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

State of New Mexico NE Energy Minerals and Natural Resources

NMOCD Artesia

Form C-141 Revised October 10, 2003

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

| 1220 S. St. Franc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | cis Dr., Santa | a Fe, NM 87505                 |                                         | Sa                                         | nta Fe         | e, NM 875                  | 05                         |             |                    |              |             | side of form   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------|-----------------------------------------|--------------------------------------------|----------------|----------------------------|----------------------------|-------------|--------------------|--------------|-------------|----------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                                | Rele                                    | ease Notific                               | atio           | and Co                     | rrective A                 | ction       |                    |              |             |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                                |                                         | OI                                         | PERA           | TOR                        |                            | Г           | ] Initial          | Report       | $\bowtie$   | Final Report   |
| Name of Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |                                |                                         | OGRID Nun                                  | Contractor III | Contact                    |                            | -           |                    |              |             |                |
| Yates Petrol<br>Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | leum Corp      | oration                        |                                         | 25575                                      |                | Robert Ashe<br>Telephone I |                            |             |                    |              |             |                |
| 104 S. 4 <sup>TH</sup> S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |                                |                                         |                                            |                | 575-748-14                 | 71                         |             |                    |              |             |                |
| Facility Nan<br>Padron BGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                | m #1                           |                                         | API Number 30-015-33959                    |                | Facility Typ               | e                          |             |                    |              |             |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                | )III # 1                       |                                         |                                            |                | Battery                    |                            |             |                    |              |             |                |
| Surface Own<br>State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ner            |                                |                                         | Mineral C<br>State                         | wner           |                            |                            |             | Lease N<br>VO-574  |              |             |                |
| State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |                                |                                         |                                            | TIO            | N OF DE                    | EACE                       |             | 103/1              |              |             |                |
| Unit Letter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Section        | Township                       | Range                                   | Feet from the                              |                | N OF RE                    | Feet from the              | East/W      | est Line           | County       |             |                |
| C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 9              | 25S                            | 27E                                     | 660'                                       |                | North                      | 1650'                      |             | est Eme            | Eddy         |             |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                                |                                         |                                            |                |                            |                            |             |                    |              |             |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                                |                                         | Latitude 32.                               | 15002          | _ Longitud                 | e_104.19816_               |             |                    |              |             |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                                | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | NAT                                        | URE            | OF REL                     | THE SECTION OF A PROPERTY. | T           |                    |              |             |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                                |                                         |                                            |                | Volume of<br>10 B/PW       | Release                    |             | Volume R<br>5 B/PW | lecovered    |             |                |
| Source of Release<br>Main water line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |                                |                                         |                                            |                | Date and I                 | Hour of Occurrence         |             | Date and           | Hour of Di   | scover      | y              |
| Main water line Was Immediate Notice Given?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |                                |                                         |                                            |                | 5/10/2014:<br>If YES, To   |                            | 1           | 5/10/2014          | ; PM         |             |                |
| ☐ Yes ☐ No ☒ Not Req                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |                                |                                         |                                            |                | N/A                        |                            |             |                    |              |             |                |
| By Whom?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |                                |                                         |                                            |                | Date and I<br>N/A          | lour                       |             |                    |              |             |                |
| CONTRACTOR OF THE PROPERTY OF | course Read    | ched?                          |                                         |                                            |                |                            | olume Impacting            | the Water   | rcourse.           |              |             | Vecentral      |
| If a Wataraa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | uraa uyaa Im   | magted Deser                   |                                         |                                            |                | N/A                        |                            |             |                    |              |             |                |
| Type of Release Produced Water Source of Release Main water line Was Immediate Notice Given?  Yes No No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |                                |                                         |                                            |                |                            |                            |             |                    |              |             |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                                |                                         | n Taken.* causing the releas               | se (annr       | ovimately 1.4              | miles south of th          | e battery   | within the         | nina lina I  | POW)        | Vacuum         |
| truck(s) calle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | d; roustabo    | ut crew called                 | l.                                      | ¥353×                                      | se (appi       | Oximatory 1.4              | - Hilles south of th       | ic battery  | within the         | pipe fille i | (Ow).       | v acuum        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                | and Cleanup A                  |                                         | ken.*<br>overspray area. A                 | crews          | was called to t            | enair line and va          | iciiim tru  | cke wara c         | alled to rec | over tl     | na romainina   |
| produced wa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ter. The im    | pacted area is                 | to be scrap                             | ped and impacted                           | soils ta       | ken to an NM               | OCD approved fa            | acility. Th | ne impacte         | d area and   | over sp     | orayed area is |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                                |                                         | ontal delineation under RRAL's a           |                |                            |                            |             |                    |              |             |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                                |                                         | nTexaco Trend N                            |                |                            |                            |             |                    |              |             |                |
| RANKING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | IS 20. Base    | ed on analytic                 | al results                              | and decreasing                             | chlorid        | e levels, Yate             | s Petroleum Cor            | poration    | requests           | closure.     | 3.5         |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                                |                                         | e is true and comp<br>nd/or file certain i |                |                            |                            |             |                    |              |             |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                                |                                         | ce of a C-141 rep                          |                |                            |                            |             |                    |              |             |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                                |                                         | y investigate and i                        |                |                            |                            |             |                    |              |             |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                | addition, NMC<br>ws and/or reg |                                         | ptance of a C-141                          | report o       | loes not relie             | ve the operator of         | responsi    | bility for c       | ompliance    | with ai     | ny other       |
| , , , , , , , , , , , , , , , , , , , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                | 7.1                            | 7. 9                                    |                                            |                |                            | OIL CON                    | SERV.       | ATION              | DIVISI       | ON          |                |
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                | Comi                           |                                         |                                            |                |                            |                            |             |                    |              |             |                |
| Printed Nam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | e: Robert A    | sher                           |                                         |                                            |                | Approved by                | District Supervis          | sor:        |                    |              |             |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                | al Regulatory                  | Superviso                               | or                                         |                | Approval Da                | ite:                       | I           | Expiration         | Date:        |             |                |
| E-mail Addr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ess: boba@     | yatespetroleu                  | m.com                                   |                                            |                | Conditions of              | of Approval:               |             |                    | Attache      | d $\square$ |                |

