<u>District I</u> 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

Form C-144 June 1, 2004

Oil Conservation Division For drilling and production facilities, submit to appropriate NMOCD District Office.

1220 South St. Francis Office For downstream facilities, submit to Santa Fe Santa Fe, NM \$7505

Pit or Below-Grade Tank Resistration or Closure

Is pit or below-grade tand Type of action: Registration of a pit o	r below-grade tank 🔯 Closure of a pit or below-grade	de tank
Operator: PURE RESOURCES Telephone: 432 498-8600 Address: 500 WEST ILLINOIS, MIDLAND, TEXAS 79701 Facility or well name: RINCON 174R API # 30- County: RIO ARRIBA Latitude 36 56 418 Longitude 107 51 4	e-mail address: RLECHWAR@PURERESO 039-27008 U/L or Qtr/Qtr D Sec 19 6 NAD: 1927 1983 Surface Owner Fe	T 27N R 6W
Pit Type: Drilling Production Disposal Workover Emergency Lined Unlined Liner type: Synthetic Thicknessmil Clay Pit Volumebbl	Below-grade tank Volume: 95 bbl Type of fluid: PRODUCED FLUID Construction material: METAL Double-walled, with leak detection? Yes ☑ 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) ◄
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)	0 POINTS
If this is a pit closure: (1) attach a diagram of the facility showing the pit's your are burying in place) onsite offsite If offsite, name of facility remediation start date and end date. (4) Groundwater encountered: No X Attach soil sample results and a diagram of sample locations and excavations Additional Comments:	. (3) Attach a general of the second surface	lescription of remedial action taken including
I hereby certify that the information above is true and complete to the best of been/will be constructed or closed according to NMOCD guidelines , Date: 9/15/04 Printed Name/Title RON LECHWAR HES COORDINATOR Your certification and NMOCD approval of this application/closure does not otherwise endanger public health or the environment. Nor does it relieve the regulations. Approval:	a general permit , or an (attached) atternative (Signature	OCD-approved plan
Printed Name/Title	Signature	Date: