



PHONE (575) 393-2326 • 101 E. MARLAND • HOBBS, NM 88240

July 21, 2011

NAOMI SMITH

SMITH FARM & RANCH

P. O. BOX 633

CARLSBAD, NM 88221

RE: WATER WELL

Enclosed are the results of analyses for samples received by the laboratory on 07/18/11 12:35.

Cardinal Laboratories is accredited through Texas NELAP for:

|                    |                                                    |
|--------------------|----------------------------------------------------|
| Method SW-846 8021 | Benzene, Toluene, Ethyl Benzene, and Total Xylenes |
| Method SW-846 8260 | Benzene, Toluene, Ethyl Benzene, and Total Xylenes |
| Method TX 1005     | Total Petroleum Hydrocarbons                       |

Certificate number T104704398-08-TX. Accreditation applies to solid and chemical materials and non-potable water matrices.

Cardinal Laboratories is accredited through the State of Colorado Department of Public Health and Environment for:

|                  |                              |
|------------------|------------------------------|
| Method EPA 552.2 | Haloacetic Acids (HAA-5)     |
| Method EPA 524.2 | Total Trihalomethanes (TTHM) |
| Method EPA 524.4 | Regulated VOCs (V2, V3)      |

Accreditation applies to public drinking water matrices.

This report meets NELAP requirements and is made up of a cover page, analytical results, and a copy of the original chain-of-custody. If you have any questions concerning this report, please feel free to contact me.

Sincerely,

A handwritten signature in black ink that reads "Celey D. Keene". The signature is written in a cursive style with a large, stylized 'C' and 'K'.

Celey D. Keene

Lab Director/Quality Manager



PHONE (575) 393-2326 • 101 E. MARLAND • HOBBS, NM 88240

**Analytical Results For:**

SMITH FARM & RANCH  
NAOMI SMITH  
P. O. BOX 633  
CARLSBAD NM, 88221  
Fax To: NONE

Received: 07/18/2011  
Reported: 07/21/2011  
Project Name: WATER WELL  
Project Number: NONE GIVEN  
Project Location: CARLSBAD, NM

Sampling Date: 07/18/2011  
Sampling Type: Water  
Sampling Condition: \*\* (See Notes)  
Sample Received By: Celey D. Keene

**Sample ID: WATER WELL (H101485-01)**

|                |         |                 |                 |              |      |            |               |      |           |  |
|----------------|---------|-----------------|-----------------|--------------|------|------------|---------------|------|-----------|--|
| Sulfate 375.4  |         | mg/L            | Analyzed By: HM |              |      |            |               |      |           |  |
| Analyte        | Result  | Reporting Limit | Analyzed        | Method Blank | BS   | % Recovery | True Value QC | RPD  | Qualifier |  |
| Sulfate        | 464     | 10.0            | 07/20/2011      | ND           | 37.5 | 93.8       | 40.0          | 8.18 |           |  |
| Total Sulfide  |         | mg/L            | Analyzed By: HM |              |      |            |               |      |           |  |
| Analyte        | Result  | Reporting Limit | Analyzed        | Method Blank | BS   | % Recovery | True Value QC | RPD  | Qualifier |  |
| Sulfide, total | <0.0100 | 0.0100          | 07/20/2011      | ND           |      |            |               |      |           |  |

Cardinal Laboratories

\*=Accredited Analyte

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Celey D. Keene, Lab Director/Quality Manager

**Notes and Definitions**

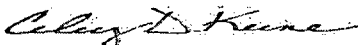
- ND: Analyte NOT DETECTED at or above the reporting limit
- RPD: Relative Percent Difference
- \*\* Samples not received at proper temperature of 6°C or below.
- \*\*\* Insufficient time to reach temperature.
- Chloride by SM4500Cl-B does not require samples be received at or below 6°C
- Samples reported on an as received basis (wet) unless otherwise noted on report

---

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Celey D. Keene, Lab Director/Quality Manager