2RP-

Phone: 575-748-4217

Date: Friday, September 12, 2014

<sup>\*</sup> Attach Additional Sheets If Necessary



Summit Environmental Technologies, Inc. 3310 Win St. Cuyahoga Falls, Ohio 44223 TEL: (330) 253-8211 FAX: (330) 253-4489 Website: http://www.settek.com

August 06, 2014

Robert Asher Yates Petroleum Corporation 105 South 4th Street Artesia, NM 88210

TEL: (575) 748-4217

FAX:

RE: Padron BGM State Com. #1

Dear Robert Asher:

Summit Environmental Technologies, Inc. received 3 sample(s) on 7/24/2014 for the analyses presented in the following report.

There were no problems with the analytical events associated with this report unless noted in the Case Narrative.

Quality control data is within laboratory defined or method specified acceptance limits except where noted.

If you have any questions regarding these tests results, please feel free to call the laboratory.

Sincerely,

Dara Gilger

3310 Win St. Cuyahoga Falls, Ohio 44223

Dan Gily

A2LA 0724.01, Alabama 41600, Arizona AZ0788, Arkansas 88-0735, California 07256CA, Colorado, Connecticut PH-0105, Delaware, Florida NELAC E87688, Georgia E87688 and 943, Idaho OH00923, Illinois 200061 and Reg.5, Indiana C-OH-13, Kansas E-10347, Kentucky (Underground Storage Tank) 3, Kentucky 90146, Louisiana 04061 and LA12004, Maine 2012015, Maryland 339, Massachusetts M-OPH923, Minnesota 409711, Montana CERT0099, New Hampshire 2996, New Jersey OH006, New York 11777, North Carolina 39705 and 631, Ohio Drinking Water 4170, Ohio VAP CL0052, Oklahoma 9940, Oregon OH200001, Pennsylvania 68-01335, Rhode Island LA000317, South Carolina 92016001, Tennessee TN04018, Texas T104704466-11-5, Region 8 8TMS-L, USDA/APHIS P330-11-00244, Utah OH009232011-1, Vermont VT-87688, Virginia 00440 and 1581, Washington C891, West Virginia 248 and 9957C and E87688, Wisconsin 399013010

Order No.: 14072327



Summit Environmental Technologies, Inc. 3310 Win St. Cuyahoga Falls, Ohio 44223 TEL: (330) 253-8211 FAX: (330) 253-4489

Website: http://www.settek.com

Workorder Sample Summary

WO#:

14072327 06-Aug-14

CLIENT: Yates Petroleum Corporation
Project: Padron BGM State Com. #1

| Lab SampleID | Client Sample ID | Tag No | Date Collected        | Date Received         | Matrix |
|--------------|------------------|--------|-----------------------|-----------------------|--------|
| 14072327-001 | c01.0            |        | 7/21/2014 11:03:00 AM | 7/24/2014 10:25:00 AM | Solid  |
| 14072327-002 | c02.0            |        | 7/21/2014 11:15:00 AM | 7/24/2014 10:25:00 AM | Solid  |
| 14072327-003 | c03.0            |        | 7/21/2014 11:24:00 AM | 7/24/2014 10:25:00 AM | Solid  |



Summit Environmental Technologies, Inc. 3310 Win St. Cuyahoga Falls, Ohio 44223 TEL: (330) 253-8211 FAX: (330) 253-4489 Website: http://www.settek.com

**Case Narrative** 

WO#:

14072327

Date:

8/6/2014

CLIENT:

Yates Petroleum Corporation

Project:

Padron BGM State Com. #1

This report in its entirety consists of the documents listed below. All documents contain the Summit Environmental Technologies, Inc. Work Order Number assigned to this report.

Paginated Report including: Cover Letter, Case Narrative, Analytical Results, Applicable Quality Control Summary Reports and copies of the Chain of Custody Documents supplied with this sample set.

Concentrations reported with a J flag in the Qual field are values below the Limit of Quantitation (LOQ) but greater than the established Limit of Detection (LOD). There is greater uncertainty associated with these results and data should be considered as estimated.

Method numbers, unless specified as SM (Standard Methods) or ASTM, are EPA methods.

Estimated uncertainty values are available upon request.

Any comments or problems with the analytical events associated with this report are noted below.



3310 Win St.

Cuyahoga Falls, Ohio 44223

TEL: (330) 253-8211 FAX: (330) 253-4489

Website: http://www.settek.com

WO#: 14072327

Date Reported: 8/6/2014

Company: Yates Petroleum Corporation

Address: 105 South 4th Street

Artesia NM 88210

Received: 7/24/2014

Project#: Padron BGM Sta

| Client ID# | Lab ID# Collected Analyte | Result Units | Matrix Method DF   | RL | Run Analyst  |
|------------|---------------------------|--------------|--------------------|----|--------------|
| c01.0      | 001 7/21/2014 Chloride    | 100 mg/Kg    | Solid EPA 9056 A 1 | 50 | 7/28/2014 SG |
| Client ID# | Lab ID# Collected Analyte | Result Units | Matrix Method DF   | RL | Run Analyst  |
| c02.0      | 002 7/21/2014 Chloride    | 80 mg/Kg     | Solid EPA 9056 A 1 | 50 | 7/28/2014 SG |
| Client ID# | Lab ID# Collected Analyte | Result Units | Matrix Method DF   | RL | Run Analyst  |
| c03.0      | 003 7/21/2014 Chloride    | 75 mg/Kg     | Solid EPA 9056 A 1 | 50 | 7/28/2014 SG |



## Analysis Request / Chain of Custody For Summit Environmental Technologies, Inc. use only

SET No.

