

STATE OF NEW MEXICO

85-0819-C

DOMESTIC WELL

## C LABORATORY DIVISION

700 Camino de Salud NE  
Albuquerque, NM 87106 841-2570

REPORT TO: DAVID G. BOYER  
PLEASE PRINT  
NEW MEXICO OIL CONSERVATION DIV.  
P.O. BOX 2088  
SANTA FE, NM 87501

S.L.D. No.: OR- 819-A.B  
DATE REC.: 8/9/85  
SLD PRIORITY #: \_\_\_\_\_

PHONE(S): 827-5812

USER CODE: 82235SUBMITTER: DAVID BOYERSUBMITTER CODE:     SAMPLE TYPE: WATER ☒, SOIL ☐, OTHER \_\_\_\_\_SAMPLE TYPE CODE:     COLLECTED: 8/8/85 - 10:10 BY GB/RJ  
DATE TIME INITIALSCODE: 850808101058  
Y Y H M D D H H M I I ISOURCE: OWEN RANCH CORRAL FAUCET  
471-1459CODE:      +      +      +      +       
AQUIFER DEPTHNEAREST CITY: SANTA FE - CERRILLOSCODE:     

LOCATION: \_\_\_\_\_

CODE:                                          
TOWNSHIP RANGE SECTION TRACTSpH= 6.97; Conductivity= 710 umho/cm at 22 °C; Chlorine Residual= \_\_\_\_\_  
Dissolved Oxygen= \_\_\_\_\_ mg/l; Alkalinity= \_\_\_\_\_; Flow Rate= \_\_\_\_\_Sampling Location, Methods and Remarks (i.e. odors, etc.)  
HORSE RANCH. SEPTIC 7300' DOWN GRADIENT. TASTES MUSTY + CLAYEY.  
WELL 200 gpm, TO 70', WATER LEVEL 16'I certify that the statements in this block accurately reflect the results of my field analyses, observations and activities. Ami BaileyMethod of shipment to the Laboratory Hand carriedThis form accompanies 2 Septum Vials, \_\_\_\_\_ Glass Jugs, \_\_\_\_\_

Containers are marked as follows to indicate preservation:

- ☐ NP: No preservation; sample stored at room temperature.  
☒ P-Ice Sample stored in an ice bath (not frozen).  
☐ P- $\text{Na}_2\text{S}_2\text{O}_3$ ; Sample preserved with  $\text{Na}_2\text{S}_2\text{O}_3$  to remove chlorine residual.

I (we) certify that this sample was transferred from \_\_\_\_\_  
to \_\_\_\_\_ at (location) \_\_\_\_\_ on \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_: \_\_\_\_\_ and that the statements in this block are correct.  
DATE AND TIME

Evidentiary Seals: Not Sealed ☐ Seals Intact: Yes ☐ No ☐

Signatures \_\_\_\_\_

(we) certify that this sample was transferred from \_\_\_\_\_  
to \_\_\_\_\_ at (location) \_\_\_\_\_ on \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_: \_\_\_\_\_ and that the statements in this block are correct.  
DATE AND TIME

Evidentiary Seals: Not Sealed ☐ Seals Intact: Yes ☐ No ☐

Signatures \_\_\_\_\_

PLEASE CHECK THE APPROPRIATE BOXES BELOW TO INDICATE THE TYPE OF ANALYTICAL SCREENS REQUIRED. WHENEVER POSSIBLE LIST SPECIFIC COMPOUNDS SUSPECTED OR REQUIRED.

THE TYPE OF ANALYTICAL SCREENS  
SUSPECTED OR REQUIRED.

QUALITATIVE		QUANTITATIVE		PURGEABLE SCREENS	QUALITATIVE		QUANTITATIVE		EXTRACTABLE SCREENS
				ALIPHATIC HYDROCARBON SCREEN					ALIPHATIC HYDROCARBONS
X	X			AROMATIC HYDROCARBON SCREEN					CHLORINATED HYDROCARBON PESTICIDES
X	X			HALOGENATED HYDROCARBON SCREEN					CHLOROPHENOXY ACID HERBICIDES
				GAS CHROMATOGRAPH/MASS SPECTROMETER					HYDROCARBON FUEL SCREEN
X	X			HEAD TEST					ORGANOPHOSPHATE PESTICIDES
									POLYCHLORINATED BIPHENYLS (PCB's)
									POLYNUCLEAR AROMATIC HYDROCARBONS
									TRIAZINE HERBICIDES
				SPECIFIC COMPOUNDS					SPECIFIC COMPOUNDS

REMARKS:

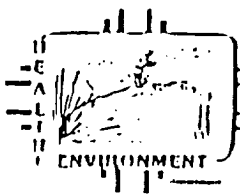
## ANALYTICAL RESULTS

COMPOUND	[PPB]		COMPOUND	[PPB]
arom. purg. screen	N.D.*			
halo. purg. screen	N.D.*			
			* DETECTION LIMIT	1 ug/ml/g

REMARKS: No purgables detected.\*

CERTIFICATE OF ANALYTICAL PERSONNEL

Seal(s) Intact: Yes NO X. Seal(s) broken by: \_\_\_\_\_ date: \_\_\_\_\_  
I certify that I followed standard laboratory procedures on handling and analysis of this sample unless otherwise noted and that the statements in this block and the analytical data on this page accurately reflect the analytical results for this sample.  
Date(s) of analysis: 12 Aug 85. Analyst's signature: [Signature]  
I certify that I have reviewed and concur with the analytical results for this sample and with the statements in this block. Reviewers signature: [Signature]