(575) 393-2326 FAX (575) 393-2476

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|                                    |  |                                                                                                                                 |                                |                                                                        |                |
|------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------|----------------|
| Relinquished By: <i>Ravi Smith</i> |  | Date: <i>7/18/11</i>                                                                                                            | Received By: <i>Ally Moore</i> | Phone Result: <input type="checkbox"/> Yes <input type="checkbox"/> No | Add'l Phone #: |
| Time: <i>12:35</i>                 |  |                                                                                                                                 |                                | Fax Result: <input type="checkbox"/> Yes <input type="checkbox"/> No   | Add'l Fax #:   |
| Relinquished By:                   |  | Date:                                                                                                                           | Received By:                   | REMARKS:                                                               |                |
| Time:                              |  |                                                                                                                                 |                                |                                                                        |                |
| Delivered By: (Circle One)         |  | Sample Condition:                                                                                                               |                                | CHECKED BY:                                                            |                |
| Sampler - UPS - Bus - Other:       |  | Cool Intact                                                                                                                     |                                | (Initials)                                                             |                |
|                                    |  | <input type="checkbox"/> Yes <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No <input type="checkbox"/> No |                                | <i>CSK</i>                                                             |                |



PHONE (575) 393-2326 • 101 E. MARLAND • HOBBS, NM 88240

August 03, 2011

NAOMI SMITH  
SMITH FARM & RANCH  
P. O. BOX 633  
CARLSBAD, NM 88221

RE: WATER WELL

Enclosed are the results of analyses for samples received by the laboratory on 08/01/11 9:30.

Cardinal Laboratories is accredited through Texas NELAP for:

|                    |                                                    |
|--------------------|----------------------------------------------------|
| Method SW-846 8021 | Benzene, Toluene, Ethyl Benzene, and Total Xylenes |
| Method SW-846 8260 | Benzene, Toluene, Ethyl Benzene, and Total Xylenes |
| Method TX 1005     | Total Petroleum Hydrocarbons                       |

Certificate number T104704398-08-TX. Accreditation applies to solid and chemical materials and non-potable water matrices.

Cardinal Laboratories is accredited through the State of Colorado Department of Public Health and Environment for:

|                  |                              |
|------------------|------------------------------|
| Method EPA 552.2 | Haloacetic Acids (HAA-5)     |
| Method EPA 524.2 | Total Trihalomethanes (TTHM) |
| Method EPA 524.4 | Regulated VOCs (V2, V3)      |

Accreditation applies to public drinking water matrices.

This report meets NELAP requirements and is made up of a cover page, analytical results, and a copy of the original chain-of-custody. If you have any questions concerning this report, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Celey D. Keene".

Celey D. Keene  
Lab Director/Quality Manager



PHONE (575) 393-2326 • 101 E. MARLAND • HOBBS, NM 88240

**Analytical Results For:**

SMITH FARM & RANCH  
NAOMI SMITH  
P. O. BOX 633  
CARLSBAD NM, 88221  
Fax To: NONE

Received: 08/01/2011  
Reported: 08/03/2011  
Project Name: WATER WELL  
Project Number: NONE GIVEN  
Project Location: CARLSBAD, NM

Sampling Date: 08/01/2011  
Sampling Type: Water  
Sampling Condition: \*\* (See Notes)  
Sample Received By: Aaron Berry

**Sample ID: WATER SAMPLE (H101588-01)**

| Total Sulfide  |         | mg/L            |            | Analyzed By: HM |    |            |               |     |           |
|----------------|---------|-----------------|------------|-----------------|----|------------|---------------|-----|-----------|
| Analyte        | Result  | Reporting Limit | Analyzed   | Method Blank    | BS | % Recovery | True Value QC | RPD | Qualifier |
| Sulfide, total | <0.0100 | 0.0100          | 08/01/2011 | ND              |    |            |               |     |           |

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\*=Accredited Analyte

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Celey D. Keene, Lab Director/Quality Manager

**Notes and Definitions**

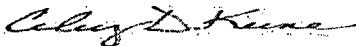
- ND Analyte NOT DETECTED at or above the reporting limit
- RPD Relative Percent Difference
- \*\* Samples not received at proper temperature of 6°C or below
- \*\*\* Insufficient time to reach temperature
- Chloride by SM4500Cl-B does not require samples be received at or below 6°C
- Samples reported on an as received basis (wet) unless otherwise noted on report

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Celey D. Keene, Lab Director/Quality Manager



## CHAIN-OF-CUSTODY AND ANALYSIS REQUEST

101 East Marland, Hobbs, NM 88240  
(575) 393-2326 FAX (575) 393-2476

| Company Name: <u>Daomi Smith</u>                        |           | BILL TO                          |                                                                                                                                          | ANALYSIS REQUEST |                                 |         |  |  |  |  |  |  |  |  |  |  |  |
|---------------------------------------------------------|-----------|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------|---------|--|--|--|--|--|--|--|--|--|--|--|
| Project Manager:                                        |           | P.O. #:                          |                                                                                                                                          |                  |                                 |         |  |  |  |  |  |  |  |  |  |  |  |
| Address: <u>P.O. Box 633</u>                            |           | Company: <u>Smith Farm Ranch</u> |                                                                                                                                          |                  |                                 |         |  |  |  |  |  |  |  |  |  |  |  |
| City: <u>Calhoun</u> State: <u>NM</u> Zip: <u>88221</u> |           | Attn:                            |                                                                                                                                          |                  |                                 |         |  |  |  |  |  |  |  |  |  |  |  |
| Phone #: <u>575-706-2385</u> Fax #:                     |           | Address:                         |                                                                                                                                          |                  |                                 |         |  |  |  |  |  |  |  |  |  |  |  |
| Project #:                                              |           | City:                            |                                                                                                                                          |                  |                                 |         |  |  |  |  |  |  |  |  |  |  |  |
| Project Name:                                           |           | State: Zip:                      |                                                                                                                                          |                  |                                 |         |  |  |  |  |  |  |  |  |  |  |  |
| Project Location:                                       |           | Phone #:                         |                                                                                                                                          |                  |                                 |         |  |  |  |  |  |  |  |  |  |  |  |
| Sampler Name:                                           |           | Fax #:                           |                                                                                                                                          |                  |                                 |         |  |  |  |  |  |  |  |  |  |  |  |
| FOR LAB USE ONLY                                        | Lab I.D.  | Sample I.D.                      | MATRIX                                                                                                                                   | PRESERV          | SAMPLING                        | Sulfide |  |  |  |  |  |  |  |  |  |  |  |
|                                                         |           |                                  |                                                                                                                                          |                  |                                 |         |  |  |  |  |  |  |  |  |  |  |  |
|                                                         |           |                                  |                                                                                                                                          |                  |                                 |         |  |  |  |  |  |  |  |  |  |  |  |
|                                                         |           |                                  |                                                                                                                                          |                  |                                 |         |  |  |  |  |  |  |  |  |  |  |  |
|                                                         |           |                                  |                                                                                                                                          |                  |                                 |         |  |  |  |  |  |  |  |  |  |  |  |
|                                                         | H101588-1 |                                  | SP (GRAB OR COMPOUND)<br># CONTAINERS<br>GROUNDWATER<br>WASTEWATER<br>SOIL<br>OIL<br>SLUDGE<br>OTHER:<br>ACID/BASE<br>ICE/COOL<br>OTHER: | X                | DATE<br>8/1/11<br>TIME<br>9:15a |         |  |  |  |  |  |  |  |  |  |  |  |

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|                                                                            |                                           |                        |                                                                                                         |                |
|----------------------------------------------------------------------------|-------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------|----------------|
| Relinquished By: <u>Daomi Smith</u>                                        | Date: <u>8/1/11</u><br>Time: <u>9:30a</u> | Received By: <u>CB</u> | Phone Result: <input type="checkbox"/> Yes <input type="checkbox"/> No                                  | Add'l Phone #: |
| Relinquished By:                                                           | Date:                                     | Received By:           | Fax Result: <input type="checkbox"/> Yes <input type="checkbox"/> No                                    | Add'l Fax #:   |
| Delivered By: (Circle One)<br>Sampler - UPS - Bus - Other: <u>#26 18°C</u> |                                           |                        | Sample Condition:<br>Cool Intact<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                |
| CHECKED BY: (Initials)<br><u>CB</u>                                        |                                           |                        | REMARKS:<br><u>* Brought in on ice.</u>                                                                 |                |

† Cardinal cannot accept verbal changes. Please fax written changes to 505-393-2476



PHONE (575) 393-2326 • 101 E. MARLAND • HOBBS, NM 88240

September 01, 2011

NAOMI SMITH

SMITH FARM & RANCH

P. O. BOX 633

CARLSBAD, NM 88221

RE: WATER WELL

Enclosed are the results of analyses for samples received by the laboratory on 08/31/11. 11:00.

Cardinal Laboratories is accredited through Texas NELAP for:

Method SW-846 8021 Benzene, Toluene, Ethyl Benzene, and Total Xylenes

Method SW-846 8260 Benzene, Toluene, Ethyl Benzene, and Total Xylenes

Method TX 1005 Total Petroleum Hydrocarbons

Certificate number T104704398-08-TX. Accreditation applies to solid and chemical materials and non-potable water matrices.

Cardinal Laboratories is accredited through the State of Colorado Department of Public Health and Environment for:

Method EPA 552.2 Haloacetic Acids (HAA-5)

Method EPA 524.2 Total Trihalomethanes (TTHM)

Method EPA 524.4 Regulated VOCs (V2, V3)

Accreditation applies to public drinking water matrices.

This report meets NELAP requirements and is made up of a cover page, analytical results, and a copy of the original chain-of-custody. If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Celey D. Keene

Lab Director/Quality Manager



PHONE (575) 393-2326 • 101 E. MARLAND • HOBBS, NM 88240

**Analytical Results For:**

SMITH FARM & RANCH  
NAOMI SMITH  
P. O. BOX 633  
CARLSBAD NM, 88221  
Fax To: NONE

Received: 08/31/2011  
Reported: 09/01/2011  
Project Name: WATER WELL  
Project Number: NONE GIVEN  
Project Location: CARLSBAD, NM

Sampling Date: 08/31/2011  
Sampling Type: Water  
Sampling Condition: \*\* (See Notes)  
Sample Received By: Celey D. Keene

**Sample ID: WELL WATER (H101853-01)**

BTEX 8260B

mg/L

Analyzed By: CMS

A-01

| Analyte        | Result | Reporting Limit | Analyzed   | Method Blank | BS    | % Recovery | True Value QC | RPD  | Qualifier |
|----------------|--------|-----------------|------------|--------------|-------|------------|---------------|------|-----------|
| Benzene*       | <0.001 | 0.001           | 08/31/2011 | ND           | 0.021 | 107        | 0.0200        | 2.44 |           |
| Toluene*       | <0.001 | 0.001           | 08/31/2011 | ND           | 0.019 | 96.6       | 0.0200        | 2.66 |           |
| Ethylbenzene*  | <0.001 | 0.001           | 08/31/2011 | ND           | 0.021 | 103        | 0.0200        | 1.68 |           |
| Total Xylenes* | <0.003 | 0.003           | 08/31/2011 | ND           | 0.057 | 94.5       | 0.0600        | 1.89 |           |

Surrogate: Dibromofluoromethane 138 % 59.8-161

ate: Toluene-d8 92.6 % 75.2-115

Surrogate: 4-Bromofluorobenzene 76.4 % 53.7-120

Total Sulfide

mg/L

Analyzed By: HM

| Analyte        | Result | Reporting Limit | Analyzed   | Method Blank | BS | % Recovery | True Value QC | RPD  | Qualifier |
|----------------|--------|-----------------|------------|--------------|----|------------|---------------|------|-----------|
| Sulfide, total | 0.634  | 0.0100          | 08/31/2011 | ND           |    |            |               | 5.84 |           |

Cardinal Laboratories

\* = Accredited Analyte

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Celey D. Keene, Lab Director/Quality Manager

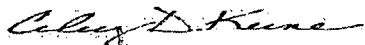
**Notes and Definitions**

A-01 Sample contains Carbon Disulfide at 0.004 mg/L.  
ND Analyte NOT DETECTED at or above the reporting limit  
RPD Relative Percent Difference  
\*\* Samples not received at proper temperature of 6°C or below.  
\*\*\* Insufficient time to reach temperature.  
- Chloride by SM4500Cl-B does not require samples be received at or below 6°C  
Samples reported on an as received basis (wet) unless otherwise noted on report

Cardinal Laboratories

\*=Accredited Analyte

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Celey D. Keene, Lab Director/Quality Manager