5

| 800-278-0140                             |                                     |                                     |                      |         |             | Page                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | of             | SET No.  | No.                                                       | T |
|------------------------------------------|-------------------------------------|-------------------------------------|----------------------|---------|-------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------|-----------------------------------------------------------|---|
| nent Name<br>Yates Patroleum Corporation | Project Identification Padron BGM S | ithearon<br>BGM State Com. #1       |                      |         |             |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | \maly    | Analytical Parameters<br>and Methods                      |   |
| nen! Addrews                             | Project Address                     |                                     |                      |         |             |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _              |          |                                                           | T |
| 105 S. 4th Street, Artesia, NM 88210     | 30-015-33959                        | 6                                   |                      |         |             |                                       | - L-Mil)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |          |                                                           |   |
| lient Phone                              | Report To                           | cport To<br>boba@vatespetroleum.com |                      |         | no=         |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |          |                                                           |   |
| hent Fax No. × to Receive Results by Fax | 4                                   |                                     |                      |         |             |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |          |                                                           |   |
| Datest Person                            | Quote Number                        | 750                                 |                      |         | upi.1=,     | ΘΛ                                    | ino) i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | T + 38.        |          |                                                           |   |
| Impled By                                |                                     | if Ohio VAP Samples                 | 9                    |         | I ,bile     | ervati                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | (ID) er  |                                                           |   |
| Sample Identification                    | tification                          | Date Collected                      | Time<br>ed Collected | Grab    | naM<br>o2=2 | Pres                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -              |          |                                                           |   |
| 1001.0                                   |                                     | 07/21/14                            | 11:03A               | Ê       | о<br>×      | lce                                   | +-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ×              | ×        |                                                           |   |
| 02:0                                     |                                     | 07/21/14                            | 14 11:15A            |         | s<br>×      | loo                                   | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ×              | ×        |                                                           | T |
| c03.0                                    |                                     | 07/21/14                            | 14 11:24A            |         | s<br>×      | Ice                                   | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ×              | ×        |                                                           |   |
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|                                          |                                     | <b>X</b>                            | 1                    | 1       | Ì           |                                       | +                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | -              | (        | 1                                                         | N |
|                                          |                                     | 7                                   |                      | 9       | 0           | 6                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | )        |                                                           | 1 |
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| ed by: Dat                               | Time                                | Received by:                        | E C                  |         | Time        | Notes / Comments:<br>Please put chlor | ut ch                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | s:<br>orides ( | on sepa  | ores / Comments: Please put chlorides on separate report. |   |
| mo Con Linna                             | 1 1                                 |                                     |                      |         |             |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |          |                                                           |   |
| Received in Lan by: Parte                | Time                                | Rush Requested:                     | th Requested: Da     | Manager | Day(s)      |                                       | TO COMPANY AND A STATE OF THE PARTY AND A STAT |                |          |                                                           |   |
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|               | A\M          |                      | N            |             | (A)                 |           |                    | tainers used       | Correct con                                  |
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| -             | A/N          |                      | N            |             |                     |           | , date, etc.)      | ei(s) complete (ID | Sample labe                                  |
|               |              |                      |              |             |                     |           |                    | oken sample(s)     | on It's                                      |
|               | A/N          |                      | Ν            |             | $(\mathcal{R})$     | 1         |                    | fainers intact*    |                                              |
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|               | A\N          |                      | N            |             | ( A)                |           |                    | ont properly       | C-O-C filled                                 |
| bention ad 12 |              | le <b>is</b> 2 lsolg | oloibs۶      | 1 edt , TOF | l si əlqmas         | 11 .gnita | or Radiological Te | for scan results)  | stat seu |
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|               | A\M          |                      | N            |             | (3)                 |           |                    | als intact         | Custody Se                                   |
|               |              | AIN                  |              | N           |                     |           |                    | yod/19lox          | Tape on co                                   |
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| ,             |              |                      |              |             | A\M                 |           |                    | Coolers/Boxes      | Number of                                    |
| 12/6          | es inspected | idmes bns            | peuedo       |             | -                   | 1050      | Time Received      | 1 .                | Date Receiv                                  |
| ΛD            | səldrnss br  | ig cooler ar         | usbecn       |             | Initials of Order M | -         |                    | tates              | Chent                                        |
| D             |              |                      |              |             |                     |           |                    |                    |                                              |
|               |              |                      |              | mro3 j      | r Receip            | Coole     |                    |                    |                                              |



Summit Environmental Technologies, Inc. 3310 Win St. Cuyahoga Falls, Ohio 44223 TEL: (330) 253-8211 FAX: (330) 253-4489 Website: http://www.settek.com

August 06, 2014

Robert Asher Yates Petroleum Corporation 105 South 4th Street Artesia, NM 88210

TEL: (575) 748-4217

FAX:

RE: Padron BGM State Com. #1

Dear Robert Asher:

Summit Environmental Technologies, Inc. received 3 sample(s) on 7/24/2014 for the analyses presented in the following report.

There were no problems with the analytical events associated with this report unless noted in the Case Narrative.

Quality control data is within laboratory defined or method specified acceptance limits except where noted.

If you have any questions regarding these tests results, please feel free to call the laboratory.

Sincerely,

Dara Gilger

3310 Win St. Cuyahoga Falls, Ohio 44223

Dan Gilyin

A2LA 0724.01, Alabama 41600, Arizona AZ0788, Arkansas 88-0735, California 07256CA, Colorado, Connecticut PH-0105, Delaware, Florida NELAC E87688, Georgia E87688 and 943, Idaho OH00923, Illinois 200061 and Reg.5, Indiana C-OH-13, Kansas E-10347, Kentucky (Underground Storage Tank) 3, Kentucky 90146, Louisiana 04061 and LA12004, Maine 2012015, Maryland 339, Massachusetts M-OPH923, Minnesota 409711, Montana CERT0099, New Hampshire 2996, New Jersey OH006, New York 11777, North Carolina 39705 and 631, Ohio Drinking Water 4170, Ohio VAP CL0052, Oklahoma 9940, Oregon OH200001, Pennsylvania 68-01335, Rhode Island LA000317, South Carolina 92016001, Tennessee TN04018, Texas T104704466-11-5, Region 8 8TMS-L, USDA/APHIS P330-11-00244, Utah OH009232011-1, Vermont VT-87688, Virginia 00440 and 1581, Washington C891, West Virginia 248 and 9957C and E87688, Wisconsin 399013010

Order No.: 14072327



Summit Environmental Technologies, Inc. 3310 Win St. Cuyahoga Falls, Ohio 44223

TEL: (330) 253-8211 FAX: (330) 253-4489 Website: http://www.settek.com Workorder Sample Summary

WO#:

14072327 06-Aug-14

CLIENT:

Yates Petroleum Corporation

Project:

Padron BGM State Com. #1

|              |                  | THE STATE OF THE S |                       | NAME OF TAXABLE PARTY. |        |
|--------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|--------|
| Lab SampleID | Client Sample ID | Tag No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Date Collected</b> | Date Received          | Matrix |
| 14072327-001 | c01.0            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7/21/2014 11:03:00 AM | 7/24/2014 10:25:00 AM  | Solid  |
| 14072327-002 | c02.0            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7/21/2014 11:15:00 AM | 7/24/2014 10:25:00 AM  | Solid  |
| 14072327-003 | c03.0            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7/21/2014 11:24:00 AM | 7/24/2014 10:25:00 AM  | Solid  |



Summit Environmental Technologies, Inc. 3310 Win St. Cuyahoga Falls, Ohio 44223 TEL: (330) 253-8211 FAX: (330) 253-4489

Website: http://www.settek.com

**Case Narrative** 

WO#:

14072327

Date:

8/6/2014

CLIENT:

Yates Petroleum Corporation

Project:

Padron BGM State Com. #1

This report in its entirety consists of the documents listed below. All documents contain the Summit Environmental Technologies, Inc. Work Order Number assigned to this report.

Paginated Report including: Cover Letter, Case Narrative, Analytical Results, Applicable Quality Control Summary Reports and copies of the Chain of Custody Documents supplied with this sample set.

Concentrations reported with a J flag in the Qual field are values below the Limit of Quantitation (LOQ) but greater than the established Limit of Detection (LOD). There is greater uncertainty associated with these results and data should be considered as estimated.

Method numbers, unless specified as SM (Standard Methods) or ASTM, are EPA methods.

Estimated uncertainty values are available upon request.

Any comments or problems with the analytical events associated with this report are noted below.



3310 Win St.

Cuyahoga Falls, Ohio 44223

TEL: (330) 253-8211 FAX: (330) 253-4489

Website: http://www.settek.com

WO#: 14072327

Date Reported: 8/6/2014

Company: Yates Petroleum Corporation

Address: 105 South 4th Street

Artesia NM 88210

Received: 7/24/2014

Project#: Padron BGM Sta

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|-------------|---------|-----------|------------------------|--------|-------|--------|------------|----|--------|-----------|--------------------------------|
| Client ID#  | Lab ID# | Collected | Analyte                | Result | Units | Matrix | Method     | DF | RL     | Run       | Analyst                        |
| c01.0       | 001     | 7/21/2014 | TPH-DRO                | ND     | mg/Kg | Solid  | EPA 8015 C | 1  | 50     | 7/29/2014 | AMZ                            |
| c01.0       | 001     | 7/21/2014 | 1,2,4-Trimethylbenzene | ND     | mg/Kg | Solid  | EPA 8021 B | 1  | 0.0010 | 7/25/2014 | CLG                            |
| c01.0       | 001     | 7/21/2014 | 1,3,5-Trimethylbenzene | ND     | mg/Kg | Solid  | EPA 8021 B | 1  | 0.0050 | 7/25/2014 | CLG                            |
| c01.0       | 001     | 7/21/2014 | Benzene                | ND     | mg/Kg | Solid  | EPA 8021 B | 1  | 0.0050 | 7/25/2014 | CLG                            |
| c01.0       | 001     | 7/21/2014 | Toluene                | ND     | mg/Kg | Solid  | EPA 8021 B | 1  | 0.0050 | 7/25/2014 | CLG                            |
| c01.0       | 001     | 7/21/2014 | Ethylbenzene           | ND     | mg/Kg | Solid  | EPA 8021 B | 1  | 0.0050 | 7/25/2014 | CLG                            |
| c01.0       | 001     | 7/21/2014 | m,p-Xylene             | ND     | mg/Kg | Solid  | EPA 8021 B | 1  | 0.0050 | 7/25/2014 | CLG                            |
| c01.0       | 001     | 7/21/2014 | o-Xylene               | ND     | mg/Kg | Solid  | EPA 8021 B | 1  | 0.0050 | 7/25/2014 | CLG                            |
| c01.0       | 001     | 7/21/2014 | TPH-GRO                | ND     | mg/Kg | Solid  | EPA 8015 B | 1  | 10     | 7/24/2014 | CLG                            |
| Client ID#  | Lab ID# | Collected | Analyte                | Result | Units | Matrix | Method     | DF | RL     | Run       | Analyst                        |
| c02.0       | 002     | 7/21/2014 | TPH-DRO                | ND     | mg/Kg | Solid  | EPA 8015 C | 1  | 50     | 7/29/2014 | AMZ                            |
| c02.0       | 002     | 7/21/2014 | 1,2,4-Trimethylbenzene | ND     | mg/Kg | Solid  | EPA 8021 B | 1  | 0.0050 | 7/25/2014 | CLG                            |
| c02.0       | 002     |           | 1,3,5-Trimethylbenzene |        | mg/Kg | Solid  | EPA 8021 B |    | 0      | 7/25/2014 | CLG                            |
| c02.0       | 002     | 7/21/2014 |                        |        | mg/Kg | Solid  | EPA 8021 B | 1  | 0.0050 | 7/25/2014 | CLG                            |
| c02.0       | 002     | 7/21/2014 | Ethylbenzene           |        | mg/Kg | Solid  | EPA 8021 B | 1  | 0.0050 | 7/25/2014 | CLG                            |
| c02.0       | 002     | 7/21/2014 | m,p-Xylene             | ND     | mg/Kg | Solid  | EPA 8021 B | 1  | 0.0050 | 7/25/2014 | CLG                            |
| c02.0       | 002     | 7/21/2014 | MTBE                   | ND     | mg/Kg | Solid  | EPA 8021 B | 1  | 0.0050 | 7/25/2014 | CLG                            |
| c02.0       | 002     | 7/21/2014 | o-Xylene               | ND     | mg/Kg | Solid  | EPA 8021 B | 1  | 0.0050 | 7/25/2014 | CLG                            |
| c02.0       | 002     | 7/21/2014 | Toluene                | ND     | mg/Kg | Solid  | EPA 8021 B | 1  | 0.0050 | 7/25/2014 | CLG                            |
| c02.0       | 002     | 7/21/2014 | TPH-GRO                | ND     | mg/Kg | Solid  | EPA 8015 B | 1  | 10     | 7/24/2014 | CLG                            |
| Client ID#  | Lab ID# | Collected | Analyte                | Result | Units | Matrix | Method     | DF | RL     | Run       | Analyst                        |
| c03.0       | 003     | 7/21/2014 | TPH-DRO                | NE     | mg/Kg | Solid  | EPA 8015 C | 1  | 50     | 8/6/2014  | AMZ                            |
| c03.0       | 003     | 7/21/2014 | 1,2,4-Trimethylbenzene | NE     | mg/Kg | Solid  | EPA 8021 B | 1  | 0.0050 | 7/25/2014 | CLG                            |
| c03.0       | 003     |           | 1,3,5-Trimethylbenzene |        | mg/Kg | Solid  | EPA 8021 B | 1  | 0      | 7/25/2014 | CLG                            |
| c03.0       | 003     |           | Benzene                |        | mg/Kg | Solid  | EPA 8021 E | 1  | 0.0050 | 7/25/2014 |                                |
| c03.0       | 003     | 7/21/2014 | Ethylbenzene           |        | mg/Kg | Solid  | EPA 8021 E | 1  | 0.0050 | 7/25/2014 | CLG                            |
| c03.0       | 003     |           | m,p-Xylene             |        | mg/Kg | Solid  | EPA 8021 E |    | 0.0050 | 7/25/2014 |                                |
| c03.0       | 003     | 7/21/2014 |                        |        | mg/Kg | Solid  | EPA 8021 E | 1  | 0.0050 | 7/25/2014 |                                |
| c03.0       | 003     |           | o-Xylene               |        | mg/Kg | Solid  | EPA 8021 E |    | 0.0050 | 7/25/2014 |                                |
| c03.0       | 003     | 7/21/2014 |                        |        | mg/Kg | Solid  | EPA 8021 E |    | 0.0050 | 7/25/2014 |                                |
|             |         |           | TPH-GRO                |        | mg/Kg |        | EPA 8015 E |    | 10     | 7/24/2014 | CLG                            |