STATE OF NEW MEXICO

85-0821-C

C LABORATORY DIVISION

700 Camino de Salud NE  
Albuquerque, NM 87106 841-2570

REPORT TO: DAVID G. BOYER  
PLEASE PRINT  
NEW MEXICO OIL CONSERVATION DIV.  
P.O. BOX 2088  
SANTA FE, NM 87501

S.L.D. No.: OR-821-17.3  
DATE REC.: 8/09/85  
SLD PRIORITY #:

PHONE(S): 827-5812

USER CODE: 8 2 2 3 5

SUBMITTER: DAVID BOYER

SUBMITTER CODE:

SAMPLE TYPE: WATER ☐ , SOIL ☐ , OTHER DRILLING FLUID

SAMPLE TYPE CODE:

COLLECTED: 8/8/85 - 10:50 BY JB/RJ  
DATE TIME INITIALSCODE: 8 5 0 8 0 8 1 0 5 0  
Y Y M M D D H H M M I I I

SOURCE: PHACE OIL CO. PINON UNIT #2

CODE:   
AQUIFER DEPTH

NEAREST CITY: SANTA FE - CERRILLOS

CODE:

LOCATION: MUD PIT ARAPAHO RIG II

CODE:   
TOWNSHIP RANGE SECTION TRACTS

pH= 7.07; Conductivity= 1500 umho/cm at 27 °C; Chlorine Residual=

Dissolved Oxygen= mg/l; Alkalinity= ; Flow Rate=

Sampling Location, Methods and Remarks (i.e. odors, etc.)

O/G WELL BEING DRILLED 1/4 MI UPGRADE FROM OWEN RANCH. MUD  
ADDITIVES: GEL, STARCH, TREE BARK, SODA ASH, PARA FORMALDEHYDE, CAUSTIC SODA.  
HYDRAULIC + ENGINE OILS ON PIT SURFACE; SURFACE CASING CEMENTED; PITS  
LINED WITH PLASTIC

I certify that the statements in this block accurately reflect the results  
of my field analyses, observations and activities. James Bailey

Method of shipment to the Laboratory Hand Carried

This form accompanies 2 Septum Vials, Glass Jugs,  
Containers are marked as follows to indicate preservation:

- ☐ NP: No preservation; sample stored at room temperature.  
☒ P-Ice Sample stored in an ice bath (not frozen).  
☐ P-Na<sub>2</sub>S<sub>2</sub>O<sub>3</sub>; Sample preserved with Na<sub>2</sub>S<sub>2</sub>O<sub>3</sub> to remove chlorine residual.

I (we) certify that this sample was transferred from \_\_\_\_\_  
to \_\_\_\_\_ at (location) \_\_\_\_\_ on \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_: \_\_\_\_\_ and that the statements in this block are correct.

Evidentiary Seals: Not Sealed ☐ Seals Intact: Yes ☐ No ☐

Signatures \_\_\_\_\_

(we) certify that this sample was transferred from \_\_\_\_\_  
to \_\_\_\_\_ at (location) \_\_\_\_\_ on \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_: \_\_\_\_\_ and that the statements in this block are correct.

Evidentiary Seals: Not Sealed ☐ Seals Intact: Yes ☐ No ☐

Signatures \_\_\_\_\_

## ANALYSES REQUESTED

PLEASE CHECK THE APPROPRIATE BOXES BELOW TO INDICATE THE TYPE OF ANALYTICAL SCREENS REQUIRED. WHENEVER POSSIBLE LIST SPECIFIC COMPOUNDS SUSPECTED OR REQUIRED.

LAB. No.: ORG- 821

QUALITATIVE	QUANTITATIVE	PURGEABLE SCREENS	QUALITATIVE	QUANTITATIVE	EXTRACTABLE SCREENS
		ALIPHATIC HYDROCARBON SCREEN			ALIPHATIC HYDROCARBONS
X	X	AROMATIC HYDROCARBON SCREEN			CHLORINATED HYDROCARBON PESTICIDES
X	X	HALOGENATED HYDROCARBON SCREEN			CHLOROPHENOXY ACID HERBICIDES
		GAS CHROMATOGRAPH/MASS SPECTROMETER			HYDROCARBON FUEL SCREEN
X	X	HEAD TEST			ORGANOPHOSPHATE PESTICIDES
					POLYCHLORINATED BIPHENYLS (PCB's)
					POLYNUCLEAR AROMATIC HYDROCARBONS
					TRIAZINE HERBICIDES
		SPECIFIC COMPOUNDS			SPECIFIC COMPOUNDS

REMARKS:

## ANALYTICAL RESULTS

COMPOUND	[PPB]	COMPOUND	[PPB]
halo. purg. screen	N.D.*		
benzene	190		
toluene	310		
ethyl benzene	16		
p-xylene	20		
m-xylene	77		
o-xylene	26		
		* DETECTION LIMIT	10 ppm/l

REMARKS:

## CERTIFICATE OF ANALYTICAL PERSONNEL

Seal(s) Intact: Yes \_\_\_ NO X. Seal(s) broken by: \_\_\_\_\_ date: \_\_\_\_\_  
 I certify that I followed standard laboratory procedures on handling and analysis of this sample unless otherwise noted and that the statements in this block and the analytical data on this page accurately reflect the analytical results for this sample.  
 Date(s) of analysis: 12 Aug 85. Analyst's signature: [Signature]  
 I certify that I have reviewed and concur with the analytical results for this sample and with the statements in this block. Reviewers signature: \_\_\_\_\_