101 East Marland, Hobbs, NM 88240  
(575) 393-2326 FAX (575) 393-2476

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|                              |  |                                                                                                                      |  |                                                                        |  |                |  |
|------------------------------|--|----------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------|--|----------------|--|
| Relinquished By:             |  | Received By:                                                                                                         |  | Phone Result: <input type="checkbox"/> Yes <input type="checkbox"/> No |  | Add'l Phone #: |  |
| Date:                        |  | Date:                                                                                                                |  | Fax Result: <input type="checkbox"/> Yes <input type="checkbox"/> No   |  | Add'l Fax #:   |  |
| Time:                        |  | Time:                                                                                                                |  | REMARKS:                                                               |  |                |  |
| Relinquished By:             |  | Received By:                                                                                                         |  |                                                                        |  |                |  |
| Date:                        |  | Date:                                                                                                                |  |                                                                        |  |                |  |
| Time:                        |  | Time:                                                                                                                |  |                                                                        |  |                |  |
| Delivered By: (Circle One)   |  | Sample Condition                                                                                                     |  | CHECKED BY:                                                            |  |                |  |
|                              |  | Cool Intact                                                                                                          |  | (Initials)                                                             |  |                |  |
| Sampler - UPS - Bus - Other: |  | <input type="checkbox"/> Yes <input type="checkbox"/> Yes<br><input type="checkbox"/> No <input type="checkbox"/> No |  | 15:50<br>csh                                                           |  |                |  |

† Cardinal cannot accept verbal changes. Please fax written changes to 505-393-2476.



PHONE (575) 393-2326 • 101 E. MARLAND • HOBBS, NM 88240

October 19, 2011

NAOMI SMITH

SMITH FARM & RANCH

P. O. BOX 633

CARLSBAD, NM 88221

RE: WATER WELL

Enclosed are the results of analyses for samples received by the laboratory on 10/05/11 15:35.

Cardinal Laboratories is accredited through Texas NELAP for:

|                    |                                                    |
|--------------------|----------------------------------------------------|
| Method SW-846 8021 | Benzene, Toluene, Ethyl Benzene, and Total Xylenes |
| Method SW-846 8260 | Benzene, Toluene, Ethyl Benzene, and Total Xylenes |
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Sincerely,

A handwritten signature in cursive script, reading 'Celey D. Keene'.

Celey D. Keene

Lab Director/Quality Manager



PHONE (575) 393-2326 • 101 E. MARLAND • HOBBS, NM 88240

**Analytical Results For:**

SMITH FARM & RANCH  
NAOMI SMITH  
P. O. BOX 633  
CARLSBAD NM, 88221  
Fax To: NONE

Received: 10/05/2011  
Reported: 10/19/2011  
Project Name: WATER WELL  
Project Number: NONE GIVEN  
Project Location: CARLSBAD, NM

Sampling Date: 10/05/2011  
Sampling Type: Water  
Sampling Condition: \*\* (See Notes)  
Sample Received By: Jodi Henson

**Sample ID: WATER (H102140-01)**

Sulfate Reducing Bacteria

CFU/mL

Analyzed By: CK

| Analyte                   | Result | Reporting Limit | Analyzed   | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
|---------------------------|--------|-----------------|------------|--------------|----|------------|---------------|-----|-----------|
| Sulfate-Reducing Bacteria | <0     | 0               | 10/18/2011 |              |    |            |               |     | SUB-MWL   |

Cardinal Laboratories

\*=Accredited Analyte

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Celey D. Keene, Lab Director/Quality Manager



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### Notes and Definitions

- SUB-MWL: Analysis subcontracted to Martin Water Laboratories, Inc.
- ND: Analyte NOT DETECTED at or above the reporting limit
- RPD: Relative Percent Difference
- \*\* : Samples not received at proper temperature of 6°C or below.
- \*\*\*: Insufficient time to reach temperature.
- : Chloride by SM4500Cl-B does not require samples be received at or below 6°C
- : Samples reported on an as received basis (wet) unless otherwise noted on report

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A handwritten signature in cursive script, reading "Celey D. Keene".

Celey D. Keene, Lab Director/Quality Manager

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† Cardinal cannot accept verbal changes. Please fax written changes to 505-393-2476