## Analysis Request / Chain of Custody

For Summit Environmental Technologies, Inc. use only

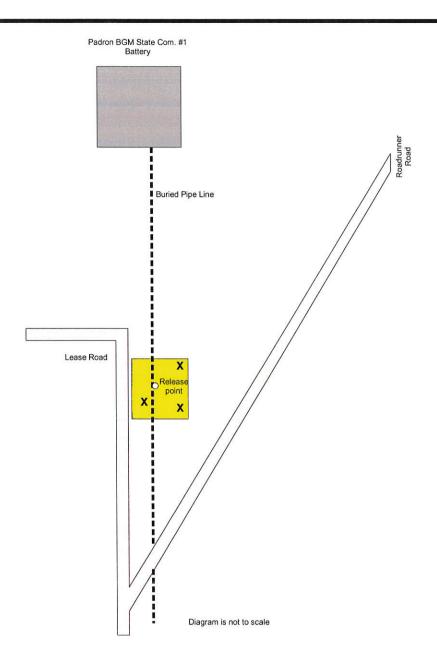
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Analytical Parameters and Methods Please put chlorides on separate report. × × (ID) snoinA PH Method 8015B (Gas/Diesel) × BTEX + MTBE + TMB's (8021) Notes / Comments Se co ce Preservative MAST Sindge, A=Air S=Solid, L=Liquid, O=Oil S S lime S :xiria!V Day(s) Composite × × Must be approved by Lab Manages Grab 11:03A 11:24A 11:15A Rush Requested: 07/21/14 07/21/14 07/21/14 if Ohio VAP Samples Padron BGM State Com. #1 boba@yatespetroleum.com 205632 30-015-33959 oject Identificati CPORT TO 7500 500 I SING Sample Identification to Receive Results by Fax T123 614 105 S. 4th Street, Artesia, NM 88210 Yates Patroleum Corporation Received in Jab by: Robert Asher 575-748-4217 Cell Const c01.0 c02.0 c03.0 tent has No Same

