

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

Form C-144  
July 21, 2008

For temporary pits, closed-loop systems, and below-grade tanks, submit to the appropriate NMOCD District Office.  
For permanent pits and exceptions submit to the Santa Fe Environmental Bureau office and provide a copy to the appropriate NMOCD District Office.

7139  
Pit, Closed-Loop System, Below-Grade Tank, or  
Proposed Alternative Method Permit or Closure Plan Application

- Type of action: ☐ Permit of a pit, closed-loop system, below-grade tank, or proposed alternative method  
☒ Closure of a pit, closed-loop system, below-grade tank, or proposed alternative method  
☐ Modification to an existing permit  
☐ Closure plan only submitted for an existing permitted or non-permitted pit, closed-loop system, below-grade tank, or proposed alternative method

**Instructions:** Please submit one application (Form C-144) per individual pit, closed-loop system, below-grade tank or alternative request

Please be advised that approval of this request does not relieve the operator of liability should operations result in pollution of surface water, ground water or the environment. Nor does approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances.

1.  
Operator: Williams Operating Co, LLC OGRID #: 120782  
Address: PO Box 640 / 721 S Main Aztec, NM 87410  
Facility or well name: Rosa Unit 154B  
API Number: 30-03930804 OCD Permit Number: \_\_\_\_\_  
U/L or Qtr/Qtr P Section 7 Township 31N Range 5W County: Rio Arriba  
Center of Proposed Design: Latitude 36.90961 N Longitude -107.39748W NAD: ☐ 1927 ☒ 1983  
Surface Owner: ☒ Federal ☐ State ☐ Private ☐ Tribal Trust or Indian Allotment

2.  
☒ **Pit:** Subsection F or G of 19.15.17.11 NMAC  
Temporary: ☒ Drilling ☒ Workover  
☐ Permanent ☐ Emergency ☐ Cavitation ☐ P&A  
☒ Lined ☐ Unlined Liner type: Thickness 20 mil ☒ LLDPE ☐ HDPE ☐ PVC ☐ Other \_\_\_\_\_  
☒ String-Reinforced  
Liner Seams: ☒ Welded ☒ Factory ☐ Other \_\_\_\_\_ Volume: 20,000 bbl Dimensions: L 140' x W 70' x D 12'

3.  
☐ **Closed-loop System:** Subsection H of 19.15.17.11 NMAC  
Type of Operation: ☐ P&A ☐ Drilling a new well ☐ Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent)  
☐ Drying Pad ☐ Above Ground Steel Tanks ☐ Haul-off Bins ☐ Other \_\_\_\_\_  
☐ Lined ☐ Unlined Liner type: Thickness \_\_\_\_\_ mil ☐ LLDPE ☐ HDPE ☐ PVC ☐ Other \_\_\_\_\_  
Liner Seams: ☐ Welded ☐ Factory ☐ Other \_\_\_\_\_

4.  
☐ **Below-grade tank:** Subsection I of 19.15.17.11 NMAC  
Volume: \_\_\_\_\_ bbl Type of fluid: \_\_\_\_\_  
Tank Construction material: \_\_\_\_\_  
☐ Secondary containment with leak detection ☐ Visible sidewalls, liner, 6-inch lift and automatic overflow shut-off  
☐ Visible sidewalls and liner ☐ Visible sidewalls only ☐ Other \_\_\_\_\_  
Liner type: Thickness \_\_\_\_\_ mil ☐ HDPE ☐ PVC ☐ Other \_\_\_\_\_

5.  
☐ **Alternative Method:**  
Submittal of an exception request is required. Exceptions must be submitted to the Santa Fe Environmental Bureau office for consideration of approval.



6.

**Fencing:** Subsection D of 19.15.17.11 NMAC (*Applies to permanent pits, temporary pits, and below-grade tanks*)

- ☐ Chain link, six feet in height, two strands of barbed wire at top (*Required if located within 1000 feet of a permanent residence, school, hospital, institution or church*)
- ☐ Four foot height, four strands of barbed wire evenly spaced between one and four feet
- ☒ Alternate. Please specify As per BLM specifications

7.

**Netting:** Subsection E of 19.15.17.11 NMAC (*Applies to permanent pits and permanent open top tanks*)

- ☐ Screen ☐ Netting ☐ Other \_\_\_\_\_
- ☐ Monthly inspections (If netting or screening is not physically feasible)

8.

**Signs:** Subsection C of 19.15.17.11 NMAC

- ☐ 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers
- ☒ Signed in compliance with 19.15.3.103 NMAC

9.

**Administrative Approvals and Exceptions:**

Justifications and/or demonstrations of equivalency are required. Please refer to 19.15.17 NMAC for guidance.

**Please check a box if one or more of the following is requested, if not leave blank:**

- ☒ Administrative approval(s): Requests must be submitted to the appropriate division district or the Santa Fe Environmental Bureau office for consideration of approval.
- ☐ Exception(s): Requests must be submitted to the Santa Fe Environmental Bureau office for consideration of approval.

10.

**Siting Criteria (regarding permitting):** 19.15.17.10 NMAC

**Instructions:** The applicant must demonstrate compliance for each siting criteria below in the application. Recommendations of acceptable source material are provided below. Requests regarding changes to certain siting criteria may require administrative approval from the appropriate district office or may be considered an exception which must be submitted to the Santa Fe Environmental Bureau office for consideration of approval. Applicant must attach justification for request. Please refer to 19.15.17.10 NMAC for guidance. Siting criteria does not apply to drying pads or above-grade tanks associated with a closed-loop system.

|  |  |
|--|--|
| Ground water is less than 50 feet below the bottom of the temporary pit, permanent pit, or below-grade tank.<br>- NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |
| Within 300 feet of a continuously flowing watercourse, or 200 feet of any other significant watercourse or lakebed, sinkhole, or playa lake (measured from the ordinary high-water mark).<br>- Topographic map; Visual inspection (certification) of the proposed site   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |
| Within 300 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application.<br>(Applies to temporary, emergency, or cavitation pits and below-grade tanks)<br>- Visual inspection (certification) of the proposed site; Aerial photo; Satellite image  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> NA |
| Within 1000 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application.<br>(Applies to permanent pits)<br>- Visual inspection (certification) of the proposed site; Aerial photo; Satellite image   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> NA |
| Within 500 horizontal feet of a private, domestic fresh water well or spring that less than five households use for domestic or stock watering purposes, or within 1000 horizontal feet of any other fresh water well or spring, in existence at the time of initial application.<br>- NM Office of the State Engineer - iWATERS database search; Visual inspection (certification) of the proposed site | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |
| Within incorporated municipal boundaries or within a defined municipal fresh water well field covered under a municipal ordinance adopted pursuant to NMSA 1978, Section 3-27-3, as amended.<br>- Written confirmation or verification from the municipality; Written approval obtained from the municipality  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |
| Within 500 feet of a wetland.<br>- US Fish and Wildlife Wetland Identification map; Topographic map; Visual inspection (certification) of the proposed site  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |
| Within the area overlying a subsurface mine.<br>- Written confirmation or verification or map from the NM EMNRD-Mining and Mineral Division  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |
| Within an unstable area.<br>- Engineering measures incorporated into the design; NM Bureau of Geology & Mineral Resources; USGS; NM Geological Society; Topographic map  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |
| Within a 100-year floodplain.<br>- FEMA map  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |

11.

**Temporary Pits, Emergency Pits, and Below-grade Tanks Permit Application Attachment Checklist:** Subsection B of 19.15.17.9 NMAC**Instructions:** Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are attached.

- ☒ Hydrogeologic Report (Below-grade Tanks) - based upon the requirements of Paragraph (4) of Subsection B of 19.15.17.9 NMAC
- ☒ Hydrogeologic Data (Temporary and Emergency Pits) - based upon the requirements of Paragraph (2) of Subsection B of 19.15.17.9 NMAC
- ☒ Siting Criteria Compliance Demonstrations - based upon the appropriate requirements of 19.15.17.10 NMAC
- ☒ Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC
- ☒ Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC
- ☒ Closure Plan (Please complete Boxes 14 through 18, if applicable) - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC

☐ Previously Approved Design (attach copy of design) API Number: \_\_\_\_\_ or Permit Number: \_\_\_\_\_

12.

**Closed-loop Systems Permit Application Attachment Checklist:** Subsection B of 19.15.17.9 NMAC**Instructions:** Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are attached.

- ☐ Geologic and Hydrogeologic Data (only for on-site closure) - based upon the requirements of Paragraph (3) of Subsection B of 19.15.17.9
- ☐ Siting Criteria Compliance Demonstrations (only for on-site closure) - based upon the appropriate requirements of 19.15.17.10 NMAC
- ☐ Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC
- ☐ Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC
- ☐ Closure Plan (Please complete Boxes 14 through 18, if applicable) - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC

☐ Previously Approved Design (attach copy of design) API Number: \_\_\_\_\_

☐ Previously Approved Operating and Maintenance Plan API Number: \_\_\_\_\_ (Applies only to closed-loop system that use above ground steel tanks or haul-off bins and propose to implement waste removal for closure)

13.

**Permanent Pits Permit Application Checklist:** Subsection B of 19.15.17.9 NMAC**Instructions:** Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are attached.

- ☐ Hydrogeologic Report - based upon the requirements of Paragraph (1) of Subsection B of 19.15.17.9 NMAC
- ☐ Siting Criteria Compliance Demonstrations - based upon the appropriate requirements of 19.15.17.10 NMAC
- ☐ Climatological Factors Assessment
- ☐ Certified Engineering Design Plans - based upon the appropriate requirements of 19.15.17.11 NMAC
- ☐ Dike Protection and Structural Integrity Design - based upon the appropriate requirements of 19.15.17.11 NMAC
- ☐ Leak Detection Design - based upon the appropriate requirements of 19.15.17.11 NMAC
- ☐ Liner Specifications and Compatibility Assessment - based upon the appropriate requirements of 19.15.17.11 NMAC
- ☐ Quality Control/Quality Assurance Construction and Installation Plan
- ☐ Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC
- ☐ Freeboard and Overtopping Prevention Plan - based upon the appropriate requirements of 19.15.17.11 NMAC
- ☐ Nuisance or Hazardous Odors, including H<sub>2</sub>S, Prevention Plan
- ☐ Emergency Response Plan
- ☐ Oil Field Waste Stream Characterization
- ☐ Monitoring and Inspection Plan
- ☐ Erosion Control Plan
- ☐ Closure Plan - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC

14.

**Proposed Closure:** 19.15.17.13 NMAC**Instructions:** Please complete the applicable boxes, Boxes 14 through 18, in regards to the proposed closure plan.

Type: ☒ Drilling ☒ Workover ☐ Emergency ☐ Cavitation ☐ P&A ☐ Permanent Pit ☐ Below-grade Tank ☐ Closed-loop System

☐ Alternative

Proposed Closure Method: ☐ Waste Excavation and Removal

☐ Waste Removal (Closed-loop systems only)

☒ On-site Closure Method (Only for temporary pits and closed-loop systems)

☐ In-place Burial ☐ On-site Trench Burial

☐ Alternative Closure Method (Exceptions must be submitted to the Santa Fe Environmental Bureau for consideration)

15.

**Waste Excavation and Removal Closure Plan Checklist:** (19.15.17.13 NMAC) **Instructions:** Each of the following items must be attached to the closure plan. Please indicate, by a check mark in the box, that the documents are attached.

- ☐ Protocols and Procedures - based upon the appropriate requirements of 19.15.17.13 NMAC
- ☐ Confirmation Sampling Plan (if applicable) - based upon the appropriate requirements of Subsection F of 19.15.17.13 NMAC
- ☐ Disposal Facility Name and Permit Number (for liquids, drilling fluids and drill cuttings)
- ☐ Soil Backfill and Cover Design Specifications - based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC
- ☐ Re-vegetation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC
- ☐ Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC

16.

**Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only:** (19.15.17.13.D NMAC)

**Instructions:** Please identify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two facilities are required.

Disposal Facility Name: \_\_\_\_\_ Disposal Facility Permit Number: \_\_\_\_\_

Disposal Facility Name: \_\_\_\_\_ Disposal Facility Permit Number: \_\_\_\_\_

Will any of the proposed closed-loop system operations and associated activities occur on or in areas that *will not* be used for future service and operations?

☐ Yes (If yes, please provide the information below) ☐ No

*Required for impacted areas which will not be used for future service and operations:*

☐ Soil Backfill and Cover Design Specifications - based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC

☐ Re-vegetation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC

☐ Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC

17.

**Siting Criteria (regarding on-site closure methods only):** 19.15.17.10 NMAC

**Instructions:** Each siting criteria requires a demonstration of compliance in the closure plan. Recommendations of acceptable source material are provided below. Requests regarding changes to certain siting criteria may require administrative approval from the appropriate district office or may be considered an exception which must be submitted to the Santa Fe Environmental Bureau office for consideration of approval. Justifications and/or demonstrations of equivalency are required. Please refer to 19.15.17.10 NMAC for guidance.

Ground water is less than 50 feet below the bottom of the buried waste.

- NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells

☐ Yes ☒ No  
☐ NA

Ground water is between 50 and 100 feet below the bottom of the buried waste

- NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells

☐ Yes ☒ No  
☐ NA

Ground water is more than 100 feet below the bottom of the buried waste.

- NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells

☒ Yes ☐ No  
☐ NA

Within 300 feet of a continuously flowing watercourse, or 200 feet of any other significant watercourse or lakebed, sinkhole, or playa lake (measured from the ordinary high-water mark).

- Topographic map; Visual inspection (certification) of the proposed site

☐ Yes ☒ No

Within 300 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application.

