

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
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy Minerals and Natural Resources

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

Form C-144
June 1, 2004

For drilling and production facilities, submit to appropriate NMOCD District Office.
For downstream facilities, submit to Santa Fe office

Pit or Below-Grade Tank Registration or Closure

Is pit or below-grade tank covered by a "general plan"? Yes ☐ No ☒

Type of action: Registration of a pit or below-grade tank ☐ Closure of a pit or below-grade tank ☒

Operator: Duke Energy Field Services, LP			Telephone: (505) 677-5203			e-mail address: _____		
Address: 1925 Illinois Camp Road, Artesia, NM 88211								
Facility or well name: <u>Artesia Gas Plant</u> Duke AGF #1 U/L or Qtr/Qtr <u>0</u> Sec <u>7</u> T <u>18S</u> R <u>28E</u>								
County: <u>Eddy</u> Latitude <u>32.7625</u> Longitude <u>-104.2311</u> NAD: 1927 <input type="checkbox"/> 1983 <input checked="" type="checkbox"/> Surface Owner Federal <input type="checkbox"/> State <input type="checkbox"/> Private <input checked="" type="checkbox"/> Indian <input type="checkbox"/>								
Pit			Below-grade tank					
Type: Drilling <input checked="" type="checkbox"/> Production <input type="checkbox"/> Disposal <input type="checkbox"/> Workover <input checked="" type="checkbox"/> Emergency <input type="checkbox"/>			Volume: _____ bbl Type of fluid: _____					
Lined <input checked="" type="checkbox"/> Unlined <input type="checkbox"/>			Construction material: _____					
Liner type: Synthetic <input checked="" type="checkbox"/> Thickness <u>40</u> mil Clay <input type="checkbox"/>			Double-walled, with leak detection? Yes <input type="checkbox"/> If not, explain why not. _____					
Pit Volume <u>15,000</u> bbl								
Depth to ground water (vertical distance from bottom of pit to seasonal high water elevation of ground water.)			Less than 50 feet			<input checked="" type="checkbox"/> (20 points)		
			50 feet or more, but less than 100 feet			<input type="checkbox"/> (10 points)		
			100 feet or more			<input type="checkbox"/> (0 points)		
Wellhead protection area: (Less than 200 feet from a private domestic water source, or less than 1000 feet from all other water sources.)			Yes			<input checked="" type="checkbox"/> (20 points)		
			No			<input type="checkbox"/> (0 points)		
Distance to surface water: (horizontal distance to all wetlands, playas, irrigation canals, ditches, and perennial and ephemeral watercourses.)			Less than 200 feet			(20 points)		
			200 feet or more, but less than 1000 feet			(10 points)		
			1000 feet or more			<input checked="" type="checkbox"/> (0 points)		
			Ranking Score (Total Points)			40		

If this is a pit closure: (1) attach a diagram of the facility showing the pit's relationship to other equipment and tanks. (2) Indicate disposal location: (check the onsite box if you are burying in place) onsite ☐ offsite ☒ If offsite, name of facility To be determined. (3) Attach a general description of remedial action taken including remediation start date and end date. (4) Groundwater encountered: No ☐ Yes ☐ If yes, show depth below ground surface _____ ft. and attach sample results. (5) Attach soil sample results and a diagram of sample locations and excavations.

Additional Comments:
DEFS intends to close this workover pit by removing any contents from the pit and liner. Contents and liner will be disposed at an OCD approved facility in accordance with applicable OCD requirements. If there is any evidence that the integrity of the liner was breached resulting in soil contamination, proper steps will be taken to remove/remediate contaminated soils prior to closing the pit. <u>Changes Approved via Phone Call</u>
<u>10-7-04 w/ Karin Kimura</u>

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that the above-described pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines <input checked="" type="checkbox"/> , a general permit <input type="checkbox"/> , or an (attached) alternative OCD-approved plan <input type="checkbox"/> .		
Date: <u>09/30/2004</u>		
Printed Name/Title: <u>Karin Kimura/Sr. Environmental Specialist</u>	Signature: <u>[Signature]</u>	
Your certification and NMOCD approval of this application/closure does not relieve the operator of liability should the contents of the pit or tank contaminate ground water or otherwise endanger public health or the environment. Nor does it relieve the operator of its responsibility for compliance with any other federal, state, or local laws and/or regulations.		
Approval: <u>[Signature]</u>	Signature: <u>[Signature]</u>	Date: <u>OCT 4 2004</u>

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19.15.1.14 UNITED STATES
GOVERNMENT LEASES:

Operator shall file or cause to be filed with the division copies of "application for permit to drill, deepen or plug back," (BLM form no. 3160-3), "sundry notices and reports on wells," (BLM form no. 3160-5), and "well completion or recompletion report and log," (BLM form no. 3160-4), as approved by the bureau of land management for wells on U.S. government land. [1-1-50...2-1-96; 19.15.1.14 NMAC - Rn, 19 NMAC 15.A.14, 5-15-01]

19.15.13.1102 WELL
LOCATION AND ACREAGE DEDICATION
PLAT (Form C-102):

D. Amended form C-102 (in triplicate or quadruplicate) shall be filed in the event there is a change in any of the information previously submitted. The well location need not be certified when filing amended form C-102. [1-1-65...2-1-96; 19.15.13.1102 NMAC - Rn, 19 NMAC 15.M.1102, 06/30/04]

19.15.13.1104 REQUEST FOR
ALLOWABLE AND AUTHORIZATION TO
TRANSPORT OIL AND NATURAL GAS
(Form C-104):

A. Form C-104 completely filled out by the operator of the well must be filed in quintuplicate before an allowable will be assigned to any newly completed or recompleted well. (A recompleted well shall be considered one which has been deepened or plugged back to produce from a different pool than previously.) Form C-104 must be accompanied by a tabulation of all deviation tests taken on the well as provided by 19.15.3.111 NMAC.

D. No allowable will be assigned to any well until all forms and reports due have been received by the division and the well is otherwise in full compliance with these rules.