

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

APR 09 2008

OCD-ARTESIA

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 <u>Yates Petroleum Corporation</u> Telephone <u>505-748-1471</u> e-mail address <u>boba@ypcnm.com</u> | | |
| Address <u>104 S. 4th Street, Artesia, NM 88210</u> | | |
| Facility or well name <u>Decter ADV Com #1</u> API # <u>30-015-25638</u> U/L or Qti/Qti <u>M</u> Sec <u>27</u> T <u>18S</u> R <u>26E</u> | | |
| County <u>Eddy</u> Latitude <u>32 71305</u> Longitude <u>104 37481</u> NAD 1927 <input checked="" type="checkbox"/> 1983 <input type="checkbox"/> | | |
| Surface Owner Federal <input type="checkbox"/> State <input type="checkbox"/> Private <input checked="" type="checkbox"/> Indian <input type="checkbox"/> | | |
| Pit Type Drilling <input type="checkbox"/> Production <input type="checkbox"/> Disposal <input type="checkbox"/> Work over <input type="checkbox"/> Emergency <input type="checkbox"/> Lined <input type="checkbox"/> Unlined <input type="checkbox"/> Liner type Synthetic <input type="checkbox"/> Thickness _____ mil Clay <input type="checkbox"/> Pit Volume _____ bbl | Below-grade tank Volume <u>210</u> bbl Type of fluid <u>Produced Water</u> Construction material <u>Fiberglass</u> Double-walled, with leak detection? Yes <input checked="" type="checkbox"/> If not, explain why not _____ | |
| Depth to ground water (vertical distance from bottom of pit to seasonal high water elevation of ground water) | Less than 50 feet 50 feet or more, but less than 100 feet 100 feet or more | (20 points) (10 points) (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 No | (20 points) (0 points) |
| Distance to surface water (horizontal distance to all wetlands, playas, irrigation canals, ditches, and perennial and ephemeral watercourses) | Less than 200 feet 200 feet or more, but less than 1000 feet 1000 feet or more | (20 points) (10 points) (0 points) |
| Ranking Score (Total Points) | | 10 points |

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 _____ (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

Permanent removal of below grade tank Confirmation samples to be taken prior to backfilling Depth to ground water approximately 75'.

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 ☒, a general permit ☐, or an (attached) alternative OCD-approved plan ☐.

Date Wednesday, April 09, 2008

Printed Name/Title Robert Asher / Environmental Regulatory Agent

Signature

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

Printed Name/Title _____

Signature _____

Signed By

Date _____

APR 10 2008

**Notify the NMOCD Dist #2
Office 24-Hours PRIOR to
removal of tank.**

Any contamination encountered upon
removal of tank will require remediation
by an OCD approved work plan