- Visual inspection (certification) of the proposed site; Aerial photo; Satellite image

☐ Yes ☒ No

Within 500 horizontal feet of a private, domestic fresh water well or spring that less than five households use for domestic or stock watering purposes, or within 1000 horizontal feet of any other fresh water well or spring, in existence at the time of initial application.

- NM Office of the State Engineer - iWATERS database; Visual inspection (certification) of the proposed site

☐ Yes ☒ No

Within incorporated municipal boundaries or within a defined municipal fresh water well field covered under a municipal ordinance adopted pursuant to NMSA 1978, Section 3-27-3, as amended.

- Written confirmation or verification from the municipality; Written approval obtained from the municipality

☐ Yes ☒ No

Within 500 feet of a wetland.

- US Fish and Wildlife Wetland Identification map; Topographic map; Visual inspection (certification) of the proposed site

☐ Yes ☒ No

Within the area overlying a subsurface mine.

- Written confirmation or verification or map from the NM EMNRD-Mining and Mineral Division

☐ Yes ☒ No

Within an unstable area.

- Engineering measures incorporated into the design; NM Bureau of Geology & Mineral Resources; USGS; NM Geological Society; Topographic map

☐ Yes ☒ No

Within a 100-year floodplain.

- FEMA map

☐ Yes ☒ No

18.

**On-Site Closure Plan Checklist:** (19.15.17.13 NMAC) **Instructions:** Each of the following items must be attached to the closure plan. Please indicate, by a check mark in the box, that the documents are attached.

☒ Siting Criteria Compliance Demonstrations - based upon the appropriate requirements of 19.15.17.10 NMAC

☒ Proof of Surface Owner Notice - based upon the appropriate requirements of Subsection F of 19.15.17.13 NMAC

☐ Construction/Design Plan of Burial Trench (if applicable) based upon the appropriate requirements of 19.15.17.11 NMAC

☒ Construction/Design Plan of Temporary Pit (for in-place burial of a drying pad) - based upon the appropriate requirements of 19.15.17.11 NMAC

☒ Protocols and Procedures - based upon the appropriate requirements of 19.15.17.13 NMAC

☒ Confirmation Sampling Plan (if applicable) - based upon the appropriate requirements of Subsection F of 19.15.17.13 NMAC

☒ Waste Material Sampling Plan - based upon the appropriate requirements of Subsection F of 19.15.17.13 NMAC

☒ Disposal Facility Name and Permit Number (for liquids, drilling fluids and drill cuttings or in case on-site closure standards cannot be achieved)

☒ Soil Cover Design - based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC

☒ Re-vegetation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC

☒ Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC

19.

**Operator Application Certification:**

I hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief.

Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

e-mail address: \_\_\_\_\_ Telephone: \_\_\_\_\_

20.

**OCD Approval:** ☐ Permit Application (including closure plan) ☒ Closure Plan (only) ☐ OCD Conditions (see attachment)

OCD Representative Signature: Jonathan D. Kelly Approval Date: 9/02/2011

Title: Compliance Officer OCD Permit Number: \_\_\_\_\_

21.

**Closure Report (required within 60 days of closure completion):** Subsection K of 19.15.17.13 NMAC

*Instructions: Operators are required to obtain an approved closure plan prior to implementing any closure activities and submitting the closure report. The closure report is required to be submitted to the division within 60 days of the completion of the closure activities. Please do not complete this section of the form until an approved closure plan has been obtained and the closure activities have been completed.*

☒ Closure Completion Date: 7/12/2010

22.

**Closure Method:**

☐ Waste Excavation and Removal ☒ On-Site Closure Method ☐ Alternative Closure Method ☐ Waste Removal (Closed-loop systems only)  
☐ If different from approved plan, please explain.

23.

**Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only:**

*Instructions: Please identify the facility or facilities for where the liquids, drilling fluids and drill cuttings were disposed. Use attachment if more than two facilities were utilized.*

Disposal Facility Name: \_\_\_\_\_ Disposal Facility Permit Number: \_\_\_\_\_

Disposal Facility Name: \_\_\_\_\_ Disposal Facility Permit Number: \_\_\_\_\_

Were the closed-loop system operations and associated activities performed on or in areas that *will not* be used for future service and operations?

☐ Yes (If yes, please demonstrate compliance to the items below) ☐ No

*Required for impacted areas which will not be used for future service and operations*

- ☐ Site Reclamation (Photo Documentation)  
☐ Soil Backfilling and Cover Installation  
☐ Re-vegetation Application Rates and Seeding Technique

24.

**Closure Report Attachment Checklist:** *Instructions: Each of the following items must be attached to the closure report. Please indicate, by a check mark in the box, that the documents are attached.*

- ☒ Proof of Closure Notice (surface owner and division)  
☐ Proof of Deed Notice (required for on-site closure)  
☒ Plot Plan (for on-site closures and temporary pits)  
☒ Confirmation Sampling Analytical Results (if applicable)  
☐ Waste Material Sampling Analytical Results (required for on-site closure)  
☒ Disposal Facility Name and Permit Number  
☒ Soil Backfilling and Cover Installation  
☒ Re-vegetation Application Rates and Seeding Technique  
☒ Site Reclamation (Photo Documentation)

On-site Closure Location: Latitude 36.90961 Longitude -107.39748 NAD: ☐ 1927 ☒ 1983

25.

**Operator Closure Certification:**

I hereby certify that the information and attachments submitted with this closure report is true, accurate and complete to the best of my knowledge and belief. I also certify that the closure complies with all applicable closure requirements and conditions specified in the approved closure plan.

Name (Print): Vanessa Fields Title: EH&S Coordinator

Signature: Vanessa Fields Date: 10-18-2010

e-mail address: vanessa.fields@williams.com Telephone: 505-634-4209

**Williams Production Co., LLC**  
**San Juan Basin: New Mexico Assets**  
Temporary Pit In-place Closure Report  
Drilling/Completion and Workover  
(Groundwater >100 feet bgs)

**Well:** Rosa Unit # 154B  
**API No:** 30-03930804  
**Location:** P-S #07#-T#31N-R#05W, NMPM

In accordance with Rule 19.15.17.13 NMAC, the following plan describes the general in-place closure requirements of temporary pits on Williams Production Co, LLC (WPX) locations in the San Juan Basin of New Mexico. This is WPX's standard procedure for all temporary pits to be utilized for the drilling, completion and/or workovers of oil and gas wells operated by WPX. For those temporary pits which do not conform to this standard closure plan, a separate well/pit specific closure plan will be developed and utilized.

All closure activities will include proper documentation and will be submitted to OCD within 60 days of the pit closure on a Closure Report using Division Form C-144. The Report will include the following:

- Details on Capping and Covering, where applicable
- Plot Plan (Pit Diagram)
- Inspection reports
- Sampling Results
- Division Form C-105: WELL COMPLETION OR RECOMPLETION REPORT AND LOG
- Copy of Deed Notice filed with the County Clerk (format to meet County requirements)  
A deed notice is not required on state, federal or tribal land according to NMOCD FAQ dated October 30, 2008 and posted on the NMOCD website.

General Plan Requirements:

1. All free standing liquids will be removed from the pit at the start of the closure process. Liquids will be removed in a manner that the appropriate District Office approves including; recycled, reused, reclaimed, evaporated, and/or disposed of in a Division-approved facility. Once all free liquids are removed, the sludge will be stabilized by one of the following methods depending on equipment availability: blending with clean stockpiled soils or dewatering using a Bowl Decanter Centrifuge then blending with clean stockpiles soils.

To the extent practical, free liquids were pulled from the reserve pit following the completion rig off. Haul dates was (11/3/2009) Rosa Unit SWD #001 (Order: SWD-916, API: 3003927055).

2. The preferred method of closure for all temporary pits will be on-site closure by in-place burial, provided all the criteria in 19.15.17.13.B are met.

On-site burial plan for this location was approved by the Aztec District Office on (9/8/2009).

3. The surface owner shall be notified of WPX's proposed closure plan using a means that provides proof of notice (i.e. certified mail/return receipt requested)  
Williams notified the SMA of its intent to use a temporary pit and onsite burial in the Surface Use Plan in the well APD. The SMA was notified by email see attached. No return receipt required per BLM:FFO/NMOCD MOU dated 5/4/09.

4. Within six months of the "rig-off" status occurring WPX will ensure that the temporary pit is covered, recontoured and reseeding in progress.  
Drill rig-off (10/12/2009). Request for transfer to completion rig submitted (11/2/2009) to OCD Aztec District Office, Completion rig-off (10/19/2009).. Pit covered 7/12/2010. Returned in Spring of 2010 to continue reclamation of are due to winter closure. Pit area along with unused portions of well pad to be interim reclaimed in accordance with Surface Management Agency requirements in APD-COAs and per BLM:FFO/NMOCD MOU dated 5/4/09.

5. Notice of Closure will be given to the Aztec District office between 72 hours and one week of the scheduled closure via email or phone. The notification of closure will include the following:
  - a. Operators Name (WPX)
  - b. Well Name and API Number
  - c. Location (USTR)

The Aztec District Office of NMOCDD was notified by email using a format acceptable to the District. Copies of the notification from Abode Contractors on (6/20/10) is attached.

6. The pit liner shall be removed above "mud level" after stabilization. Removal of the liner will consist of manually or mechanically cutting the liner at the mud level and removing all remaining liner. Care will be taken to remove "all" of the liner (i.e. anchored material). All excessive liner will be disposed of at a licensed disposal facility (probably San Juan Regional Landfill operated by Waste Management under NMED Permit SWM-052426).

The liner to the temporary pit was removed above the "mud level" once stabilized. Removal of the liner consisted of manually cutting the liner and removing all remaining liner material above the "mud level" including the anchor material. All excessive liner was disposed of at the San Juan Regional Landfill operated by Waste Management under NMED Permit SWM-052426.

7. Solidification of the remaining pit contents shall be achieved by mixing non-waste containing, earthen material. The solidification process will be accomplished use a combination of natural drying and mechanical mixing. Pit contents will be mixed with non-waste, earthen material to a consistency that is deemed safe and stable. The mixing ratio shall not exceed 3 parts non-waste to 1 part pit contents.

Following removal of free liquids, the pit contents were mixed with non-waste containing, earthen material in order to achieve appropriate solidification and a consistency that was deemed safe and stable. The solidification process was accomplished using a combination of natural drying, a Bowl Decanter Centrifuge, and mechanically mixing using a dozer and trackhoe. The mixing ration was approximately 2.5-3 parts native soil to 1 part pit contents. Solidification was completed

8. A five-point composite sample will be taken of the pit using sampling tools and all samples tested per 19.15.17.13(B)(1)(b) NMAC. In the event that the criteria are not met (See Table 1), all contents will be handled per 19.15.17.13(B)(1)(a) (i.e. dig and haul to a Division-approved facility). Approval to haul will be requested of the Aztec District office prior to initiation.

A five-point composite sampling was taken of the pit area using sampling tools and the sample was tested per 19.15.17.13(B)(1)(b) NMAC. Results are shown in Table 1 and lab reports are attached.

Table 1: Closure Criteria for Temporary Pits in Non-sensitive Areas with Groundwater >100 bgs.

| Components | Testing Methods                   | Limits (mg/Kg) | Pit (mg/Kg) |
|------------|-----------------------------------|----------------|-------------|
| Benzene    | EPA SW-846 Method 8021B or 8260B  | 0.2            | ND          |
| BTEX       | EPA SW-846 Method 8021B or 8260B  | 50             | ND          |
| TPH        | EPA SW-846 Method 418.1           | 2500           | 31.3        |
| GRO/DRO    | EPA SW-846 Method 8015M (GRO/DRO) | 500            | ND          |
| Chlorides  | EPA SW-846 Method 300.1           | 500            | 60          |

9. Upon completion of solidification and testing, the pit area will be backfilled with non-waste earthen material compacted to native conditions to enable effective revegetation for successful evapotranspiration. A minimum of four feet of cover including replacement of one foot of suitable material to establish vegetation, or the background thickness of topsoil, whichever is greater.

Upon completion of solidification and testing, the pit area was backfilled with non-waste earthen material compacted to native conditions. A minimum of four feet of cover to the extent practical was achieved and the cover included just over a foot of topsoil suitable to establish vegetation.

10. Following cover, the site will be recontoured to meet the Surface Management Agency or surface owner requirements. Re-contouring will attempt to match fit, shape, line form, and texture of the surrounding geography. Re-shaping will include drainage control, prevent ponding, and minimize erosion. Natural drainages will be unimpeded and stormwater Best Management Practices (BMPs) will be used to aid in soil stabilization and protection surface water quality.

Following cover, Williams reestablished drainage and contours to approximately match previous topography meeting the Conditions of Approval in the APD and the direction offered by a BLM/USFS inspector. Cover and re-contouring were completed on (8/16/2010).

11. Notification will be sent to the Aztec District office when the reclaimed area is seeded. Williams will comply with Surface Management Agency reseeding requirements in the COAs of the APD for the referenced well, per BLM:FFO/NMOCDD MOU dated 5/4/09.

12. WPX shall seed the disturbed areas the first growing season after the pit is covered. Seeding will be accomplished via drilling on the contour whenever practical, or by other Division-approved methods. Vegetative cover will equal 70% of the native perennial vegetative cover (un-impacted) consisting of at least three native plant species, including at least one grass, but not including noxious weeds, and maintained that cover through two successive growing seasons. Repeat seeding or planting will be continued until successful vegetative growth occurs. *Note: WPX assumes the seeding stipulations including mix and seeding methods specified by the Surface Management Agency (BLM, BOR, USFS, Tribal, etc.) or Land owner as part of a surface use agreement or APD are Division-approved methods unless notified by the Division of their unacceptability.*

Williams will comply with Surface Management Agency reseeding requirements in the COAs of the APD for the referenced well, per BLM:FFO/NMOCD MOU dated 5/4/09.

