District I 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> 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 1820 21 22 Energy Minerals and Natural Resources

Form C-144

June 1, 2004

1220 South St. Francis Dt. Santa Fe, NM 87505

Oil Conservation Division

SEP For drilling and production facilities, submit to 2 appropriate NMOCD District Office.

1220 South St. Francis Dt.

For downstream facilities, submit to Santa Fe Office

Pit or Below-Grade Tank Registration or Closure

Type of action: Registration of a pit o	r below-grade tank \(\subseteq \text{Closure of a pit or below} \)	Figrade tank [
Operator: PURE RESOURCES Telephone: 432 498-8600 Address: 500 WEST ILLINOIS, MIDLAND, TEXAS 79701 Facility or well name: RINCON 134 API # County: RIO ARRIBA Latitude 36 30 223 Longitude 107 31 464	e-mail address: RLECHWAR@PURER 30-039-20726	
Pit Type: Drilling Production Disposal Workover Emergency Lined Unlined Liner type: Synthetic Thickness mil Clay Pit Volume bbl	Below-grade tank Volume: 60 bbl Type of fluid: H2O Construction material: STEEL 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 foffsite, name of facility_remediation start date and end date. (4) Groundwater encountered: No Attach soil sample results and a diagram of sample locations and excavation Additional Comments:	Yes If yes, show depth below ground surface	eral description 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:	signature Signature Signature of liability should the conte	ive OCD-approved plan
Printed Name/Title	Signature	Date: