAL INSTRUCTIONS:

ROARING SPRINGS 13 FEDERAL BATTERY

#### 13. WASTE PROFILE NO.

703504

14.

#### IN CASE OF EMERGENCY OR SPILL, CONTACT

#### NAME

Kim Stlaughter

#### PHONE NO

575-387-4048

#### 24-HOUR EMERGENCY NO.

15. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, including applicable state regulations, and are the same materials previously approved by LEA LAND, LLC

#### PRINTED/TYPED NAME

#### SIGNATURE

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16.

#### TRANSPORTER (1)

#### NAME:

ELKE ENVIRONMENTAL INC

#### TEXAS I.D. NO.

#### IN CASE OF EMERGENCY CONTACT:

#### EMERGENCY PHONE:

KELTON BEARD

(575) 390-1903

17.

#### TRANSPORTER (2)

#### NAME:

#### TEXAS I.D. NO.

#### IN CASE OF EMERGENCY CONTACT:

#### EMERGENCY PHONE:

#### 18. TRANSPORTER (1): Acknowledgment of receipt of material

#### PRINTED/TYPED NAME

Alfredo Bivarado

#### SIGNATURE

#### DATE

7/7/2009

#### 19. TRANSPORTER (2): Acknowledgment of receipt of material

#### PRINTED/TYPED NAME

#### SIGNATURE

#### DATE

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Lea Land, LLC

#### ADDRESS:

Mile Marker 64, U.S. Hwy 62/180,  
30 Miles East of Carlsbad, NM

#### PHONE:

505-887-4048

#### PERMIT NO.

WM-01-035 - New-Mexico

#### 20. COMMENTS

21. **DISPOSAL FACILITY'S CERTIFICATION:** I hereby certify that the above described wastes were delivered to this facility, that the facility is authorized and permitted to receive such wastes.

#### AUTHORIZED SIGNATURE

#### CELL NO.

#### DATE

#### TIME

7/7/2009

10:45

# LEA LAND DISPOSAL SITE NEW MEXICO

MILE MARKER #64 US HWY 62/180 • 30 MILES EAST OF CARLSBAD, NM • PHONE (505) 887-4048

## LEA LAND, LLC

1300 WEST MAIN STREET • OKLAHOMA CITY, OK 73106 • PHONE (405) 236-4257

<b>NON-HAZARDOUS WASTE MANIFEST</b>		NO <b>068650</b>	1. PAGE <b>1</b> OF <b>1</b>	2. TRAILER NO. <b>04</b>	
GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, including applicable state regulations, and are the same materials previously approved by LEA LAND, LLC	3. COMPANY NAME <b>OXY USA</b> PHONE NO.		4. ADDRESS <b>102 S. Main Street</b> CITY <b>Carlsbad</b> STATE <b>NM</b> ZIP <b>88502</b>		5. PICK-UP DATE <b>7/7/2009</b>
	7. NAME OR DESCRIPTION OF WASTE SHIPPED: <b>Non-Regulated, Non Hazardous Waste</b>		8. CONTAINERS No. <b>1</b> Type <b>CM</b>	9. TOTAL QUANTITY	10. UNIT Wt/Vol.
	12. COMMENTS OR SPECIAL INSTRUCTIONS: <b>ROARING SPRINGS 13 FEDERAL #4 BATTERY</b>		13. WASTE PROFILE NO. <b>708504</b>		
	14. <b>IN CASE OF EMERGENCY OR SPILL, CONTACT</b>				
	NAME <b>Kin Slaughter</b>		PHONE NO. <b>575-887-4048</b>		24-HOUR EMERGENCY NO.
TRANSPORTER (1)	16. <b>TRANSPORTER (1)</b> NAME: <b>ELKE ENVIRONMENTAL, INC.</b> TEXAS I.D. NO. IN CASE OF EMERGENCY CONTACT: <b>KELTON BEARD</b> EMERGENCY PHONE: <b>(575) 390-1903</b>		17. <b>TRANSPORTER (2)</b> NAME: TEXAS I.D. NO. IN CASE OF EMERGENCY CONTACT: EMERGENCY PHONE:		
	18. <b>TRANSPORTER (1):</b> Acknowledgment of receipt of material PRINTED/TYPED NAME <b>Cesar R...</b> SIGNATURE <b>[Signature]</b> DATE <b>7/7/2009</b>		19. <b>TRANSPORTER (2):</b> Acknowledgment of receipt of material PRINTED/TYPED NAME SIGNATURE DATE		
DISPOSAL SITE	Lea Land, LLC		ADDRESS: <b>Mile Marker 64, U.S. Hwy 62/180, 30 Miles East of Carlsbad, NM</b>		PHONE: <b>505-887-4048</b>
	PERMIT NO. <b>WM-01-035 - New Mexico</b>		20. COMMENTS		
21. <b>DISPOSAL FACILITY'S CERTIFICATION:</b> I hereby certify that the above described wastes were delivered to this facility, that the facility is authorized and permitted to receive such wastes.					
AUTHORIZED SIGNATURE <b>[Signature]</b>		CELL NO.	DATE <b>7/7/2009</b>	TIME <b>1100</b>	

# LEA LAND DISPOSAL SITE NEW MEXICO

MILE MARKER #64 US HWY 62/180 • 30 MILES EAST OF CARLSBAD, NM • PHONE (505) 887-4048

## LEA LAND, LLC

1300 WEST MAIN STREET • OKLAHOMA CITY, OK 73106 • PHONE (405) 236-4257

PAP

<b>NON-HAZARDOUS WASTE MANIFEST</b>		NO. <b>068674</b>	1. PAGE ___ OF ___	2. TRAILER NO. <b>J-1</b>
GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, including applicable state regulations, and are the same materials previously approved by LEA LAND, LLC	3. COMPANY NAME <b>OXY USA</b>	4. ADDRESS <b>102 S. Main Street</b>		5. PICK-UP DATE <b>7/8/2008</b>
	PHONE NO.	CITY <b>Carlsbad</b>	STATE <b>NM</b>	ZIP <b>86220</b>
	7. NAME OR DESCRIPTION OF WASTE SHIPPED:		8. CONTAINERS No. Type	9. TOTAL QUANTITY
	a. <b>Non-Regulated, Non Hazardous Waste</b>		<b>1</b> <b>CM</b>	
	b.			
TRANSPORTER'S CERTIFICATION: I hereby certify that the above described wastes were delivered to this facility, that the facility is authorized and permitted to receive such wastes.	c.			
	d. <b>38660 ② 41,100 ③ 42,380</b>			
	12. COMMENTS OR SPECIAL INSTRUCTIONS: <b>ROARING SPRINGS 13 FEDERAL #4 BATTERY</b>		13. WASTE PROFILE NO. <b>709594</b>	
	14. <b>IN CASE OF EMERGENCY OR SPILL, CONTACT</b>			
	NAME <b>KIN SLAUGHTER</b>		PHONE NO. <b>575-887-4048</b>	
DISPOSAL FACILITY'S CERTIFICATION: I hereby certify that the above described wastes were delivered to this facility, that the facility is authorized and permitted to receive such wastes.	15. <b>GENERATOR'S CERTIFICATION:</b> I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, including applicable state regulations, and are the same materials previously approved by LEA LAND, LLC		24-HOUR EMERGENCY NO.	
	PRINTED/TYPED NAME		SIGNATURE	
	DATE		DATE	
	16. <b>TRANSPORTER (1)</b>		17. <b>TRANSPORTER (2)</b>	
	NAME: <b>ELKE ENVIRONMENTAL, INC.</b>		NAME:	
TEXAS I.D. NO.		TEXAS I.D. NO.		
IN CASE OF EMERGENCY CONTACT: <b>KELTON BEARD</b>		IN CASE OF EMERGENCY CONTACT:		
EMERGENCY PHONE: <b>(575) 390-1803</b>		EMERGENCY PHONE:		
DISPOSAL FACILITY'S CERTIFICATION: I hereby certify that the above described wastes were delivered to this facility, that the facility is authorized and permitted to receive such wastes.	18. <b>TRANSPORTER (1):</b> Acknowledgment of receipt of material		19. <b>TRANSPORTER (2):</b> Acknowledgment of receipt of material	
	PRINTED/TYPED NAME <b>Jose Bejarano</b>		PRINTED/TYPED NAME	
	SIGNATURE <b>Jose Bejarano</b> DATE <b>7/8/2008</b>		SIGNATURE DATE	
	20. COMMENTS		20. COMMENTS	
	21. <b>DISPOSAL FACILITY'S CERTIFICATION:</b> I hereby certify that the above described wastes were delivered to this facility, that the facility is authorized and permitted to receive such wastes.		21. <b>DISPOSAL FACILITY'S CERTIFICATION:</b> I hereby certify that the above described wastes were delivered to this facility, that the facility is authorized and permitted to receive such wastes.	
DISPOSAL FACILITY'S CERTIFICATION: I hereby certify that the above described wastes were delivered to this facility, that the facility is authorized and permitted to receive such wastes.	22. <b>DISPOSAL FACILITY'S CERTIFICATION:</b> I hereby certify that the above described wastes were delivered to this facility, that the facility is authorized and permitted to receive such wastes.		22. <b>DISPOSAL FACILITY'S CERTIFICATION:</b> I hereby certify that the above described wastes were delivered to this facility, that the facility is authorized and permitted to receive such wastes.	
	AUTHORIZED SIGNATURE <b>Sanchez Centiveros</b>		CELL NO.	
	DATE <b>7/8/2008</b>		TIME <b>7:00</b>	
	23. <b>DISPOSAL FACILITY'S CERTIFICATION:</b> I hereby certify that the above described wastes were delivered to this facility, that the facility is authorized and permitted to receive such wastes.		23. <b>DISPOSAL FACILITY'S CERTIFICATION:</b> I hereby certify that the above described wastes were delivered to this facility, that the facility is authorized and permitted to receive such wastes.	
	24. <b>DISPOSAL FACILITY'S CERTIFICATION:</b> I hereby certify that the above described wastes were delivered to this facility, that the facility is authorized and permitted to receive such wastes.		24. <b>DISPOSAL FACILITY'S CERTIFICATION:</b> I hereby certify that the above described wastes were delivered to this facility, that the facility is authorized and permitted to receive such wastes.	

# LEA LAND DISPOSAL SITE NEW MEXICO

MILE MARKER #64 US HWY 62/180 • 30 MILES EAST OF CARLSBAD, NM • PHONE (505) 887-4048

## LEA LAND, LLC

1300 WEST MAIN STREET • OKLAHOMA CITY, OK 73106 • PHONE (405) 236-4257

VASQUEZ

### NON-HAZARDOUS WASTE MANIFEST

NO 068675

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2. TRAILER NO. 1149

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3. COMPANY NAME OXY USA	4. ADDRESS 102 S. Main Street	5. PICK-UP DATE 7/8/2009
PHONE NO.	CITY STATE ZIP Carlsbad NM 89220	6. TNRCC I.D. NO.
7. NAME OR DESCRIPTION OF WASTE SHIPPED:	8. CONTAINERS No. Type	9. TOTAL QUANTITY
a. Non-Regulated, Non Hazardous Waste	1 CM	
b.		
c. ③ 41,980		
d. 37,460 ② 3,220		
12. COMMENTS OR SPECIAL INSTRUCTIONS: ROARING SPRINGS 13 FEDERAL #4 BATTERY	13. WASTE PROFILE NO. 708594	

14. IN CASE OF EMERGENCY OR SPILL, CONTACT		
NAME KIN SLAUGHTER	PHONE NO. 576-887-4048	24-HOUR EMERGENCY NO.

15. GENERATOR'S CERTIFICATION: I Hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, including applicable state regulations, and are the same materials previously approved by LEA LAND, LLC

PRINTED/TYPED NAME	SIGNATURE	DATE
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16. TRANSPORTER (1) NAME: ELKE ENVIRONMENTAL, INC. TEXAS I.D. NO. IN CASE OF EMERGENCY CONTACT: KELTON BEARD EMERGENCY PHONE: (575) 390-1903	17. TRANSPORTER (2) NAME: TEXAS I.D. NO. IN CASE OF EMERGENCY CONTACT: EMERGENCY PHONE:
--	---

18. TRANSPORTER (1): Acknowledgment of receipt of material PRINTED/TYPED NAME Rene Vasquez SIGNATURE Rene Vasquez DATE 7/8/2009	19. TRANSPORTER (2): Acknowledgment of receipt of material PRINTED/TYPED NAME SIGNATURE DATE
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Lea Land, LLC	ADDRESS: Mile Marker 64, U.S. Hwy 62/180, 30 Miles East of Carlsbad, NM	PHONE: 505-887-4048
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PERMIT NO. WM-01-035 - New Mexico	20. COMMENTS
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21. DISPOSAL FACILITY'S CERTIFICATION: I Hereby certify that the above described wastes were delivered to this facility, that the facility is authorized and permitted to receive such wastes.

AUTHORIZED SIGNATURE Dante Cortivaros	CELL NO.	DATE 7/8/2009	TIME 7:00
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# LEA LAND DISPOSAL SITE NEW MEXICO

MILE MARKER #64 US HWY 62/180 • 30 MILES EAST OF CARLSBAD, NM • PHONE (505) 887-4048

## LEA LAND, LLC

1300 WEST MAIN STREET • OKLAHOMA CITY, OK 73106 • PHONE (405) 236-4257

### NON-HAZARDOUS WASTE MANIFEST

NO

068878

1 PAGE

OF

2. TRAILER NO.

1148

G E N E R A T O R	3. COMPANY NAME OXY USA	4. ADDRESS 102 S. Main Street	5. PICK UP DATE 8/11/2009			
	PHONE NO.	CITY Carlsbad	STATE NM			
T R A N S P O R T E R S	7. NAME OR DESCRIPTION OF WASTE SHIPPED:		8. CONTAINERS No. Type	9. TOTAL QUANTITY	10. UNIT Wt/Vol.	11. TEXAS WASTE ID #
	a. Non-Regulated, Non Hazardous Waste		1	CM		
	b.					
	c.					
	d. 39,960 @ 32,260 @ 41,240					
A U T H O R I Z E D	12. COMMENTS OR SPECIAL INSTRUCTIONS: ROARING SPRINGS 13 FEDERAL #4 BATTERY				13. WASTE PROFILE NO. 708594	
	14. IN CASE OF EMERGENCY OR SPILL, CONTACT					
T R A N S P O R T E R S	NAME KIN SLAUGHTER		PHONE NO. 575-887-4048		24-HOUR EMERGENCY NO.	
	15. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, including applicable state regulations, and are the same materials previously approved by LEA LAND, LLC.					
D I S P O S I T O R	PRINTED/TYPED NAME		SIGNATURE		DATE	
	16. TRANSPORTER (1) NAME: ELKE ENVIRONMENTAL, INC. TEXAS I.D. NO. IN CASE OF EMERGENCY CONTACT: KELTON BEARD EMERGENCY PHONE: (575) 390-1903		17. TRANSPORTER (2) NAME: TEXAS I.D. NO. IN CASE OF EMERGENCY CONTACT: EMERGENCY PHONE:		18. TRANSPORTER (1): Acknowledgment of receipt of material PRINTED/TYPED NAME SIGNATURE DATE	
D I S P O S I T O R	19. TRANSPORTER (2): Acknowledgment of receipt of material PRINTED/TYPED NAME SIGNATURE DATE		20. COMMENTS		21. DISPOSAL FACILITY'S CERTIFICATION: I hereby certify that the above described wastes were delivered to this facility, that the facility is authorized and permitted to receive such wastes.	
	22. AUTHORIZED SIGNATURE DATE		CELL NO.		DATE TIME	

GENERATOR: COPIES 1 & 6

DISPOSAL SITE: COPIES 2 & 3

TRANSPORTERS: COPIES 4 & 5

COPY 4

# LEA LAND DISPOSAL SITE NEW MEXICO

MILE MARKER #64 US HWY 62/180 • 30 MILES EAST OF CARLSBAD, NM • PHONE (505) 887-4048

## LEA LAND, LLC

1300 WEST MAIN STREET • OKLAHOMA CITY, OK 73106 • PHONE (405) 236-4257

JD'S

### NON-HAZARDOUS WASTE MANIFEST

NO **068677**

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2. TRAILER NO **004**

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#### 3. COMPANY NAME

OXY USA

PHONE NO.

#### 4. ADDRESS

102 S. Main Street

CITY

STATE

ZIP

Carlsbad

NM

98220

#### 5. PICK-UP DATE

7/8/2008

#### 6. TNRCC I.D. NO.

#### 7. NAME OR DESCRIPTION OF WASTE SHIPPED:

a. Non-Regulated, Non-Hazardous Waste

b.

c. **337,500**

d. **41,860 @ 35,140**

#### 8. CONTAINERS

No.

Type

1

CM

#### 9. TOTAL QUANTITY

#### 10. UNIT Wt/Vol.

#### 11. TEXAS WASTE ID #

#### 12. COMMENTS OR SPECIAL INSTRUCTIONS:

ROARING SPRINGS 13 FEDERAL #4 BATTERY

#### 13. WASTE PROFILE NO.

708594

#### 14.

#### IN CASE OF EMERGENCY OR SPILL, CONTACT

#### NAME

KIN SLAUGHTER

#### PHONE NO.

575-887-4048

#### 24-HOUR EMERGENCY NO.

15. **GENERATOR'S CERTIFICATION:** I Hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, including applicable state regulations, and are the same materials previously approved by LEA LAND, LLC

#### PRINTED/TYPED NAME

#### SIGNATURE

#### DATE

#### 16. TRANSPORTER (1)

#### NAME:

ELKE ENVIRONMENTAL, INC.

#### TEXAS I.D. NO.

#### IN CASE OF EMERGENCY CONTACT:

KELTON BEARD

#### EMERGENCY PHONE:

(575) 890-1003

#### 17. TRANSPORTER (2)

#### NAME:

#### TEXAS I.D. NO.

#### IN CASE OF EMERGENCY CONTACT:

#### EMERGENCY PHONE:

#### 18. TRANSPORTER (1): Acknowledgment of receipt of material

#### PRINTED/TYPED NAME

Alfredo Alvarado

#### SIGNATURE

*Alfredo Alvarado*

#### DATE

7/8/2008

#### 19. TRANSPORTER (2): Acknowledgment of receipt of material

#### PRINTED/TYPED NAME

#### SIGNATURE

#### DATE

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Lea Land, LLC

#### ADDRESS:

Mile Marker 64, U.S. Hwy 62/180,  
30 Miles East of Carlsbad, NM

#### PHONE:

505-887-4048

#### PERMIT NO.

WM-01-035 - New Mexico

#### 20. COMMENTS

21. **DISPOSAL FACILITY'S CERTIFICATION:** I Hereby certify that the above described wastes were delivered to this facility, that the facility is authorized and permitted to receive such wastes.

#### AUTHORIZED SIGNATURE

*Alfredo Alvarado*

#### CELL NO.

#### DATE

7/8/2008

#### TIME

1705

# LEA LAND DISPOSAL SITE NEW MEXICO

MILE MARKER #64 US HWY 62/180 • 30 MILES EAST OF CARLSBAD, NM • PHONE (505) 887-4048

## LEA LAND, LLC

1300 WEST MAIN STREET • OKLAHOMA CITY, OK 73106 • PHONE (405) 236-4257

<b>NON-HAZARDOUS WASTE MANIFEST</b>		NO. <b>068678</b>	1. PAGE <b>04</b> OF <b>04</b>	2. TRAILER NO. <b>HL 04</b>
<b>G E N E R A T O R</b>	3. COMPANY NAME <b>OXY USA</b>	4. ADDRESS <b>102 S. Main Street</b>	5. PICK-UP DATE <b>7/8/2009</b>	
	PHONE NO.	CITY <b>Carlsbad</b> STATE <b>NM</b> ZIP <b>88220</b>	6. TNRCC I.D. NO.	
	7. NAME OR DESCRIPTION OF WASTE SHIPPED:		8. CONTAINERS No. Type	9. TOTAL QUANTITY
	a. <b>Non-Regulated, Non Hazardous Waste</b>		1. CM	
<b>T R A N S P O R T E R S</b>	b.			
	c.			
	d. <b>36,180 ② 35,220 ③ 42,980</b>			
	12. COMMENTS OR SPECIAL INSTRUCTIONS: <b>ROARING SPRINGS 13 FEDERAL #4 BATTERY</b>		13. WASTE PROFILE NO. <b>708504</b>	
<b>I N C I D E N T I F Y</b>	14. <b>IN CASE OF EMERGENCY OR SPILL, CONTACT</b>			
	NAME <b>KIN SLAUGHTER</b>		PHONE NO. <b>575-887-4048</b>	
<b>O F F I C I A L</b>	15. <b>GENERATOR'S CERTIFICATION:</b> I Hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, including applicable state regulations, and are the same materials previously approved by LEA LAND, LLC			
	PRINTED/TYPED NAME		SIGNATURE	
<b>T R A N S P O R T E R S</b>	16. <b>TRANSPORTER (1)</b>		17. <b>TRANSPORTER (2)</b>	
	NAME: <b>ELKE ENVIRONMENTAL, INC</b>		NAME:	
	TEXAS I.D. NO.		TEXAS I.D. NO.	
	IN CASE OF EMERGENCY CONTACT: <b>KELTON BEARD</b>		IN CASE OF EMERGENCY CONTACT:	
<b>D I S P O S I T O R</b>	EMERGENCY PHONE: <b>(575) 390-1803</b>		EMERGENCY PHONE:	
	18. <b>TRANSPORTER (1):</b> Acknowledgment of receipt of material		19. <b>TRANSPORTER (2):</b> Acknowledgment of receipt of material	
	PRINTED/TYPED NAME <b>Cesar Ramirez</b>		PRINTED/TYPED NAME	
	SIGNATURE <b>[Signature]</b> DATE <b>7/8/2009</b>		SIGNATURE DATE	
<b>D I S P O S I T O R</b>	Lea Land, LLC		ADDRESS: <b>Mile Marker 64, U.S. Hwy 62/180, 30 Miles East of Carlsbad, NM</b>	
	PHONE: <b>505-887-4048</b>			
	PERMIT NO. <b>WM-01-035 - New Mexico</b>		20. COMMENTS	
	21. <b>DISPOSAL FACILITY'S CERTIFICATION:</b> I Hereby certify that the above described wastes were delivered to this facility, that the facility is authorized and permitted to receive such wastes.			
<b>A U T H O R I Z E D</b>	AUTHORIZED SIGNATURE <b>[Signature]</b>		CELL NO.	DATE <b>7/8/2009</b>
	TIME <b>7:10</b>			

# **Analytical Report 322201**

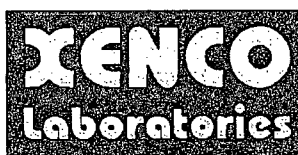
**for**

**Elke Environmental, Inc.**

**Project Manager: Logan Anderson**

**Oxy USA**

**13-JAN-09**



**12600 West I-20 East Odessa, Texas 79765**

**Texas certification numbers:**

**Houston, TX T104704215-08B-TX - Odessa/Midland, TX T104704400-08-TX**

**Florida certification numbers:**

**Houston, TX E871002 - Miami, FL E86678 - Tampa, FL E86675  
Norcross(Atlanta), GA E87429**

**South Carolina certification numbers:**

**Norcross(Atlanta), GA 98015**

**North Carolina certification numbers:**

**Norcross(Atlanta), GA 483**

**Houston - Dallas - San Antonio - Tampa - Miami - Latin America  
Midland - Corpus Christi - Atlanta**



13-JAN-09

Project Manager: **Logan Anderson**  
**Elke Environmental, Inc.**  
4817 Andrews Hwy  
P.O. Box 14167 Odessa, tx 79768  
Odessa, TX 79762

Reference: XENCO Report No: **322201**  
**Oxy USA**  
Project Address: Roaring Springs 13 # 4 Batt

**Logan Anderson:**

We are reporting to you the results of the analyses performed on the samples received under the project name referenced above and identified with the XENCO Report Number 322201. All results being reported under this Report Number apply to the samples analyzed and properly identified with a Laboratory ID number. Subcontracted analyses are identified in this report with either the NELAC certification number of the subcontract lab in the analyst ID field, or the complete subcontracted report attached to this report.

Unless otherwise noted in a Case Narrative, all data reported in this Analytical Report are in compliance with NELAC standards. Estimation of data uncertainty for this report is found in the quality control section of this report unless otherwise noted. Should insufficient sample be provided to the laboratory to meet the method and NELAC Matrix Duplicate and Matrix Spike requirements, then the data will be analyzed, evaluated and reported using all other available quality control measures.

The validity and integrity of this report will remain intact as long as it is accompanied by this letter and reproduced in full, unless written approval is granted by XENCO Laboratories. This report will be filed for at least 5 years in our archives after which time it will be destroyed without further notice, unless otherwise arranged with you. The samples received, and described as recorded in Report No. 322201 will be filed for 60 days, and after that time they will be properly disposed without further notice, unless otherwise arranged with you. We reserve the right to return to you any unused samples, extracts or solutions related to them if we consider so necessary (e.g., samples identified as hazardous waste, sample sizes exceeding analytical standard practices, controlled substances under regulated protocols, etc).

We thank you for selecting XENCO Laboratories to serve your analytical needs. If you have any questions concerning this report, please feel free to contact us at any time.

Respectfully,

**Brent Barron, II**

Odessa Laboratory Manager

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## Sample Cross Reference 322201



**Elke Environmental, Inc., Odessa, TX**

Oxy USA

Sample Id	Matrix	Date Collected	Sample Depth	Lab Sample Id
SB-2 @ 10'	S	Jan-07-09 10:30	10 ft	322201-001



# Certificate of Analysis Summary 322201

Elke Environmental, Inc., Odessa, TX

Project Name: Oxy USA



Project Id:

Contact: Logan Anderson

Project Location: Roaring Springs 13 # 4 Batt

Date Received in Lab: Fri Jan-09-09 05:02 pm


Report Date: 13-JAN-09

Project Manager: Brent Barron, II

<b>Analysis Requested</b>	<b>Lab Id:</b>	322201-001				
	<b>Field Id:</b>	SB-2 @ 10'				
	<b>Depth:</b>	10 ft				
	<b>Matrix:</b>	SOIL				
	<b>Sampled:</b>	Jan-07-09 10:30				
<b>Anions by EPA 300</b>	<b>Extracted:</b>					
	<b>Analyzed:</b>	Jan-12-09 16:19				
	<b>Units/RL:</b>	mg/kg RL				
Chloride		149 10.4				
<b>Percent Moisture</b>	<b>Extracted:</b>					
	<b>Analyzed:</b>	Jan-12-09 11:30				
	<b>Units/RL:</b>	% RL				
Percent Moisture		3.45 1.00				
<b>TPH By SW8015 Mod</b>	<b>Extracted:</b>	Jan-12-09 13:00				
	<b>Analyzed:</b>	Jan-12-09 18:32				
	<b>Units/RL:</b>	mg/kg RL				
C6-C12 Gasoline Range Hydrocarbons		ND 15.5				
C12-C28 Diesel Range Hydrocarbons		ND 15.5				
C28-C35 Oil Range Hydrocarbons		ND 15.5				
Total TPH		ND 15.5				

This analytical report, and the entire data package it represents, has been made for your exclusive and confidential use. The interpretations and results expressed throughout this analytical report represent the best judgment of XENCO Laboratories. XENCO Laboratories assumes no responsibility and makes no warranty to the end use of the data hereby presented. Our liability is limited to the amount invoiced for this work order unless otherwise agreed to in writing.

Since 1990 Houston - Dallas - San Antonio - Austin - Tampa - Miami - Latin America - Atlanta - Corpus Christi

  
Brent Barron  
Odessa Laboratory Director



## Flagging Criteria



- X** In our quality control review of the data a QC deficiency was observed and flagged as noted. MS/MSD recoveries were found to be outside of the laboratory control limits due to possible matrix /chemical interference, or a concentration of target analyte high enough to effect the recovery of the spike concentration. This condition could also effect the relative percent difference in the MS/MSD.
- B** A target analyte or common laboratory contaminant was identified in the method blank. Its presence indicates possible field or laboratory contamination.
- D** The sample(s) were diluted due to targets detected over the highest point of the calibration curve, or due to matrix interference. Dilution factors are included in the final results. The result is from a diluted sample.
- E** The data exceeds the upper calibration limit; therefore, the concentration is reported as estimated.
- F** RPD exceeded lab control limits.
- J** The target analyte was positively identified below the MQL and above the SQL.
- U** Analyte was not detected.
- L** The LCS data for this analytical batch was reported below the laboratory control limits for this analyte. The department supervisor and QA Director reviewed data. The samples were either reanalyzed or flagged as estimated concentrations.
- H** The LCS data for this analytical batch was reported above the laboratory control limits. Supporting QC Data were reviewed by the Department Supervisor and QA Director. Data were determined to be valid for reporting.
- K** Sample analyzed outside of recommended hold time.
- JN** A combination of the "N" and the "J" qualifier. The analysis indicates that the analyte is "tentatively identified" and the associated numerical value may not be consistent with the amount actually present in the environmental sample.
- \* Outside XENCO's scope of NELAC Accreditation.

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4143 Greenbriar Dr, Stafford, Tx 77477  
9701 Harry Hines Blvd , Dallas, TX 75220  
5332 Blackberry Drive, San Antonio TX 78238  
2505 North Falkenburg Rd, Tampa, FL 33619  
5757 NW 158th St, Miami Lakes, FL 33014  
12600 West I-20 East, Odessa, TX 79765  
842 Cantwell Lane, Corpus Christi, TX 78408

Phone	Fax
(281) 240-4200	(281) 240-4280
(214) 902 0300	(214) 351-9139
(210) 509-3334	(210) 509-3335
(813) 620-2000	(813) 620-2033
(305) 823-8500	(305) 823-8555
(432) 563-1800	(432) 563-1713
(361) 884-0371	(361) 884-9116



## Form 2 - Surrogate Recoveries

Project Name: Oxy USA

Work Orders : 322201,

Project ID:

Lab Batch #: 746298

Sample: 322199-001 S / MS

Batch: 1 Matrix: Soil

Units: mg/kg

SURROGATE RECOVERY STUDY					
TPH By SW8015 Mod	Amount Found [A]	True Amount [B]	Recovery %R [D]	Control Limits %R	Flags
Analytes					
1-Chlorooctane	119	100	119	70-135	
o-Terphenyl	56.5	50.0	113	70-135	

Lab Batch #: 746298

Sample: 322199-001 SD / MSD

Batch: 1 Matrix: Soil

Units: mg/kg

SURROGATE RECOVERY STUDY					
TPH By SW8015 Mod	Amount Found [A]	True Amount [B]	Recovery %R [D]	Control Limits %R	Flags
Analytes					
1-Chlorooctane	122	100	122	70-135	
o-Terphenyl	58.6	50.0	117	70-135	

Lab Batch #: 746298

Sample: 322201-001 / SMP

Batch: 1 Matrix: Soil

Units: mg/kg

SURROGATE RECOVERY STUDY					
TPH By SW8015 Mod	Amount Found [A]	True Amount [B]	Recovery %R [D]	Control Limits %R	Flags
Analytes					
1-Chlorooctane	97.5	100	98	70-135	
o-Terphenyl	49.1	50.0	98	70-135	

Lab Batch #: 746298

Sample: 522806-1-BKS / BKS

Batch: 1 Matrix: Solid

Units: mg/kg

SURROGATE RECOVERY STUDY					
TPH By SW8015 Mod	Amount Found [A]	True Amount [B]	Recovery %R [D]	Control Limits %R	Flags
Analytes					
1-Chlorooctane	120	100	120	70-135	
o-Terphenyl	62.2	50.0	124	70-135	

Lab Batch #: 746298

Sample: 522806-1-BLK / BLK

Batch: 1 Matrix: Solid

Units: mg/kg

SURROGATE RECOVERY STUDY					
TPH By SW8015 Mod	Amount Found [A]	True Amount [B]	Recovery %R [D]	Control Limits %R	Flags
Analytes					
1-Chlorooctane	101	100	101	70-135	
o-Terphenyl	51.7	50.0	103	70-135	

\*\* Surrogates outside limits; data and surrogates confirmed by reanalysis

\*\*\* Poor recoveries due to dilution

Surrogate Recovery [D] =  $100 * A / B$

All results are based on MDL and validated for QC purposes.



## Form 2 - Surrogate Recoveries

Project Name: Oxy USA

Work Orders : 322201,

Project ID:

Lab Batch #: 746298

Sample: 522806-1-BSD / BSD

Batch: 1 Matrix: Solid

Units: mg/kg

### SURROGATE RECOVERY STUDY

TPH By SW8015 Mod  Analytes	Amount Found [A]	True Amount [B]	Recovery %R [D]	Control Limits %R	Flags
1-Chlorooctane	117	100	117	70-135	
o-Terphenyl	55.8	50.0	112	70-135	

\*\* Surrogates outside limits; data and surrogates confirmed by reanalysis

\*\*\* Poor recoveries due to dilution

Surrogate Recovery [D] =  $100 * A / B$

All results are based on MDL and validated for QC purposes.



# Blank Spike Recovery



**Project Name: Oxy USA**

**Work Order #: 322201**

**Project ID:**

**Lab Batch #: 746220**

**Sample: 746220-1-BKS**

**Matrix: Solid**

**Date Analyzed: 01/12/2009**

**Date Prepared: 01/12/2009**

**Analyst: LATCOR**

**Reporting Units: mg/kg**

**Batch #: 1**

## BLANK/BLANK SPIKE RECOVERY STUDY

Anions by EPA 300 Analytes	Blank Result [A]	Spike Added [B]	Blank Spike Result [C]	Blank Spike %R [D]	Control Limits %R	Flags
Chloride	ND	10.0	9.99	100	90-110	

Blank Spike Recovery [D] =  $100 * [C] / [B]$

All results are based on MDL and validated for QC purposes.



## BS / BSD Recoveries



Project Name: Oxy USA

Work Order #: 322201

Analyst: BHW

Date Prepared: 01/12/2009

Project ID:

Date Analyzed: 01/12/2009

Lab Batch ID: 746298

Sample: 522806-1-BKS

Batch #: 1

Matrix: Solid

Units: mg/kg

### BLANK / BLANK SPIKE / BLANK SPIKE DUPLICATE RECOVERY STUDY

TPH By SW8015 Mod	Blank Sample Result [A]	Spike Added [B]	Blank Spike Result [C]	Blank Spike %R [D]	Spike Added [E]	Blank Spike Duplicate Result [F]	Blk. Spk Dup. %R [G]	RPD %	Control Limits %R	Control Limits %RPD	Flag
Analytes											
C6-C12 Gasoline Range Hydrocarbons	ND	1000	971	97	1000	950	95	2	70-135	35	
C12-C28 Diesel Range Hydrocarbons	ND	1000	1020	102	1000	997	100	2	70-135	35	

Relative Percent Difference RPD =  $200 * |(C-F)/(C+F)|$

Blank Spike Recovery [D] =  $100 * (C)/[B]$

Blank Spike Duplicate Recovery [G] =  $100 * (F)/[E]$

All results are based on MDL and Validated for QC Purposes



# Form 3 - MS Recoveries



Project Name: Oxy USA

Work Order #: 322201

Lab Batch #: 746220

Date Analyzed: 01/12/2009

QC- Sample ID: 322199-001 S

Reporting Units: mg/kg

Date Prepared: 01/12/2009

Project ID:

Analyst: LATCOR

Batch #: 1

Matrix: Soil

MATRIX / MATRIX SPIKE RECOVERY STUDY						
Inorganic Anions by EPA 300	Parent Sample Result [A]	Spike Added [B]	Spiked Sample Result [C]	%R [D]	Control Limits %R	Flag
Analytes						
Chloride	341	205	529	92	80-120	

Matrix Spike Percent Recovery [D] =  $100 \cdot (C-A)/B$

Relative Percent Difference [E] =  $200 \cdot (C-A)/(C+B)$

All Results are based on MDL and Validated for QC Purposes



# Form 3 - MS / MSD Recoveries



Project Name: Oxy USA

Work Order #: 322201

Project ID:

Lab Batch ID: 746298

QC- Sample ID: 322199-001 S

Batch #: 1 Matrix: Soil

Date Analyzed: 01/13/2009

Date Prepared: 01/12/2009

Analyst: BHW

Reporting Units: mg/kg

## MATRIX SPIKE / MATRIX SPIKE DUPLICATE RECOVERY STUDY

TPH By SW8015 Mod Analytes	Parent Sample Result [A]	Spike Added [B]	Spiked Sample Result [C]	Spiked Sample %R [D]	Spike Added [E]	Duplicate Spiked Sample Result [F]	Spiked Dup. %R [G]	RPD %	Control Limits %R	Control Limits %RPD	Flag
C6-C12 Gasoline Range Hydrocarbons	ND	1030	954	93	1030	974	95	2	70-135	35	
C12-C28 Diesel Range Hydrocarbons	ND	1030	1020	99	1030	1040	101	2	70-135	35	

Matrix Spike Percent Recovery  $[D] = 100 * (C - A) / B$   
Relative Percent Difference  $RPD = 200 * [(C - F) / (C + F)]$

Matrix Spike Duplicate Percent Recovery  $[G] = 100 * (F - A) / E$

ND = Not Detected, J = Present Below Reporting Limit, B = Present in Blank, NR = Not Requested, I = Interference, NA = Not Applicable  
N = See Narrative, EQL = Estimated Quantitation Limit



## Sample Duplicate Recovery



Project Name: Oxy USA

Work Order #: 322201

Lab Batch #: 746220

Date Analyzed: 01/12/2009

QC- Sample ID: 322199-001 D

Reporting Units: mg/kg

Project ID:

Analyst: LATCOR

Date Prepared: 01/12/2009

Batch #: 1

Matrix: Soil

SAMPLE / SAMPLE DUPLICATE RECOVERY					
Anions by EPA 300	Parent Sample Result [A]	Sample Duplicate Result [B]	RPD	Control Limits %RPD	Flag
Analyte					
Chloride	341	343	1	20	

Lab Batch #: 746179

Date Analyzed: 01/12/2009

QC- Sample ID: 322201-001 D

Reporting Units: %

Date Prepared: 01/12/2009

Batch #: 1

Analyst: WRU

Matrix: Soil

SAMPLE / SAMPLE DUPLICATE RECOVERY					
Percent Moisture	Parent Sample Result [A]	Sample Duplicate Result [B]	RPD	Control Limits %RPD	Flag
Analyte					
Percent Moisture	3.45	3.35	3	20	

Spike Relative Difference RPD  $200 * |(B-A)/(B+A)|$

All Results are based on MDL and validated for QC purposes.

# Environmental Lab of Texas

A Xenco Laboratories Company

## CHAIN OF CUSTODY RECORD AND ANALYSIS REQUEST

12800 West I-20 East  
Odessa, Texas 79768Phone: 432-663-1600  
Fax: 432-663-1713Project Manager: Logan AndersonProject Name: Oxy USACompany Name: Elke Environmental

Project #: \_\_\_\_\_

Company Address: P O Box 14167Project Loc: Rearing Springs 13 #4 BattCity/State/Zip: Odessa, TX 79768

PO #: \_\_\_\_\_

Telephone No: 432-366-0043Fax No: 432-366-0864Report Format: ☒ Standard ☐ TRRP ☐ NPDESSampler Signature: [Signature]e-mail: la\_elkeenv@yahoo.com

(lab use only)

ORDER #: 322201

LAB # (lab use only)	FIELD CODE	Sampling Depth	Ending Depth	Date Sampled	Time Sampled	Field Flamed	PRESERVATION & # of CONTAINERS										MATRIX										RUSH TAT (Pre-Scheduling 24, 48, 72 hrs)	Standard TAT																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
							Is	H <sub>2</sub> O <sub>2</sub>	HCl	H <sub>2</sub> SO <sub>4</sub>	HNO <sub>3</sub>	H <sub>2</sub> CO <sub>3</sub>	None	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)			Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other 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Special Instructions:

Requisitioned by: <u>[Signature]</u>	Date: <u>1-9-09</u>	Time: <u>2:05A</u>	Received by: <u>[Signature]</u>	Date: <u>1-9-09</u>	Time: <u>2:05A</u>	Laboratory Comments: Sample Containers Intact? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N VOCs Free of Headspace? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Labels on container(s) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Custody seals on container(s) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Sample Hand Delivered <input checked="" type="checkbox"/> Y <input type="checkbox"/> N by Sampler/Client Rep. 1 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N by Courier? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Temperature Upon Receipt: <u>7.5</u> °C	
Requisitioned by: <u>[Signature]</u>	Date: <u>1-9-09</u>	Time: <u>5:02A</u>	Received by: <u>[Signature]</u>	Date: <u>1-9-09</u>	Time: <u>11:02Z</u>		
Requisitioned by: <u>[Signature]</u>	Date: <u>1-9-09</u>	Time: <u>11:02Z</u>	Received by: <u>[Signature]</u>	Date: <u>1-9-09</u>	Time: <u>11:02Z</u>		

**Environmental Lab of Texas**  
Variance/ Corrective Action Report- Sample Log-In

Client: Elke Env.  
Date/ Time: 1-9-09 17:02  
Lab ID #: 222201  
Initials: CL

**Sample Receipt Checklist**

			Client Initials
1 Temperature of container/ cooler?	<u>Yes</u>	No	<u>5.5 °C</u>
2 Shipping container in good condition?	<u>Yes</u>	No	
3 Custody Seals intact on shipping container/ cooler?	<u>Yes</u>	No	<u>Not Present</u>
4 Custody Seals intact on sample bottles/ container?	<u>Yes</u>	No	<u>Not Present</u>
5 Chain of Custody present?	<u>Yes</u>	No	
6 Sample instructions complete of Chain of Custody?	<u>Yes</u>	No	
7 Chain of Custody signed when relinquished/ received?	<u>Yes</u>	No	
8 Chain of Custody agrees with sample label(s)?	<u>Yes</u>	No	<u>ID written on Cont./ Lid</u>
9 Container label(s) legible and intact?	<u>Yes</u>	No	<u>Not Applicable</u>
10 Sample matrix/ properties agree with Chain of Custody?	<u>Yes</u>	No	
11 Containers supplied by ELDT?	<u>Yes</u>	No	
12 Samples in proper container/ bottle?	<u>Yes</u>	No	<u>See Below</u>
13 Samples properly preserved?	<u>Yes</u>	No	<u>See Below</u>
14 Sample bottles intact?	<u>Yes</u>	No	
15 Preservations documented on Chain of Custody?	<u>Yes</u>	No	
16 Containers documented on Chain of Custody?	<u>Yes</u>	No	
17 Sufficient sample amount for indicated test(s)?	<u>Yes</u>	No	<u>See Below</u>
18 All samples received within sufficient hold time?	<u>Yes</u>	No	<u>See Below</u>
19 Subcontract of sample(s)?	<u>Yes</u>	No	<u>Not Applicable</u>
20 VOC samples have zero headspace?	<u>Yes</u>	No	<u>Not Applicable</u>

**Variance Documentation**

Contact: \_\_\_\_\_ Contacted by: \_\_\_\_\_ Date/ Time: \_\_\_\_\_

Regarding: \_\_\_\_\_

Corrective Action Taken: \_\_\_\_\_

- Check all that Apply:
- ☐ See attached e-mail/ fax
  - ☐ Client understands and would like to proceed with analysis
  - ☐ Cooling process had begun shortly after sampling event

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

State of New Mexico  
Energy Minerals and Natural Resources JAN 05 2009  
Oil Conservation Division  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-141  
Revised October 10, 2003

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

### Release Notification and Corrective Action

19 SEP 09 000655288  
**OPERATOR** ☒ Initial Report ☐ Final Report  
Name of Company OXY USA 192463 Contact Kelton Beaird  
Address 102 S Main Carlsbad, NM 88220 Telephone No. (O) 575-887-8337 C) 575-390-1903  
Facility Name Roaring Springs 13-4 Facility Type Well with Produced Water Tank  
~~ROARING SPRINGS 13 FEDERAL 004~~  
Surface Owner BLM Mineral Owner BLM Lease No.

3001529350

### LOCATION OF RELEASE

Unit Letter	Section	Township	Range	Feet from the	North/South Line	Feet from the	East/West Line	County
C	13	21S	23E					Eddy

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

### NATURE OF RELEASE

Type of Release Produced Water	Volume of Release 50bbls	Volume Recovered 45bbls
Source of Release Transfer Pump	Date and Hour of Occurrence NA	Date and Hour of Discovery 12-29-08 @ 3:40pm
Was Immediate Notice Given? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required	If YES, To Whom? Sherry Bohnam-NMOCD, Jim Amos- BLM	
By Whom? Kelton Beaird	Date and Hour See above	
Was a Watercourse Reached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If YES, Volume Impacting the Watercourse.	
If a Watercourse was Impacted, Describe Fully.*		

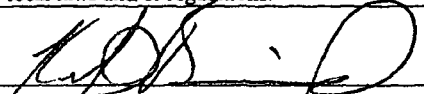
#### Describe Cause of Problem and Remedial Action Taken.\*

A plug in the transfer pump blew out causing produced water to leak. A vac-truck was called and was in the area and all fluid was picked up.

#### Describe Area Affected and Cleanup Action Taken.\*

Area affected was inside the bermed area. This site will be delineated to determine the extent of the contamination. A work plan will then be submitted for approval to the BLM and NMOCD.

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: 		OIL CONSERVATION DIVISION	
Printed Name: Kelton Beaird		Approved by District Supervisor: T. Gumbert	* Remediation Actions to be completed and Final C-141 submitted with confirmation analyses/documentation on or before the Expiration Date.
Title: HES Specialist		Approval Date: 1-6-09	Expiration Date: 3-6-09
E-mail Address: kelton_beaird@oxy.com		Conditions of Approval: SEE ATTACHED STIPULATIONS	Attached <input checked="" type="checkbox"/> 2RP-292
Date: 12-30-08			

Attach Additional Sheets If Necessary

Notify OCD 48 hours prior to obtaining samples where analyses are to be presented to OCD

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

State of New Mexico  
Energy Minerals and Natural Resources

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

Form C-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 – Oxy USA	Contact – Kelton Beaird
Address – P O Box 1988 Carlsbad, NM 88220	Telephone No. – off 575-628-4121 cell 575-390-1903
Facility Name – Roaring Springs 13 Fed #4	Facility Type – Well with Produced Water Tank

Surface Owner - BLM	Mineral Owner - BLM	Lease No. 30-015-29350
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#### LOCATION OF RELEASE

Unit Letter C	Section 13	Township 21S	Range 23E	Feet from the	North/South Line	Feet from the	East/West Line	County Eddy
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Latitude 32° 29.038' N Longitude 104° 33.513' W

#### NATURE OF RELEASE

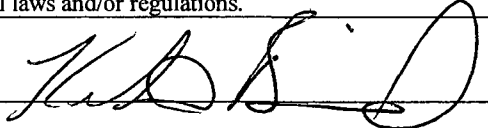
Type of Release – Produced Water	Volume of Release 50bbls	Volume Recovered – 45 bbls
Source of Release – Transfer Pump	Date and Hour of Occurrence N/A	Date and Hour of Discovery 12-29-09 @ 3:40pm
Was Immediate Notice Given? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required	If YES, To Whom? Sherry Bohnam (NMOCD) Jim Amos (BLM)	
By Whom? Kelton Beaird – HES Oxy	Date and Hour - See above	
Was a Watercourse Reached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If YES, Volume Impacting the Watercourse.	

Watercourse was Impacted, Describe Fully.\*

Describe Cause of Problem and Remedial Action Taken.\* A plug in the transfer pump blew out causing produced water to leak. A vac-truck was in the area and all fluid was picked up. Area affected was contained inside the berm. A vertical and horizontal delineation was completed using an air rotary rig. A borehole was drilled at the site to determine groundwater. The borehole was drilled to 96' deep and a hard rock layer was encountered that was impenetrable by the drill rig. No water bearing formations were found to 96' deep.

Describe Area Affected and Cleanup Action Taken.\* As per the approved plan the site was excavated to 4' below ground surface. The impacted soil was hauled to Lea Land Disposal and clean native soil was hauled back to the site. The excavation was backfilled with the clean native soil and new berms were built around the battery.

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: 	<u>OIL CONSERVATION DIVISION</u>		
Printed Name: Kelton Beaird	Approved by District Supervisor:		
Title: HES Specialist	Approval Date:	Expiration Date:	
mail Address: kelton_beaird@oxy.com	Conditions of Approval:		Attached <input type="checkbox"/>
Date: 7-13-09	Phone: 575-628-4121		

\* Attach Additional Sheets If Necessary