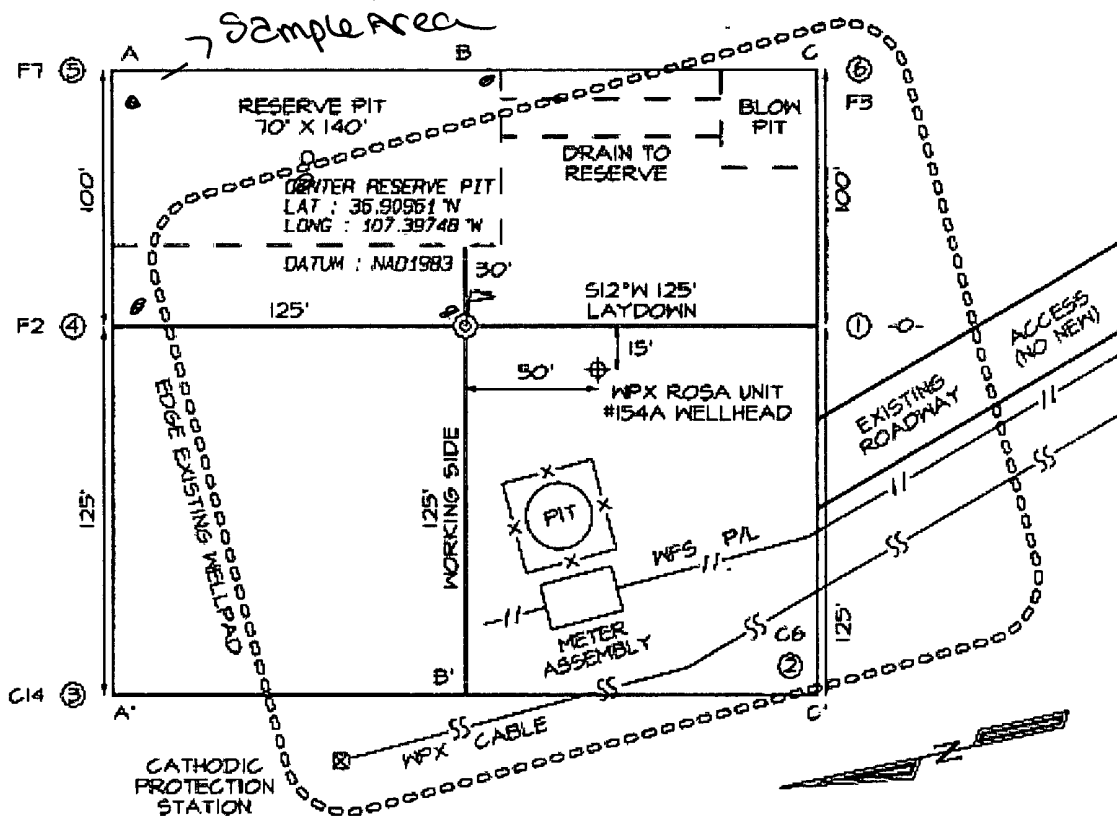
13. The temporary pit will be located with a steel marker, no less than four inches in diameter, cemented in a hole three feet deep in the center of the onsite burial upon the abandonment of all wells on the pad. The marker will be flush with the ground to allow access of the active well pad and for safety concerns. The marker will include a threaded collar to be used for future abandonment. The top of the marker will contain a welded steel 12" square plate that indicates the onsite burial of the temporary pit. The plate will be easily removable and a four-foot tall riser will be threaded into the top of the collar marker and welded around the base with the operations information at the time of all wells on the pad abandoned. The information will include Operator Name, Lease Name, Well Name, and number, USTR, and an indicator that the marker is an onsite pit burial location.

The temporary pit was located with a steel marker meeting the above listed specifications. The marker has the following information welded for future reference: Williams Production, NMSE-078768, S07-T31N-R05W-F, "Pit Burial" (photo attached). Steel marker set (8/16/2010).

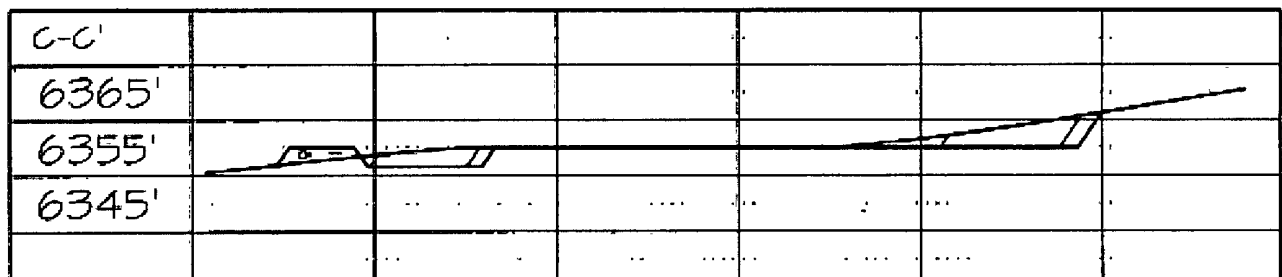
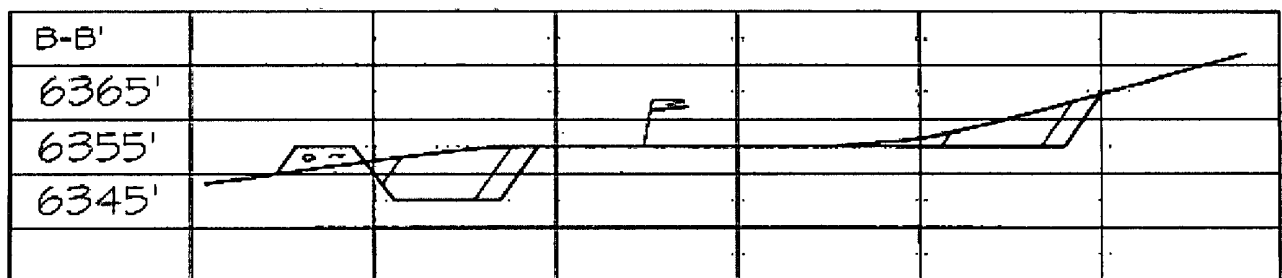
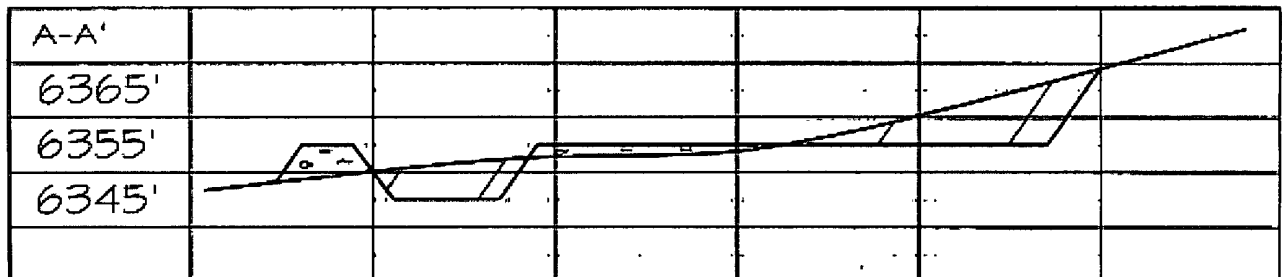


**WILLIAMS PRODUCTION COMPANY ROSA UNIT #154B**  
**990' FSL & 880' FEL, SECTION 7, T31N, R5W, NMPM**  
**RIO ARriba COUNTY, NEW MEXICO ELEVATION: 6355'**

**LATITUDE: 36.90951° N**  
**LONGITUDE: 107.39774° W**  
 DATUM: NAD1983



Steel T-Posts have been set to define the Edge of Disturbance limits which are 50' offset from the edge of the staked wellpad.



FILENAME: 315TM14

SHEET 2 OF 3

NCE SURVEYS, INC.

DRAWN BY: EDO

CHECKED BY: JCE

**EPA METHOD 8015 Modified  
Nonhalogenated Volatile Organics  
Total Petroleum Hydrocarbons**

|                      |             |                     |            |
|----------------------|-------------|---------------------|------------|
| Client:              | WPX         | Project #:          | 04108-0136 |
| Sample ID:           | Reserve Pit | Date Reported:      | 08-19-10   |
| Laboratory Number:   | 55592       | Date Sampled:       | 08-16-10   |
| Chain of Custody No: | 10209       | Date Received:      | 08-18-10   |
| Sample Matrix:       | Soil        | Date Extracted:     | 08-18-10   |
| Preservative:        | Cool        | Date Analyzed:      | 08-19-10   |
| Condition:           | Intact      | Analysis Requested: | 8015 TPH   |

| Parameter                    | Concentration<br>(mg/Kg) | Det.<br>Limit<br>(mg/Kg) |
|------------------------------|--------------------------|--------------------------|
| Gasoline Range (C5 - C10)    | ND                       | 0.2                      |
| Diesel Range (C10 - C28)     | ND                       | 0.1                      |
| Total Petroleum Hydrocarbons | ND                       | 0.2                      |

ND - Parameter not detected at the stated detection limit.

References: Method 8015B, Nonhalogenated Volatile Organics, Test Methods for Evaluating Solid Waste, SW-846, USEPA, December 1996.

Comments: **Rosa Unit #154B**

  
\_\_\_\_\_  
Analyst  
\_\_\_\_\_  
Review

**EPA Method 8015 Modified**  
**Nonhalogenated Volatile Organics**  
**Total Petroleum Hydrocarbons**

**Quality Assurance Report**

|                    |                    |                     |          |
|--------------------|--------------------|---------------------|----------|
| Client:            | QA/QC              | Project #:          | N/A      |
| Sample ID:         | 08-19-10 QA/QC     | Date Reported:      | 08-19-10 |
| Laboratory Number: | 55591              | Date Sampled:       | N/A      |
| Sample Matrix:     | Methylene Chloride | Date Received:      | N/A      |
| Preservative:      | N/A                | Date Analyzed:      | 08-19-10 |
| Condition:         | N/A                | Analysis Requested: | TPH      |

|                         | I-Cal Date | I-Cal RF    | C-Cal RF    | % Difference | Accept Range |
|-------------------------|------------|-------------|-------------|--------------|--------------|
| Gasoline Range C5 - C10 | 08-19-10   | 9.9960E+002 | 1.0000E+003 | 0.04%        | 0 - 15%      |
| Diesel Range C10 - C28  | 08-19-10   | 9.9960E+002 | 1.0000E+003 | 0.04%        | 0 - 15%      |

| Blank Conc. (mg/L - mg/Kg)   | Concentration | Detection Limit |
|------------------------------|---------------|-----------------|
| Gasoline Range C5 - C10      | ND            | 0.2             |
| Diesel Range C10 - C28       | ND            | 0.1             |
| Total Petroleum Hydrocarbons | ND            | 0.2             |

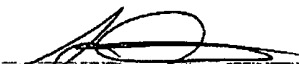
| Duplicate Conc. (mg/Kg) | Sample | Duplicate | % Difference | Accept Range |
|-------------------------|--------|-----------|--------------|--------------|
| Gasoline Range C5 - C10 | ND     | ND        | 0.0%         | 0 - 30%      |
| Diesel Range C10 - C28  | ND     | ND        | 0.0%         | 0 - 30%      |

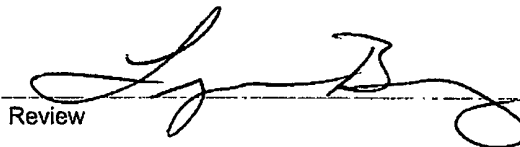
| Spike Conc. (mg/Kg)     | Sample | Spike Added | Spike Result | % Recovery | Accept Range |
|-------------------------|--------|-------------|--------------|------------|--------------|
| Gasoline Range C5 - C10 | ND     | 250         | 253          | 101%       | 75 - 125%    |
| Diesel Range C10 - C28  | ND     | 250         | 260          | 104%       | 75 - 125%    |

ND - Parameter not detected at the stated detection limit.

References: Method 8015B, Nonhalogenated Volatile Organics, Test Methods for Evaluating Solid Waste, SW-846, USEPA, December 1996.

Comments: QA/QC for Samples 55590-55594

  
 Analyst

  
 Review



**envirotech**  
Analytical Laboratory

**EPA METHOD 8021  
AROMATIC VOLATILE ORGANICS**

|                    |             |                     |            |
|--------------------|-------------|---------------------|------------|
| Client:            | WPX         | Project #:          | 04108-0136 |
| Sample ID:         | Reserve Pit | Date Reported:      | 08-19-10   |
| Laboratory Number: | 55592       | Date Sampled:       | 08-16-10   |
| Chain of Custody:  | 10209       | Date Received:      | 08-18-10   |
| Sample Matrix:     | Soil        | Date Analyzed:      | 08-19-10   |
| Preservative:      | Cool        | Date Extracted:     | 08-18-10   |
| Condition:         | Intact      | Analysis Requested: | BTEX       |

| Parameter    | Concentration<br>(ug/Kg) | Det.<br>Limit<br>(ug/Kg) |
|--------------|--------------------------|--------------------------|
| Benzene      | ND                       | 0.9                      |
| Toluene      | ND                       | 1.0                      |
| Ethylbenzene | ND                       | 1.0                      |
| p,m-Xylene   | ND                       | 1.2                      |
| o-Xylene     | ND                       | 0.9                      |
| Total BTEX   | ND                       |                          |

ND - Parameter not detected at the stated detection limit.

| Surrogate Recoveries: | Parameter           | Percent Recovery |
|-----------------------|---------------------|------------------|
|                       | Fluorobenzene       | 97.6 %           |
|                       | 1,4-difluorobenzene | 97.5 %           |
|                       | Bromochlorobenzene  | 101 %            |

References: Method 5030B, Purge-and-Trap, Test Methods for Evaluating Solid Waste, SW-846, USEPA, December 1996.

Method 8021B, Aromatic Volatile Organics, Test Methods for Evaluating Solid Waste, SW-846, USEPA, December 1996.

Comments: Rosa Unit #154B

Analyst

Review

|                    |                |                |          |
|--------------------|----------------|----------------|----------|
| Client:            | N/A            | Project #:     | N/A      |
| Sample ID:         | 0819BBLK QA/QC | Date Reported: | 08-19-10 |
| Laboratory Number: | 55588          | Date Sampled:  | N/A      |
| Sample Matrix:     | Soil           | Date Received: | N/A      |
| Preservative:      | N/A            | Date Analyzed: | 08-19-10 |
| Condition:         | N/A            | Analysis:      | BTEX     |

| Calibration and<br>Detection Limits (ug/L) | I-Cal RF    | C-Cal RF             | %Diff | Blank<br>Conc | Detect<br>Limit |
|--|-------------|----------------------|-------|---------------|-----------------|
|  |             | Accept Range 0 - 15% |       |               |                 |
| Benzene                                    | 7.9650E+005 | 7.9809E+005          | 0.2%  | ND            | 0.1             |
| Toluene                                    | 8.8644E+005 | 8.8822E+005          | 0.2%  | ND            | 0.1             |
| Ethylbenzene                               | 8.0026E+005 | 8.0187E+005          | 0.2%  | ND            | 0.1             |
| p,m-Xylene                                 | 1.9436E+006 | 1.9475E+006          | 0.2%  | ND            | 0.1             |
| o-Xylene                                   | 7.1916E+005 | 7.2060E+005          | 0.2%  | ND            | 0.1             |


| Duplicate Conc. (ug/Kg) | Sample | Duplicate | %Diff | Accept Range | Detect Limit |
|-------------------------|--------|-----------|-------|--------------|--------------|
| Benzene                 | ND     | ND        | 0.0%  | 0 - 30%      | 0.9          |
| Toluene                 | ND     | ND        | 0.0%  | 0 - 30%      | 1.0          |
| Ethylbenzene            | ND     | ND        | 0.0%  | 0 - 30%      | 1.0          |
| p,m-Xylene              | ND     | ND        | 0.0%  | 0 - 30%      | 1.2          |
| o-Xylene                | ND     | ND        | 0.0%  | 0 - 30%      | 0.9          |

| Spike Conc. (ug/Kg) | Sample | Amount Spiked | Spiked Sample | % Recovery | Accept Range |
|---------------------|--------|---------------|---------------|------------|--------------|
| Benzene             | ND     | 50.0          | 50.8          | 102%       | 39 - 150     |
| Toluene             | ND     | 50.0          | 50.3          | 101%       | 46 - 148     |
| Ethylbenzene        | ND     | 50.0          | 50.1          | 100%       | 32 - 160     |
| p,m-Xylene          | ND     | 100           | 101           | 101%       | 46 - 148     |
| o-Xylene            | ND     | 50.0          | 50.0          | 100%       | 46 - 148     |

ND - Parameter not detected at the stated detection limit.

References: Method 5030B, Purge-and-Trap, Test Methods for Evaluating Solid Waste, SW-846, USEPA, December 1996.  
 Method 8021B, Aromatic and Halogenated Volatiles by Gas Chromatography Using Photoionization and/or Electrolytic Conductivity Detectors, SW-846, USEPA December 1996.

Comments: QA/QC for Samples 55588-55594

  
 Analyst

  
 Review


|                      |             |                  |            |
|----------------------|-------------|------------------|------------|
| Client:              | WPX         | Project #:       | 04108-0136 |
| Sample ID:           | Reserve Pit | Date Reported:   | 08-19-10   |
| Laboratory Number:   | 55592       | Date Sampled:    | 08-16-10   |
| Chain of Custody No: | 10209       | Date Received:   | 08-18-10   |
| Sample Matrix:       | Soil        | Date Extracted:  | 08-19-10   |
| Preservative:        | Cool        | Date Analyzed:   | 08-19-10   |
| Condition:           | Intact      | Analysis Needed: | TPH-418.1  |

| Parameter                    | Concentration<br>(mg/kg) | Det.<br>Limit<br>(mg/kg) |
|------------------------------|--------------------------|--------------------------|
| Total Petroleum Hydrocarbons | 31.3                     | 23.8                     |

ND = Parameter not detected at the stated detection limit.

References: Method 418.1, Petroleum Hydrocarbons, Total Recoverable, Chemical Analysis of Water and Waste, USEPA Storet No. 4551, 1978.

Comments: Rosa Unit #154B

  
Analyst  
Review



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**EPA METHOD 418.1  
TOTAL PETROLEUM  
HYDROCARBONS  
QUALITY ASSURANCE REPORT**

|                    |                       |                  |          |
|--------------------|-----------------------|------------------|----------|
| Client:            | QA/QC                 | Project #:       | N/A      |
| Sample ID:         | QA/QC                 | Date Reported:   | 08-19-10 |
| Laboratory Number: | 08-19-TPH.QA/QC 55591 | Date Sampled:    | N/A      |
| Sample Matrix:     | Freon-113             | Date Analyzed:   | 08-19-10 |
| Preservative:      | N/A                   | Date Extracted:  | 08-19-10 |
| Condition:         | N/A                   | Analysis Needed: | TPH      |

|                    |            |            |           |           |              |               |
|--------------------|------------|------------|-----------|-----------|--------------|---------------|
| <b>Calibration</b> | I-Cal Date | C-Cal Date | I-Cal RF: | C-Cal RF: | % Difference | Accept. Range |
|                    | 07-29-10   | 08-19-10   | 1,860     | 1,770     | 4.8%         | +/- 10%       |

|                            |                      |                        |
|----------------------------|----------------------|------------------------|
| <b>Blank Conc. (mg/Kg)</b> | <b>Concentration</b> | <b>Detection Limit</b> |
| TPH                        | ND                   | 23.8                   |

|                                |               |                  |                     |                      |
|--------------------------------|---------------|------------------|---------------------|----------------------|
| <b>Duplicate Conc. (mg/Kg)</b> | <b>Sample</b> | <b>Duplicate</b> | <b>% Difference</b> | <b>Accept. Range</b> |
| TPH                            | 31.3          | 37.2             | 18.8%               | +/- 30%              |


|                            |               |                    |                     |                   |                     |
|----------------------------|---------------|--------------------|---------------------|-------------------|---------------------|
| <b>Spike Conc. (mg/Kg)</b> | <b>Sample</b> | <b>Spike Added</b> | <b>Spike Result</b> | <b>% Recovery</b> | <b>Accept Range</b> |
| TPH                        | 31.3          | 2,000              | 1,860               | 91.6%             | 80 - 120%           |

ND = Parameter not detected at the stated detection limit.

References: Method 418.1, Petroleum Hydrocarbons, Total Recoverable, Chemical Analysis of Water and Waste, USEPA Storet No. 4551, 1978.

Comments: QA/QC for Samples 55591-55594, 55597-55601

  
Analyst

  
Review



**envirotech**  
Analytical Laboratory

**Chloride**

|                |             |                   |            |
|----------------|-------------|-------------------|------------|
| Client:        | WPX         | Project #:        | 04108-0136 |
| Sample ID:     | Reserve Pit | Date Reported:    | 08-19-10   |
| Lab ID#:       | 55592       | Date Sampled:     | 08-16-10   |
| Sample Matrix: | Soil        | Date Received:    | 08-18-10   |
| Preservative:  | Cool        | Date Analyzed:    | 08-19-10   |
| Condition:     | Intact      | Chain of Custody: | 10209      |


| Parameter | Concentration (mg/Kg) |
|-----------|-----------------------|
|-----------|-----------------------|

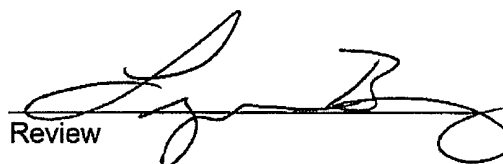
**Total Chloride**

**60**

Reference: U.S.E.P.A., 4500B, "Methods for Chemical Analysis of Water and Wastes", 1983.  
Standard Methods For The Examination of Water And Waste Water", 18th ed., 1992.

Comments: **Rosa Unit #154B**

  
Analyst

  
Review



# CHAIN OF CUSTODY RECORD

10209

| Client:<br><b>WPX</b>               |                    |                   | Project Name / Location:<br><b>Rosa unit # 154 B</b> |                   |                          | ANALYSIS / PARAMETERS   |                              |  |  |                                     |                                     |      |      |  |  |  |  |                                     |                                     |                   |                    |                                     |                                     |                |     |               |     |             |          |  |  |  |  |  |             |               |
|-------------------------------------|--------------------|-------------------|--|-------------------|--------------------------|---|------------------------------|--|--|-------------------------------------|-------------------------------------|------|------|--|--|--|--|-------------------------------------|-------------------------------------|-------------------|--------------------|-------------------------------------|-------------------------------------|----------------|-----|---------------|-----|-------------|----------|--|--|--|--|--|-------------|---------------|
| Client Address:<br><b>myke Lane</b> |                    |                   | Sampler Name:<br><b>Glen Shelby</b>                  |                   |                          | <table border="1"> <tr> <td rowspan="2">TPH (Method 8015)</td> <td rowspan="2">BTEX (Method 8021)</td> <td rowspan="2">VOC (Method 8260)</td> <td rowspan="2">RCRA 8 Metals</td> <td rowspan="2">Cation / Anion</td> <td rowspan="2">RCI</td> <td rowspan="2">TCLP with H/P</td> <td rowspan="2">PAH</td> <td rowspan="2">TPH (418.1)</td> <td rowspan="2">CHLORIDE</td> <td rowspan="2"></td> <td rowspan="2"></td> <td rowspan="2"></td> <td rowspan="2"></td> <td rowspan="2"></td> <td rowspan="2">Sample Cool</td> <td rowspan="2">Sample Intact</td> </tr> <tr></tr> </table> |                              |  |  |                                     |                                     |      |      |  |  |  |  |                                     |                                     | TPH (Method 8015) | BTEX (Method 8021) | VOC (Method 8260)                   | RCRA 8 Metals                       | Cation / Anion | RCI | TCLP with H/P | PAH | TPH (418.1) | CHLORIDE |  |  |  |  |  | Sample Cool | Sample Intact |
| TPH (Method 8015)                   | BTEX (Method 8021) | VOC (Method 8260) | RCRA 8 Metals  | Cation / Anion    | RCI                      |   |                              |  |  |                                     |                                     |      |      |  |  |  |  |                                     |                                     |                   |                    |                                     |                                     |                |     |               |     |             |          |  |  |  |  |  |             |               |
|                                     |                    |                   |  |                   |                          |   |                              |  |  |                                     |                                     |      |      |  |  |  |  |                                     |                                     |                   |                    |                                     |                                     |                |     |               |     |             |          |  |  |  |  |  |             |               |
| Client Phone No.:                   |                    |                   | Client No.:<br><b>04108 - 0136</b>                   |                   |                          |   |                              |  |  |                                     |                                     |      |      |  |  |  |  |                                     |                                     |                   |                    |                                     |                                     |                |     |               |     |             |          |  |  |  |  |  |             |               |
| Sample No./ Identification          | Sample Date        | Sample Time       | Lab No.  | Sample Matrix     | No./Volume of Containers | Preservative  |                              |  |  |                                     |                                     |      |      |  |  |  |  |                                     |                                     |                   |                    |                                     |                                     |                |     |               |     |             |          |  |  |  |  |  |             |               |
|                                     |                    |                   |  |                   |                          | HgCl <sub>2</sub>   | HCl                          |  |  |                                     |                                     |      |      |  |  |  |  |                                     |                                     |                   |                    |                                     |                                     |                |     |               |     |             |          |  |  |  |  |  |             |               |
| <b>Reserve A1</b>                   | <b>8.16.10</b>     | <b>3:40 AM</b>    | <b>55592</b>   | <b>Soil Solid</b> | <b>Sludge Aqueous</b>    | <b>1</b>  |                              |  |  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |      |  |  |  |  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                   |                    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                |     |               |     |             |          |  |  |  |  |  |             |               |
|                                     |                    |                   |  | Soil Solid        | Sludge Aqueous           |   |                              |  |  |                                     |                                     |      |      |  |  |  |  |                                     |                                     |                   |                    |                                     |                                     |                |     |               |     |             |          |  |  |  |  |  |             |               |
|                                     |                    |                   |  | Soil Solid        | Sludge Aqueous           |   |                              |  |  |                                     |                                     |      |      |  |  |  |  |                                     |                                     |                   |                    |                                     |                                     |                |     |               |     |             |          |  |  |  |  |  |             |               |
|                                     |                    |                   |  | Soil Solid        | Sludge Aqueous           |   |                              |  |  |                                     |                                     |      |      |  |  |  |  |                                     |                                     |                   |                    |                                     |                                     |                |     |               |     |             |          |  |  |  |  |  |             |               |
|                                     |                    |                   |  | Soil Solid        | Sludge Aqueous           |   |                              |  |  |                                     |                                     |      |      |  |  |  |  |                                     |                                     |                   |                    |                                     |                                     |                |     |               |     |             |          |  |  |  |  |  |             |               |
|                                     |                    |                   |  | Soil Solid        | Sludge Aqueous           |   |                              |  |  |                                     |                                     |      |      |  |  |  |  |                                     |                                     |                   |                    |                                     |                                     |                |     |               |     |             |          |  |  |  |  |  |             |               |
|                                     |                    |                   |  | Soil Solid        | Sludge Aqueous           |   |                              |  |  |                                     |                                     |      |      |  |  |  |  |                                     |                                     |                   |                    |                                     |                                     |                |     |               |     |             |          |  |  |  |  |  |             |               |
|                                     |                    |                   |  | Soil Solid        | Sludge Aqueous           |   |                              |  |  |                                     |                                     |      |      |  |  |  |  |                                     |                                     |                   |                    |                                     |                                     |                |     |               |     |             |          |  |  |  |  |  |             |               |
|                                     |                    |                   |  | Soil Solid        | Sludge Aqueous           |   |                              |  |  |                                     |                                     |      |      |  |  |  |  |                                     |                                     |                   |                    |                                     |                                     |                |     |               |     |             |          |  |  |  |  |  |             |               |
|                                     |                    |                   |  | Soil Solid        | Sludge Aqueous           |   |                              |  |  |                                     |                                     |      |      |  |  |  |  |                                     |                                     |                   |                    |                                     |                                     |                |     |               |     |             |          |  |  |  |  |  |             |               |
|                                     |                    |                   |  | Soil Solid        | Sludge Aqueous           |   |                              |  |  |                                     |                                     |      |      |  |  |  |  |                                     |                                     |                   |                    |                                     |                                     |                |     |               |     |             |          |  |  |  |  |  |             |               |
|                                     |                    |                   |  | Soil Solid        | Sludge Aqueous           |   |                              |  |  |                                     |                                     |      |      |  |  |  |  |                                     |                                     |                   |                    |                                     |                                     |                |     |               |     |             |          |  |  |  |  |  |             |               |
| Relinquished by: (Signature)<br>    |                    |                   |  |                   | Date                     | Time  | Received by: (Signature)<br> |  |  |                                     |                                     | Date | Time |  |  |  |  |                                     |                                     |                   |                    |                                     |                                     |                |     |               |     |             |          |  |  |  |  |  |             |               |
| Relinquished by: (Signature)        |                    |                   |  |                   |                          |   | Received by: (Signature)     |  |  |                                     |                                     |      |      |  |  |  |  |                                     |                                     |                   |                    |                                     |                                     |                |     |               |     |             |          |  |  |  |  |  |             |               |
| Relinquished by: (Signature)        |                    |                   |  |                   |                          |   | Received by: (Signature)     |  |  |                                     |                                     |      |      |  |  |  |  |                                     |                                     |                   |                    |                                     |                                     |                |     |               |     |             |          |  |  |  |  |  |             |               |