|             |               |                         |            |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | <u> </u>                                                                                              | _   |
|-------------|---------------|-------------------------|------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------------------------------|-----|
|             |               |                         |            |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | wwents                                                                                                | 00  |
|             |               |                         |            |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | gged in by                                                                                            | 0   |
|             |               |                         | -          |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | :emiT\e)                                                                                              | 8(  |
|             |               |                         | -          |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | ent contact                                                                                           | 110 |
|             |               |                         | N          |                       | Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  | Il client send new samples                                                                            | N   |
|             |               |                         | Ν          |                       | Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | səldwi           | ss client contacted about sa                                                                          | N   |
|             |               |                         | mma< ti    | əzis əlqqnq           | Indicate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | m are acceptable | Samples with bubbles <6m                                                                              | *   |
|             | AM            | N                       |            | λ,                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ** \$ 8          | v Jm 04 mort fraeds seldd                                                                             | uE  |
|             | AIN           | N                       |            | 0                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | fficient sample received                                                                              | กรู |
|             | A\N           | N                       |            |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | rrect containers used                                                                                 | 00  |
|             | A\M           | N                       | •          |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | Del(s) agree with C-O-C                                                                               | 6_  |
|             | A/N           | N                       |            |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | dale, elc.)      | mple label(s) complete (ID,                                                                           | 25  |
|             |               |                         |            |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | no, list broken sample(s)                                                                             | 11. |
|             | A\N           | И                       |            | (-X)                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | mple containers intact?                                                                               | es  |
|             | AW            | N                       |            |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | sped elsteges ni seldm                                                                                | 25  |
|             | A\N           | N                       |            | CAD                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | O-C filled out properly                                                                               | -0  |
| ention ed 1 | y Officer mus | N<br>Radiological Safel | 1 ed), the | Y al elqmes           | Maring. II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  | idiological Testing Instium<br>se page 2 for scan results)<br>Jse 1 sheet per sample fo<br>mediately. | 1=+ |
|             | A\N           | 0.                      |            | < o                   | 2.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  | mple Temperature 1R Gun                                                                               |     |
|             |               | A\V ballem \            | Ineads (   |                       | 0 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | _                |                                                                                                       | 30  |
|             | A/N           | И                       |            |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | O-C in plastic                                                                                        |     |
|             | A\N           | N                       |            | 3                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | istody Seals intact                                                                                   |     |
|             |               | A/M                     | N          |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | be on cooler/box                                                                                      |     |
|             |               | Other                   | anoM m     | Paper Foa             | qeiW :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Peanuts Bubble   | Скадінд                                                                                               |     |
|             |               |                         |            |                       | The same of the sa | J aniodiiA JHC   |                                                                                                       |     |
|             |               |                         |            | A/N                   | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  | Imber of Coolers/Boxes                                                                                |     |
| 12/6        | es jusbected: | idmes bas benedo        | cooler(s)  |                       | 1050                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Time Received    | He Received                                                                                           |     |
| P           | səldwes pu    | nspecting cooler ar     |            | o sleifinl<br>Order M |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | sont Jates                                                                                            | CI  |
|             |               |                         | mioli      | r Receip              | Coole                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  | •                                                                                                     |     |



| Analytical Report-<br>14072327 (Summit) | Sample Area  | Sample Date | Sample Type | Depth | BTEX | GRO | DRO | Chlorides |
|-----------------------------------------|--------------|-------------|-------------|-------|------|-----|-----|-----------|
| c01.0                                   | Release Area | 7/21/2014   | Comp/Auger  | 1'    | ND   | ND  | ND  | 100       |
| c02.0                                   | Release Area | 7/21/2014   | Comp/Auger  | 2'    | ND   | ND  | ND  | 80        |
| c03.0                                   | Release Area | 7/21/2014   | Comp/Auger  | 3'    | ND   | ND  | ND  | 75        |

Site Ranking is Twenty (20). Depth to Ground Water <50' (Approx. 31', ChevronTexaco Trend Map).

Chloride samples for documentation. All results are ppm. X-Sample Points

Released: 10/PW; Recovered: 5 B/PW. Release Date: 5/10/2014



Padron BGM State Com. #1

30-015-33959

Section 9, T25S-R27E

**Eddy County, NM** 

**SAMPLE DIAGRAM (Not to Scale)** 

Prepared by Robert Asher Environmental Regulatory Department