**Meador, Tasha**

---

**From:** Glenn Shelby [glenn@adobecontractorsinc.com]

**Sent:** Wednesday, June 30, 2010 3:51 PM

**To:** Brandon Powell

**Cc:** Johnny Stinson; Lane, Myke; Meador, Tasha

**Subject:** Williams cleanups, Rosa Unit 154B

On July 2nd we will be moving equipment and starting the cleanup on the Rosa Unit 154B. If you have any questions call me.

Thanks,  
Glenn Shelby  
Field Foreman  
Adobe Contractors, Inc.  
Cell: 320-7187  
[glenn@adobecontractorsinc.com](mailto:glenn@adobecontractorsinc.com)

7/19/2010

**Meador, Tasha**

---

**From:** Glenn Shelby [glenn@adobecontractorsinc.com]  
**Sent:** Wednesday, June 30, 2010 3:49 PM  
**To:** Sherrie Landon; Randy Mckee; Bob Switzer; Bill Liess; Mark Kelly  
**Cc:** Johnny Stinson; Lane, Myke; Meador, Tasha  
**Subject:** Williams cleanups, Rosa Unit 154B

On July 2nd we will be moving equipment and starting the cleanup on the Rosa Unit 154B. If you have any questions call me.

Thanks,  
Glenn Shelby  
Field Foreman  
Adobe Contractors, Inc.  
Cell: 320-7187  
[glenn@adobecontractorsinc.com](mailto:glenn@adobecontractorsinc.com)

7/19/2010

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN  
DUPLICATE

(See other instructions on  
reverse side)

FORM APPROVED  
OMB NO 1004-0137  
Expires: February 28, 1995

|  |                                     |   |                        |   |                                   |   |                         |
|--|-------------------------------------|---|------------------------|---|-----------------------------------|---|-------------------------|
| <b>WELL COMPLETION OR RECOMPLETION REPORT AND LOG*</b>   |                                     |   |                        |   |                                   | 5 LEASE DESIGNATION AND LEASE NO<br><b>NMSF-078767</b>                      |                         |
| 1a TYPE OF WELL <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER   |                                     |   |                        |   |                                   | 6 IF INDIAN, ALLOTTEE OR  |                         |
| b TYPE OF COMPLETION<br><input checked="" type="checkbox"/> NEW WELL <input type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF RESVR <input type="checkbox"/> OTHER                   |                                     |   |                        |   |                                   | 7 UNIT AGREEMENT NAME<br><b>Rosa Unit</b>                                   |                         |
| 2 NAME OF OPERATOR<br><b>WILLIAMS PRODUCTION COMPANY</b>   |                                     |   |                        |   |                                   | 8 FARM OR LEASE NAME, WELL NO<br><b>Rosa Unit #154B</b>                     |                         |
| 3 ADDRESS AND TELEPHONE NO<br><b>P O. Box 640, Aztec, NM 87410 (505) 634-4208</b>  |                                     |   |                        |   |                                   | 9 API WELL NO<br><b>30-039-30804</b>  |                         |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*<br>At Surface: 990' FSL & 880' FEL, sec 7, T31N, R5W<br>At top production interval reported below: 2336' FSL & 975' FEL, sec 7, T31N, R5W<br>At total depth: Same |                                     |   |                        |   |                                   | 10 FIELD AND POOL, OR WILDCAT<br><b>Basin Dakota</b>                        |                         |
|  |                                     |   |                        |   |                                   | 11 SEC., T., R., M., OR BLOCK AND SURVEY OR AREA<br><b>Sec 7, T31N, R5W</b> |                         |
|  |                                     |   |                        | 14 PERMIT NO                                      | DATE ISSUED                       |   |                         |
|  |                                     |   |                        | 12 COUNTY OR                                      |                                   | 13 STATE  |                         |
|  |                                     |   |                        | <b>Rio Arriba</b>                                 |                                   | <b>New Mexico</b>   |                         |
|  |                                     |   |                        | 19 ELEVATION CASINGHEAD                           |                                   |   |                         |
| 15 DATE<br>SPUDDED<br>9-28-09  | 16 DATE T.D.<br>REACHED<br>10-10-09 | 17 DATE COMPLETED (READY TO PRODUCE)<br>11-17-09                                    |                        | 18 ELEVATIONS (DK, RKB, RT, GR, ETC)*<br>6355' GR |                                   |   |                         |
| 20 TOTAL DEPTH, MD & TVD<br>8262' MD / 8012' TVD   |                                     | 21 PLUG, BACK T.D., MD & TVD<br>8256' MD / 8006' TVD                                |                        | 22 IF MULTICOMP.<br>HOW MANY<br>3 *               | 23 INTERVALS<br>DRILLED BY        | ROTARY TOOLS<br>x   | CABLE TOOLS             |
| 24 PRODUCING INTERVAL(S), OF THIS COMPLETION - TOP, BOTTOM, NAME (MD AND TVD)*<br><b>BASIN DAKOTA: 8172'-8254' MD Commingled with Mesaverde and Mancos per AZT-3277</b>  |                                     |   |                        |   |                                   | 25 WAS DIRECTIONAL SURVEY MADE<br><b>YES</b>                                |                         |
| 26 TYPE ELECTRIC AND OTHER LOGS RUN<br><b>Array Induction, Compensated Gamma Ray-Density-Neutron, Ultra Sonic Gas Detector and CBL</b>   |                                     |   |                        |   |                                   | 27 WAS WELL CORED<br><b>No</b>  |                         |
| 28 CASING REPORT (Report all strings set in well) NOTE production casing is mixed string of 52 jts 4-1/2" (6252'-8262') & 164 jts 5-1/2" (surface-6252')   |                                     |   |                        |   |                                   |   |                         |
| CASING SIZE/GRADE  |                                     | WEIGHT, LB / FT   |                        | DEPTH SET (MD)                                    |                                   | HOLE SIZE   |                         |
| 10-3/4", J-55  |                                     | 40.5#   |                        | 316'  |                                   | 14-3/4"   |                         |
| 7-5/8", K-55   |                                     | 26.4#   |                        | 3882'   |                                   | 9-7/8"  |                         |
| 5-1/2", N-80   |                                     | 17.0#   |                        | SEE BELOW   |                                   | 9-7/8"  |                         |
| 4-1/2", N-80   |                                     | 11.6#   |                        | 8261'   |                                   | 6-3/4"  |                         |
|  |                                     |   |                        |   |                                   | 590 SX - 1760' (CBL)  |                         |
| 29 LINER RECORD  |                                     |   |                        | 30 TUBING RECORD                                  |                                   |   |                         |
| SIZE   | TOP (MD)                            | BOTTOM (MD)   | SACKS CEMENT*          | SCREEN (MD)                                       | SIZE                              | DEPTH SET (MD)  | PACKER SET (MD)         |
|  |                                     |   |                        |   | 2.375", 4.7#, J-55 & N-80 EUE 8rd | 8141'   | none                    |
| 31 PERFORATION RECORD (Interval, size, and number)<br><br><u>Dakota</u> Total of 66, 0 34" holes   |                                     |   |                        | 32 ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC      |                                   |   |                         |
|  |                                     |   |                        | DEPTH INTERVAL (MD)                               |                                   | AMOUNT AND KIND OF MATERIAL USED  |                         |
|  |                                     |   |                        | 8172'-8254'                                       |                                   | Fraced with 5000# 100 mesh BASF followed with 102,900# 40/70 mesh BASF      |                         |
|  |                                     |   |                        |   |                                   |   |                         |
| 33 PRODUCTION  |                                     |   |                        |   |                                   |   |                         |
| DATE OF FIRST PRODUCTION   |                                     | PRODUCTION METHOD (Flowing, gas lift, pumping-size and type of pump)<br><br>Flowing |                        |   |                                   | WELL STATUS (PRODUCING OR SI)<br><br>SI - waiting on tie-in                 |                         |
| DATE OF TEST<br>11-15-09   | TESTED<br>2 hr                      | CHOKE SIZE<br>1/2"  | PROD'N FOR TEST PERIOD | OIL - BBL   | GAS - MCF                         | WATER - BBL   | GAS-OIL RATIO           |
| FLOW TBG PRESS<br>0  | CASING PRESSURE<br>440 lb           | CALCULATED 24-HOUR RATE   |                        | OIL - BBL   | GAS - MCF<br>632 mcf/d            | WATER - BBL   | OIL GRAVITY-API (CORR ) |
| 34 DISPOSITION OF GAS (Sold, used for fuel, vented, etc ) TO BE SOLD   |                                     |   |                        |   |                                   | TEST WITNESSED BY <b>Sergio Borunda</b>                                     |                         |
| 35 LIST OF ATTACHMENTS   |                                     | SUMMARY OF POROUS ZONES, WELLBORE DIAGRAM.  |                        |   |                                   |   |                         |
| 36 I hereby certify that the foregoing and attached information is complete and correct as determined from all available records   |                                     |   |                        |   |                                   |   |                         |

SIGNED \_\_\_\_\_ TITLE Drlg COM DATE 11-20-09

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN  
DUPLICATE

(See other instructions on  
reverse side)

FORM APPROVED  
OMB NO 1004-0137  
Expires: February 28, 1995

5 LEASE DESIGNATION AND LEASE NO  
NMSF-078767

6 IF INDIAN ALLOTTEE OR

WELL COMPLETION OR RECOMPLETION REPORT AND LOG\*

7 UNIT AGREEMENT NAME  
Rosa Unit

1a TYPE OF WELL ☐ OIL WELL ☒ GAS WELL ☐ DRY ☐ OTHER

b TYPE OF COMPLETION  
☒ NEW WELL ☐ WORKOVER ☐ DEEPEN ☐ PLUG BACK ☐ DIFF RESVR ☐ OTHER

2 NAME OF OPERATOR  
WILLIAMS PRODUCTION COMPANY

8 FARM OR LEASE NAME, WELL NO  
Rosa Unit #154B

3 ADDRESS AND TELEPHONE NO  
P O Box 640, Aztec, NM 87410 (505) 634-4208

9 API WELL NO  
30-039-30804

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)\*  
At Surface: 990' FSL & 880' FEL, sec 7, T31N, R5W  
At top production interval reported below : 2336' FSL & 975' FEL, sec 7, T31N, R5W  
At total depth. Same

10. FIELD AND POOL, OR WILDCAT  
Basin Mancos

11 SEC., T., R., M., OR BLOCK AND  
SURVEY OR AREA  
Sec 7, T31N, R5W

14 PERMIT NO

DATE ISSUED

12 COUNTY OR

13 STATE  
Rio Arriba New Mexico

15 DATE  
SPUDDED  
9-28-09

16 DATE T D  
REACHED  
10-10-09

17 DATE COMPLETED (READY TO PRODUCE)  
11-17-09

18 ELEVATIONS (DK. RKB, RT, GR, ETC)\*  
6355' GR

19 ELEVATION CASINGHEAD

20 TOTAL DEPTH, MD & TVD  
8262' MD / 8012' TVD

21 PLUG BACK T D, MD & TVD  
8256' MD / 8006' TVD

22 IF MULTICOMP.  
HOW MANY  
3 \*

23 INTERVALS  
DRILLED BY

ROTARY TOOLS  
x

CABLE TOOLS

24 PRODUCING INTERVAL(S), OF THIS COMPLETION - TOP, BOTTOM, NAME (MD AND TVD)\*  
BASIN MANCOS: 7100'-7750' MD Commingled with Mesaverde and Dakota per AZT-3277

25 WAS DIRECTIONAL SURVEY MADE  
YES

26 TYPE ELECTRIC AND OTHER LOGS RUN  
Array Induction, Compensated Gamma Ray-Density-Neutron, Ultra Sonic Gas Dector and CBL

27 WAS WELL CORED  
No

28 CASING REPORT (Report all strings set in well) NOTE production casing is mixed string of 52 jts 4-1/2" (6252'-8262') & 164 jts 5-1/2" (surface-6252')

| CASING SIZE/GRADE | WEIGHT, LB./FT | DEPTH SET (MD) | HOLE SIZE | TOP OF CEMENT, CEMENTING RECORD | AMOUNT PULLED |
|-------------------|----------------|----------------|-----------|---------------------------------|---------------|
| 10-3/4", J-55     | 40 5#          | 316'           | 14-3/4"   | 290 SX - SURFACE                |               |
| 7-5/8", K-55      | 26 4#          | 3882'          | 9-7/8"    | 600 SX - SURFACE                |               |
| 5-1/2", N-80      | 17.0#          | SEE BELOW      | 9-7/8"    | SEE BELOW                       |               |
| 4-1/2", N-80      | 11.6#          | 8261'          | 6-3/4"    | 590 SX - 1760' (CBL)            |               |

29 LINER RECORD

| SIZE | TOP (MD) | BOTTOM (MD) | SACKS CEMENT* | SCREEN (MD) | SIZE                              | DEPTH SET (MD) | PACKER SET (MD) |
|------|----------|-------------|---------------|-------------|-----------------------------------|----------------|-----------------|
|      |          |             |               |             | 2.375", 4 7#, J-55 & N-80 EUE 8rd | 8141'          | none            |

31 PERFORATION RECORD (Interval, size, and number)

| 32 ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC |  |
|--|--|
| DEPTH INTERVAL (MD)                          | AMOUNT AND KIND OF MATERIAL USED                                       |
| 7100'-7310'                                  | Fraced with 5100# 100 mesh BASF followed with 119,800# 40/70 mesh BASF |
| 7400'-7750'                                  | Fraced with 4900# 100 mesh BASF followed with 97,800# 40/70 mesh BASF  |

33 PRODUCTION

| DATE OF FIRST PRODUCTION |                 | PRODUCTION METHOD (Flowing, gas lift, pumping-size and type of pump) |                        |           |           | WELL STATUS (PRODUCING OR SI) |                         |
|--------------------------|-----------------|--|------------------------|-----------|-----------|-------------------------------|-------------------------|
|                          |                 | Flowing  |                        |           |           | SI - waiting on tie-in        |                         |
| DATE OF TEST             | TESTED          | CHOKE SIZE   | PROD'N FOR TEST PERIOD | OIL - BBL | GAS - MCF | WATER - BBL                   | GAS-OIL RATIO           |
| 11-15-09                 | 2 hr            | 1/2"   |                        |           |           |                               |                         |
| FLOW TBG PRESS           | CASING PRESSURE | CALCULATED 24-HOUR RATE  |                        | OIL - BBL | GAS - MCF | WATER - BBL                   | OIL GRAVITY-API (CORR.) |
| 0                        | 440 lb          |  |                        |           | 975 mcf/d |                               |                         |

34 DISPOSITION OF GAS (Sold, used for fuel, vented, etc ) TO BE SOLD

TEST WITNESSED BY Seijo Borunda

35 LIST OF ATTACHMENTS SUMMARY OF POROUS ZONES, WELLBORE DIAGRAM.

36 I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED \_\_\_\_\_ TITLE Drlg COM DATE 11-20-09

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN  
DUPLICATE

(See other instructions on  
reverse side)

FORM APPROVED  
OMB NO 1004-0137  
Expires February 28, 1995

|   |  |  |  |  |                               |  |
|---|--|--|--|--|-------------------------------|--|
| 5 LEASE DESIGNATION AND LEASE NO<br>NMSF-078767   |  |  |  |  |                               |  |
| 6 IF INDIAN ALLOTTEE OR   |  |  |  |  |                               |  |
| 7 UNIT AGREEMENT NAME<br>Rosa Unit  |  |  |  |  |                               |  |
| 8 FARM OR LEASE NAME, WELL NO<br>Rosa Unit #154B  |  |  |  |  |                               |  |
| 9 API WELL NO<br>30-039-30804   |  |  |  |  |                               |  |
| 10. FIELD AND POOL, OR WILDCAT<br>Blanco Mesaverde  |  |  |  |  |                               |  |
| 11 SEC. T. R. M. OR BLOCK AND<br>SURVEY OR AREA<br>Sec 7, T31N, R5W   |  |  |  |  |                               |  |
| 12 COUNTY OR<br>Rio Arriba  |  | 13 STATE<br>New Mexico   |  |  |                               |  |
| 14 PERMIT NO  |  | DATE ISSUED  |  |  |                               |  |
| 15 DATE<br>SPUDDED<br>9-28-09   |  | 16 DATE T.D.<br>REACHED<br>10-10-09                                  |  | 17 DATE COMPLETED (READY TO PRODUCE)<br>11-17-09 |                               |  |
| 18 ELEVATIONS (DK. RKB. RT.GR.ETC)*<br>6355' GR   |  | 19 ELEVATION CASINGHEAD  |  |  |                               |  |
| 20 TOTAL DEPTH, MD & TVD<br>8262' MD / 8012' TVD  |  | 21 PLUG BACK T.D. MD & TVD<br>8256' MD / 8006' TVD                   |  | 22 IF MULTICOMP.<br>HOW MANY<br>3 *              |                               |  |
| 23 INTERVALS<br>DRILLED BY  |  | ROTARY TOOLS<br>x  |  | CABLE TOOLS                                      |                               |  |
| 24 PRODUCING INTERVAL(S), OF THIS COMPLETION - TOP, BOTTOM, NAME (MD AND TVD)*<br>BLANCO MESAVERDE: 5669'-6324' MD Commingled with Mancos and Dakota per AZT-3277 |  |  |  |  |                               |  |
| 25 WAS DIRECTIONAL SURVEY MADE<br>YES   |  |  |  |  |                               |  |
| 26 TYPE ELECTRIC AND OTHER LOGS RUN<br>Array Induction, Compensated Gamma Ray-Density-Neutron, Ultra Sonic Gas Dector and CBL                                     |  |  |  |  |                               |  |
| 27 WAS WELL CORED<br>No   |  |  |  |  |                               |  |
| 28 CASING REPORT (Report all strings set in well) NOTE: production casing is mixed string of 52 jts 4-1/2" (6252'-8262') & 164 jts 5-1/2" (surface-6252')         |  |  |  |  |                               |  |
| CASING SIZE/GRADE   |  | WEIGHT, LB./FT   |  | DEPTH SET (MD)                                   |                               |  |
| 10-3/4", J-55   |  | 40.5#  |  | 316'   |                               |  |
| 7-5/8", K-55  |  | 26.4#  |  | 3882'  |                               |  |
| 5-1/2", N-80  |  | 17.0#  |  | SEE BELOW  |                               |  |
| 4-1/2", N-80  |  | 11.6#  |  | 8261'  |                               |  |
| 29 LINER RECORD   |  | 30 TUBING RECORD   |  |  |                               |  |
| SIZE  |  | TOP (MD)   |  | BOTTOM (MD)                                      |                               |  |
|   |  |  |  |  |                               |  |
| SACKS CEMENT*   |  | SCREEN (MD)  |  | SIZE   |                               |  |
|   |  |  |  | 2.375", 4 7#, J-55<br>& N-80 EUE 8rd             |                               |  |
| DEPTH SET (MD)  |  | PACKER SET (MD)  |  |  |                               |  |
|   |  | none   |  |  |                               |  |
| 31 PERFORATION RECORD (Interval, size, and number)  |  |  |  |  |                               |  |
| 32 ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC  |  |  |  |  |                               |  |
| DEPTH INTERVAL (MD)   |  |  |  |  |                               |  |
| AMOUNT AND KIND OF MATERIAL USED  |  |  |  |  |                               |  |
| Upper MV. Total of 52, 0 34" holes  |  |  |  |  |                               |  |
| 5669'-5879' Fraced with 85,904# 20/40 mesh BASF   |  |  |  |  |                               |  |
| Lower MV. Total of 56, 0 34" holes  |  |  |  |  |                               |  |
| 5925'-6324' Fraced with 81,902# 20/40 mesh BASF   |  |  |  |  |                               |  |
| 33 PRODUCTION   |  |  |  |  |                               |  |
| DATE OF FIRST PRODUCTION  |  | PRODUCTION METHOD (Flowing, gas lift, pumping-size and type of pump) |  |  | WELL STATUS (PRODUCING OR SI) |  |
|   |  | Flowing  |  |  | SI - waiting on tie-in        |  |
| DATE OF TEST  |  | TESTED   |  | CHOKE SIZE                                       |                               |  |
| 11-15-09  |  | 2 hr   |  | 1/2"   |                               |  |
| PROD'N FOR TEST PERIOD  |  | OIL - BBL  |  | GAS - MCF  |                               |  |
|   |  |  |  |  |                               |  |
| FLOW TBG PRESS  |  | CASING PRESSURE  |  | CALCULATED 24-HOUR RATE                          |                               |  |
| 0   |  | 440 lb   |  |  |                               |  |
| OIL - BBL   |  | GAS - MCF  |  | WATER - BBL                                      |                               |  |
| 1027 mcf/d  |  |  |  | OIL GRAVITY-API (CORR )                          |                               |  |
| 34 DISPOSITION OF GAS (Sold, used for fuel, vented, etc ) TO BE SOLD  |  |  |  |  |                               |  |
| TEST WITNESSED BY Sergio Borunda  |  |  |  |  |                               |  |
| 35 LIST OF ATTACHMENTS SUMMARY OF POROUS ZONES, WELLBORE DIAGRAM.   |  |  |  |  |                               |  |
| 36 I hereby certify that the foregoing and attached information is complete and correct as determined from all available records                                  |  |  |  |  |                               |  |

SIGNED \_\_\_\_\_ TITLE Drlg COM DATE 11-20-09

Exploration & Production  
San Juan Basin Operations  
720 So. Main / PO Box 640  
Aztec, NM 87410  
505-634-4200 / 505-634-4205 fax



## Temporary Pit Inspection

### FACILITY INFORMATION

|                                  |                            |
|----------------------------------|----------------------------|
| <b>Facility Name:</b> Rosa 154 B | <b>API #:</b> 30-039-30804 |
|----------------------------------|----------------------------|

|   |   |
|---|---|
| <b>Pit Type:</b> <input checked="" type="checkbox"/> Drilling <input type="checkbox"/> Workover <input type="checkbox"/> Cavitation | <b>Inspection:</b> <input type="checkbox"/> Daily (Rig) <input checked="" type="checkbox"/> Weekly (Tech) |
|---|---|

|   |  |                               |
|---|--|-------------------------------|
| Pit Liner intact (no visible tears)                                       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Report to EH&S immediately                            | Date / Time Reported to EH&S: |
| Pit Properly Fenced (no fence on rig side if on site)                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required (if site fully fenced) |                               |
| Pit Slopes intact   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                               |
| Adequate freeboard<br>(liquid level 2 <u>vertical</u> feet from berm top) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |                               |
| Does pit have oil or sheen on it?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                               |
| Flare Pit free of liquids   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |                               |
| Comments:   |  |                               |
| Inspector Signature: Michael Gurule                                       |  |                               |
| Printed Name:   |  |                               |
| Title:  |  |                               |
| Date: 4-16-10<br>Phone: 320-7401  |  |                               |

Record Retention: Submit with Closure  
File: EH&S Well Files

Exploration & Production  
San Juan Basin Operations  
720 So. Main / PO Box 640  
Aztec, NM 87410  
505-634-4200 / 505-634-4205 fax



## Temporary Pit Inspection

### FACILITY INFORMATION

|                                  |                            |
|----------------------------------|----------------------------|
| <b>Facility Name:</b> Rosa 154 B | <b>API #:</b> 30-039-30804 |
|----------------------------------|----------------------------|

|   |   |
|---|---|
| <b>Pit Type:</b> <input checked="" type="checkbox"/> Drilling <input type="checkbox"/> Workover <input type="checkbox"/> Cavitation | <b>Inspection:</b> <input type="checkbox"/> Daily (Rig) <input checked="" type="checkbox"/> Weekly (Tech) |
|---|---|

|   |  |                               |
|---|--|-------------------------------|
| Pit Liner intact (no visible tears)                                       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Report to EH&S immediately                            | Date / Time Reported to EH&S: |
| Pit Properly Fenced (no fence on rig side if on site)                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required (if site fully fenced) |                               |
| Pit Slopes intact   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                               |
| Adequate freeboard<br>(liquid level 2 <u>vertical</u> feet from berm top) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |                               |
| Does pit have oil or sheen on it?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                               |
| Flare Pit free of liquids   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |                               |
| Comments:   |  |                               |
| Inspector Signature: Michael Gurule                                       |  |                               |
| Printed Name:   |  |                               |
| Title:  |  |                               |
| Date: 4-22-10<br>Phone: 320-7401  |  |                               |

Record Retention: Submit with Closure  
File: EH&S Well Files



Exploration & Production  
San Juan Basin Operations  
720 So. Main / PO Box 640  
Aztec, NM 87410  
505-634-4200 / 505-634-4205 fax



## Temporary Pit Inspection

### FACILITY INFORMATION

|                           |                     |
|---------------------------|---------------------|
| Facility Name: Rosa 154 B | API #: 30-039-30804 |
|---------------------------|---------------------|

|  |  |
|--|--|
| Pit Type: <input checked="" type="checkbox"/> Drilling <input type="checkbox"/> Workover <input type="checkbox"/> Cavitation | Inspection: <input type="checkbox"/> Daily (Rig) <input checked="" type="checkbox"/> Weekly (Tech) |
|--|--|

|  |  |                               |
|--|--|-------------------------------|
| Pit Liner intact (no visible tears)                                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Report to EH&S immediately                            | Date / Time Reported to EH&S: |
| Pit Properly Fenced (no fence on rig side if on site)              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required (if site fully fenced) |                               |
| Pit Slopes intact  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                               |
| Adequate freeboard<br>(liquid level 2 vertical feet from berm top) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |                               |
| Does pit have oil or sheen on it?                                  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                               |
| Flare Pit free of liquids  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |                               |
| Comments:  |  |                               |
| Inspector Signature: Michael Gurule                                |  |                               |
| Printed Name:  |  |                               |
| Title:   |  |                               |
| Date: 5-6-10<br>Phone: 320-7401                                    |  |                               |

Record Retention: Submit with Closure  
File: EH&S Well Files

Exploration & Production  
San Juan Basin Operations  
720 So. Main / PO Box 640  
Aztec, NM 87410  
505-634-4200 / 505-634-4205 fax



## Temporary Pit Inspection

### FACILITY INFORMATION

|                                  |                            |
|----------------------------------|----------------------------|
| <b>Facility Name:</b> Rosa 154 B | <b>API #:</b> 30-039-30804 |
|----------------------------------|----------------------------|

|   |   |
|---|---|
| <b>Pit Type:</b> <input checked="" type="checkbox"/> Drilling <input type="checkbox"/> Workover <input type="checkbox"/> Cavitation | <b>Inspection:</b> <input type="checkbox"/> Daily (Rig) <input checked="" type="checkbox"/> Weekly (Tech) |
|---|---|

|   |  |                               |
|---|--|-------------------------------|
| Pit Liner intact (no visible tears)                                       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No,<br>Report to EH&S immediately                         | Date / Time Reported to EH&S: |
| Pit Properly Fenced (no fence on rig side if on site)                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required (if site fully fenced) |                               |
| Pit Slopes intact   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                               |
| Adequate freeboard<br>(liquid level 2 <u>vertical</u> feet from berm top) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |                               |
| Does pit have oil or sheen on it?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                               |
| Flare Pit free of liquids   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |                               |
| Comments:   |  |                               |
| Inspector Signature: Michael Gurule                                       |  |                               |
| Printed Name:   |  |                               |
| Title:  |  |                               |
| Date: 5-14-10<br>Phone: 320-7401  |  |                               |

Record Retention: Submit with Closure  
File: EH&S Well Files

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San Juan Basin Operations  
720 So. Main / PO Box 640  
Aztec, NM 87410  
505-634-4200 / 505-634-4205 fax



## Temporary Pit Inspection

### FACILITY INFORMATION

|                                  |                            |
|----------------------------------|----------------------------|
| <b>Facility Name:</b> Rosa 154 B | <b>API #:</b> 30-039-30804 |
|----------------------------------|----------------------------|

|   |   |
|---|---|
| <b>Pit Type:</b> <input checked="" type="checkbox"/> Drilling <input type="checkbox"/> Workover <input type="checkbox"/> Cavitation | <b>Inspection:</b> <input type="checkbox"/> Daily (Rig) <input checked="" type="checkbox"/> Weekly (Tech) |
|---|---|

|   |  |                               |
|---|--|-------------------------------|
| Pit Liner intact (no visible tears)                                       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No,<br>Report to EH&S immediately                         | Date / Time Reported to EH&S: |
| Pit Properly Fenced (no fence on rig side if on site)                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required (if site fully fenced) |                               |
| Pit Slopes intact   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                               |
| Adequate freeboard<br>(liquid level 2 <u>vertical</u> feet from berm top) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |                               |
| Does pit have oil or sheen on it?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                               |
| Flare Pit free of liquids   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |                               |
| Comments:   |  |                               |
| Inspector Signature: Michael Gurule                                       |  |                               |
| Printed Name:   |  |                               |
| Title:  |  |                               |
| Date: 5-26-10<br>Phone: 320-7401  |  |                               |

Record Retention: Submit with Closure  
File: EH&S Well Files

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## Temporary Pit Inspection

### FACILITY INFORMATION

|                                 |                            |
|---------------------------------|----------------------------|
| <b>Facility Name:</b> Rosa 154B | <b>API #:</b> 30-0-3930804 |
|---------------------------------|----------------------------|

|   |   |
|---|---|
| <b>Pit Type:</b> x Drilling <input type="checkbox"/> Workover <input type="checkbox"/> Cavitation | <b>Inspection:</b> <input type="checkbox"/> Daily (Rig) x Weekly (Tech) |
|---|---|

|  |  |                               |
|--|--|-------------------------------|
| Pit Liner intact (no visible tears)                                | x Yes <input type="checkbox"/> No If No,<br>Report to EH&S immediately                         | Date / Time Reported to EH&S: |
| Pit Properly Fenced (no fence on rig side if on site)              | x Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required (if site fully fenced) |                               |
| Pit Slopes intact  | x Yes <input type="checkbox"/> No  |                               |
| Adequate freeboard<br>(liquid level 2 vertical feet from berm top) | x Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |                               |
| Does pit have oil or sheen on it?                                  | <input type="checkbox"/> Yes x No  |                               |
| Flare Pit free of liquids  | x Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |                               |
| Comments:  |  |                               |
|  |  |                               |
| Inspector Signature: Curt Heckman                                  |  |                               |
| Printed Name: Curt Heckman   |  |                               |
| Title: Tech 1  |  |                               |
| Date: 7-9-10 Phone: (505)320-4642                                  |  |                               |

Record Retention: Submit with Closure  
File: EH&S Well Files

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## Temporary Pit Inspection

### FACILITY INFORMATION

|                                 |                            |
|---------------------------------|----------------------------|
| <b>Facility Name:</b> Rosa 154B | <b>API #:</b> 30-0-3930804 |
|---------------------------------|----------------------------|

|   |   |
|---|---|
| <b>Pit Type:</b> x Drilling <input type="checkbox"/> Workover <input type="checkbox"/> Cavitation | <b>Inspection:</b> <input type="checkbox"/> Daily (Rig) x Weekly (Tech) |
|---|---|

|   |  |                               |
|---|--|-------------------------------|
| Pit Liner intact (no visible tears)                                       | x Yes <input type="checkbox"/> No If No,<br>Report to EH&S immediately                         | Date / Time Reported to EH&S: |
| Pit Properly Fenced (no fence on rig side if on site)                     | x Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required (if site fully fenced) |                               |
| Pit Slopes intact   | x Yes <input type="checkbox"/> No  |                               |
| Adequate freeboard<br>(liquid level 2 <u>vertical</u> feet from berm top) | x Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |                               |
| Does pit have oil or sheen on it?   | <input type="checkbox"/> Yes x No  |                               |
| Flare Pit free of liquids   | x Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |                               |
| Comments:   |  |                               |
|   |  |                               |
| Inspector Signature: Curt Heckman   |  |                               |
| Printed Name: Curt Heckman  |  |                               |
| Title: Tech 1   |  |                               |
| Date: 7-19-10 Phone: (505)320-4642  |  |                               |

Record Retention: Submit with Closure  
File: EH&S Well Files

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## Temporary Pit Inspection

### FACILITY INFORMATION

|                                 |                            |
|---------------------------------|----------------------------|
| <b>Facility Name:</b> Rosa 154B | <b>API #:</b> 30-0-3930804 |
|---------------------------------|----------------------------|

|   |   |
|---|---|
| <b>Pit Type:</b> <input checked="" type="checkbox"/> Drilling <input type="checkbox"/> Workover <input type="checkbox"/> Cavitation | <b>Inspection:</b> <input type="checkbox"/> Daily (Rig) <input checked="" type="checkbox"/> Weekly (Tech) |
|---|---|

|  |  |                               |
|--|--|-------------------------------|
| Pit Liner intact (no visible tears)                                | x Yes <input type="checkbox"/> No If No,<br>Report to EH&S immediately                         | Date / Time Reported to EH&S: |
| Pit Properly Fenced (no fence on rig side if on site)              | x Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required (if site fully fenced) |                               |
| Pit Slopes intact  | x Yes <input type="checkbox"/> No  |                               |
| Adequate freeboard<br>(liquid level 2 vertical feet from berm top) | x Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |                               |
| Does pit have oil or sheen on it?                                  | <input type="checkbox"/> Yes x No  |                               |
| Flare Pit free of liquids  | x Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |                               |
| Comments:  |  |                               |
|  |  |                               |
| Inspector Signature: Matt Basye                                    |  |                               |
| Printed Name: Matt Basye   |  |                               |
| Title: Lead  |  |                               |
| Date: 3-9-10 Phone: (505)486-1837                                  |  |                               |

Record Retention: Submit with Closure  
File: EH&S Well Files

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## Temporary Pit Inspection

### FACILITY INFORMATION

|                                  |                            |
|----------------------------------|----------------------------|
| <b>Facility Name:</b> Rosa 154 B | <b>API #:</b> 30-039-30804 |
|----------------------------------|----------------------------|

|   |   |
|---|---|
| <b>Pit Type:</b> <input checked="" type="checkbox"/> Drilling <input type="checkbox"/> Workover <input type="checkbox"/> Cavitation | <b>Inspection:</b> <input type="checkbox"/> Daily (Rig) <input checked="" type="checkbox"/> Weekly (Tech) |
|---|---|

|  |  |                               |
|--|--|-------------------------------|
| Pit Liner intact (no visible tears)                                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Report to EH&S immediately                            | Date / Time Reported to EH&S: |
| Pit Properly Fenced (no fence on rig side if on site)              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required (if site fully fenced) |                               |
| Pit Slopes intact  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                               |
| Adequate freeboard<br>(liquid level 2 vertical feet from berm top) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |                               |
| Does pit have oil or sheen on it?                                  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                               |
| Flare Pit free of liquids  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |                               |
| Comments:  |  |                               |
| Inspector Signature: Michael Gurule                                |  |                               |
| Printed Name:  |  |                               |
| Title:   |  |                               |
| Date: 4-1-10<br>Phone: 320-7401                                    |  |                               |

Record Retention: Submit with Closure  
File: EH&S Well Files

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## Temporary Pit Inspection

### FACILITY INFORMATION

|  |                            |
|--|----------------------------|
| <b>Facility Name:</b> ROSA UNIT #154-B | <b>API #:</b> 30-039-30804 |
|--|----------------------------|

|   |   |
|---|---|
| <b>Pit Type:</b> <input checked="" type="checkbox"/> Drilling <input type="checkbox"/> Workover <input type="checkbox"/> Cavitation | <b>Inspection:</b> <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly |
|---|---|

|   |  |                       |
|---|--|-----------------------|
| Pit Liner intact (no visible tears)                                       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No,<br>Report to EH&S immediately                         | Date / Time Reported: |
| Pit Properly Fenced (no fence on rig side if on site)                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required (if site fully fenced) |                       |
| Pit Slopes intact   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                       |
| Adequate freeboard<br>(liquid level 2 <u>vertical</u> feet from berm top) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |                       |
| Free oil or sheen present on pit  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                       |
| Flare Pit free of liquids   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |                       |
| Comments:   |  |                       |
|   |  |                       |
| Inspector Signature: HARMON COCKRELL                                      |  |                       |
| Printed Name: HARMON COCKRELL   |  |                       |
| Title: DRILLING CONSULTANT ( TDCI )                                       |  |                       |
| Date: 10/07/ 2009 Phone: ( 505 ) 486-1935                                 |  |                       |

Record Retention: Submit with Closure  
File: EH&S



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Aztec, NM 87410  
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## Temporary Pit Inspection

### FACILITY INFORMATION

|  |                            |
|--|----------------------------|
| <b>Facility Name:</b> ROSA UNIT #154-B | <b>API #:</b> 30-039-30804 |
|--|----------------------------|

|   |   |
|---|---|
| <b>Pit Type:</b> <input checked="" type="checkbox"/> Drilling <input type="checkbox"/> Workover <input type="checkbox"/> Cavitation | <b>Inspection:</b> <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly |
|---|---|

|   |  |                       |
|---|--|-----------------------|
| Pit Liner intact (no visible tears)                                       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No,<br>Report to EH&S immediately                         | Date / Time Reported: |
| Pit Properly Fenced (no fence on rig side if on site)                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required (if site fully fenced) |                       |
| Pit Slopes intact   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                       |
| Adequate freeboard<br>(liquid level 2 <u>vertical</u> feet from berm top) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |                       |
| Free oil or sheen present on pit  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                       |
| Flare Pit free of liquids   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |                       |
| Comments:   |  |                       |
|   |  |                       |
| Inspector Signature: HARMON COCKRELL                                      |  |                       |
| Printed Name: HARMON COCKRELL   |  |                       |
| Title: DRILLING CONSULTANT ( TDCI )                                       |  |                       |
| Date: 10/08/ 2009 Phone: ( 505 ) 486-1935                                 |  |                       |

Record Retention: Submit with Closure  
File: EH&S

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Aztec, NM 87410  
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## Temporary Pit Inspection

### FACILITY INFORMATION

|  |                            |
|--|----------------------------|
| <b>Facility Name:</b> ROSA UNIT #154-B | <b>API #:</b> 30-039-30804 |
|--|----------------------------|

|   |   |
|---|---|
| <b>Pit Type:</b> <input checked="" type="checkbox"/> Drilling <input type="checkbox"/> Workover <input type="checkbox"/> Cavitation | <b>Inspection:</b> <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly |
|---|---|

|   |  |                       |
|---|--|-----------------------|
| Pit Liner intact (no visible tears)                                       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No,<br>Report to EH&S immediately                         | Date / Time Reported: |
| Pit Properly Fenced (no fence on rig side if on site)                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required (if site fully fenced) |                       |
| Pit Slopes intact   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                       |
| Adequate freeboard<br>(liquid level 2 <u>vertical</u> feet from berm top) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |                       |
| Free oil or sheen present on pit  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                       |
| Flare Pit free of liquids   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |                       |
| Comments:   |  |                       |
|   |  |                       |
| Inspector Signature: HARMON COCKRELL                                      |  |                       |
| Printed Name: HARMON COCKRELL   |  |                       |
| Title: DRILLING CONSULTANT ( TDCI )                                       |  |                       |
| Date: 10/09/ 2009 Phone: ( 505 ) 486-1935                                 |  |                       |

Record Retention: Submit with Closure  
File: EH&S

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## Temporary Pit Inspection

### FACILITY INFORMATION

|  |                            |
|--|----------------------------|
| <b>Facility Name:</b> ROSA UNIT #154-B | <b>API #:</b> 30-039-30804 |
|--|----------------------------|

|   |   |
|---|---|
| <b>Pit Type:</b> <input checked="" type="checkbox"/> Drilling <input type="checkbox"/> Workover <input type="checkbox"/> Cavitation | <b>Inspection:</b> <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly |
|---|---|

|  |  |                       |
|--|--|-----------------------|
| Pit Liner intact (no visible tears)                                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No,<br>Report to EH&S immediately                         | Date / Time Reported: |
| Pit Properly Fenced (no fence on rig side if on site)              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required (if site fully fenced) |                       |
| Pit Slopes intact  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                       |
| Adequate freeboard<br>(liquid level 2 vertical feet from berm top) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |                       |
| Free oil or sheen present on pit                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                       |
| Flare Pit free of liquids  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |                       |
| Comments:  |  |                       |
|  |  |                       |
| Inspector Signature: WILLIE MOCK                                   |  |                       |
| Printed Name: W.MOCK   |  |                       |
| Title: DRILLING CONSULTANT ( TDCI )                                |  |                       |
| Date: 10/10/ 2009 Phone: ( 505 ) 793-1276                          |  |                       |

Record Retention: Submit with Closure  
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## Temporary Pit Inspection

### FACILITY INFORMATION

|  |                            |
|--|----------------------------|
| <b>Facility Name:</b> ROSA UNIT #154-B | <b>API #:</b> 30-039-30804 |
|--|----------------------------|

|   |   |
|---|---|
| <b>Pit Type:</b> <input checked="" type="checkbox"/> Drilling <input type="checkbox"/> Workover <input type="checkbox"/> Cavitation | <b>Inspection:</b> <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly |
|---|---|

|   |  |                       |
|---|--|-----------------------|
| Pit Liner intact (no visible tears)                                       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No,<br>Report to EH&S immediately                         | Date / Time Reported: |
| Pit Properly Fenced (no fence on rig side if on site)                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required (if site fully fenced) |                       |
| Pit Slopes intact   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                       |
| Adequate freeboard<br>(liquid level 2 <u>vertical</u> feet from berm top) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |                       |
| Free oil or sheen present on pit  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                       |
| Flare Pit free of liquids   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |                       |
| Comments:   |  |                       |
|   |  |                       |
| Inspector Signature: WILLIE MOCK  |  |                       |
| Printed Name: W.MOCK  |  |                       |
| Title: DRILLING CONSULTANT ( TDCI )                                       |  |                       |
| Date: 10/12/ 2009 Phone: ( 505 ) 793-1276                                 |  |                       |

Record Retention: Submit with Closure  
File: EH&S

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## Temporary Pit Inspection

### FACILITY INFORMATION

|  |                            |
|--|----------------------------|
| <b>Facility Name:</b> ROSA UNIT #154-B | <b>API #:</b> 30-039-30804 |
|--|----------------------------|

|   |   |
|---|---|
| <b>Pit Type:</b> <input checked="" type="checkbox"/> Drilling <input type="checkbox"/> Workover <input type="checkbox"/> Cavitation | <b>Inspection:</b> <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly |
|---|---|

|  |  |                       |
|--|--|-----------------------|
| Pit Liner intact (no visible tears)                                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No,<br>Report to EH&S immediately                         | Date / Time Reported: |
| Pit Properly Fenced (no fence on rig side if on site)              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required (if site fully fenced) |                       |
| Pit Slopes intact  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                       |
| Adequate freeboard<br>(liquid level 2 vertical feet from berm top) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |                       |
| Free oil or sheen present on pit                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                       |
| Flare Pit free of liquids  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |                       |
| Comments:  |  |                       |
|  |  |                       |
| Inspector Signature: WILLIE MOCK                                   |  |                       |
| Printed Name: W. MOCK  |  |                       |
| Title: DRILLING CONSULTANT ( TDCI )                                |  |                       |
| Date: 10/12/ 2009 Phone: ( 505 ) 793-1276                          |  |                       |

Record Retention: Submit with Closure  
File: EH&S

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## Temporary Pit Inspection

### FACILITY INFORMATION

|                                       |                            |
|---------------------------------------|----------------------------|
| <b>Facility Name:</b> Rosa Well #154B | <b>API #:</b> 30-039-30804 |
|---------------------------------------|----------------------------|

|   |   |
|---|---|
| <b>Pit Type:</b> <input type="checkbox"/> Drilling <input type="checkbox"/> Workover <input checked="" type="checkbox"/> Completion | <b>Inspection:</b> X Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly |
|---|---|

|   |  |  |
|---|--|--|
| Pit Liner intact (no visible tears)                                       | X Yes <input type="checkbox"/> No If No,<br>Report to EH&S immediately                         | Date: 11/10/09<br>Time Reported: 05:30 |
| Pit Properly Fenced (no fence on rig side if on site)                     | X Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required (if site fully fenced) |  |
| Pit Slopes intact   | X Yes <input type="checkbox"/> No  |  |
| Adequate freeboard<br>(liquid level 2 <u>vertical</u> feet from berm top) | X Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |  |
| Free oil or sheen present on pit  | X Yes <input type="checkbox"/> No  |  |
| Flare Pit free of liquids   | X Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |  |
| Comments: Pit is in good shape, very light sheen on top                   |  |  |
|   |  |  |
| Inspector Signature:  |  |  |
| Printed Name: Serjio Borunda  |  |  |
| Title: Rig Supervisor   |  |  |
| Date: 11/10/09 Phone: (505) 320-4496                                      |  |  |

Record Retention: Submit with Closure  
File: EH&S

Exploration & Production  
San Juan Basin Operations  
720 So. Main / PO Box 640  
Aztec, NM 87410  
505-634-4200 / 505-634-4205 fax



## Temporary Pit Inspection

### FACILITY INFORMATION

|                                |                     |
|--------------------------------|---------------------|
| Facility Name: Rosa Well #154B | API #: 30-039-30804 |
|--------------------------------|---------------------|

|  |  |
|--|--|
| Pit Type: <input type="checkbox"/> Drilling <input type="checkbox"/> Workover <input checked="" type="checkbox"/> Completion | Inspection: X Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly |
|--|--|

|  |  |  |
|--|--|--|
| Pit Liner intact (no visible tears)                                | X Yes <input type="checkbox"/> No If No,<br>Report to EH&S immediately                         | Date: 11/11/09<br>Time Reported: 05:30 |
| Pit Properly Fenced (no fence on rig side if on site)              | X Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required (if site fully fenced) |  |
| Pit Slopes intact  | X Yes <input type="checkbox"/> No  |  |
| Adequate freeboard<br>(liquid level 2 vertical feet from berm top) | X Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |  |
| Free oil or sheen present on pit                                   | X Yes <input type="checkbox"/> No  |  |
| Flare Pit free of liquids  | X Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |  |

Comments: Pit is in good shape, very light sheen on top

Inspector Signature:

Printed Name: Serjio Borunda

Title: Rig Supervisor

Date: 11/11/09

Phone: (505) 320-4496

Record Retention: Submit with Closure  
File: EH&S

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San Juan Basin Operations  
720 So. Main / PO Box 640  
Aztec, NM 87410  
505-634-4200 / 505-634-4205 fax



## Temporary Pit Inspection

### FACILITY INFORMATION

|                                       |                            |
|---------------------------------------|----------------------------|
| <b>Facility Name:</b> Rosa Well #154B | <b>API #:</b> 30-039-30804 |
|---------------------------------------|----------------------------|

|   |   |
|---|---|
| <b>Pit Type:</b> <input type="checkbox"/> Drilling <input type="checkbox"/> Workover <input checked="" type="checkbox"/> Completion | <b>Inspection:</b> <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly |
|---|---|

|   |  |  |
|---|--|--|
| Pit Liner intact (no visible tears)                                       | X Yes <input type="checkbox"/> No If No,<br>Report to EH&S immediately                         | Date: 11/12/09<br>Time Reported: 05:30 |
| Pit Properly Fenced (no fence on rig side if on site)                     | X Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required (if site fully fenced) |  |
| Pit Slopes intact   | X Yes <input type="checkbox"/> No  |  |
| Adequate freeboard<br>(liquid level 2 <u>vertical</u> feet from berm top) | X Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |  |
| Free oil or sheen present on pit  | X Yes <input type="checkbox"/> No  |  |
| Flare Pit free of liquids   | X Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |  |
| Comments: Pit is in good shape, very light sheen on top                   |  |  |
|   |  |  |
| Inspector Signature:  |  |  |
| Printed Name: Serjio Borunda  |  |  |
| Title: Rig Supervisor   |  |  |
| Date: 11/12/09 Phone: (505) 320-4496                                      |  |  |

Record Retention: Submit with Closure  
File: EH&S



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## Temporary Pit Inspection

### FACILITY INFORMATION

|                                       |                            |
|---------------------------------------|----------------------------|
| <b>Facility Name:</b> Rosa Well #154B | <b>API #:</b> 30-039-30804 |
|---------------------------------------|----------------------------|

|   |   |
|---|---|
| <b>Pit Type:</b> <input type="checkbox"/> Drilling <input type="checkbox"/> Workover <input checked="" type="checkbox"/> Completion | <b>Inspection:</b> <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly |
|---|---|

|   |  |  |
|---|--|--|
| Pit Liner intact (no visible tears)                                       | X Yes <input type="checkbox"/> No If No,<br>Report to EH&S immediately                         | Date: 11/13/09<br>Time Reported: 05:30 |
| Pit Properly Fenced (no fence on rig side if on site)                     | X Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required (if site fully fenced) |  |
| Pit Slopes intact   | X Yes <input type="checkbox"/> No  |  |
| Adequate freeboard<br>(liquid level 2 <u>vertical</u> feet from berm top) | X Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |  |
| Free oil or sheen present on pit  | X Yes <input type="checkbox"/> No  |  |
| Flare Pit free of liquids   | X Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |  |
| Comments: Pit is in good shape, very light sheen on top                   |  |  |
| Inspector Signature:  |  |  |
| Printed Name: Serjio Borunda  |  |  |
| Title: Rig Supervisor   |  |  |
| Date: 11/13/09 Phone: (505) 320-4496                                      |  |  |

Record Retention: Submit with Closure  
File: EH&S

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## Temporary Pit Inspection

### FACILITY INFORMATION

|                                |                     |
|--------------------------------|---------------------|
| Facility Name: Rosa Well #154B | API #: 30-039-30804 |
|--------------------------------|---------------------|

|  |  |
|--|--|
| Pit Type: <input type="checkbox"/> Drilling <input type="checkbox"/> Workover <input checked="" type="checkbox"/> Completion | Inspection: X Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly |
|--|--|

|  |  |  |
|--|--|--|
| Pit Liner intact (no visible tears)                                | X Yes <input type="checkbox"/> No If No,<br>Report to EH&S immediately                         | Date: 11/14/09<br>Time Reported: 05:30 |
| Pit Properly Fenced (no fence on rig side if on site)              | X Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required (if site fully fenced) |  |
| Pit Slopes intact  | X Yes <input type="checkbox"/> No  |  |
| Adequate freeboard<br>(liquid level 2 vertical feet from berm top) | X Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |  |
| Free oil or sheen present on pit                                   | X Yes <input type="checkbox"/> No  |  |
| Flare Pit free of liquids  | X Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |  |
| Comments: Pit is in good shape, very light sheen on top            |  |  |
|  |  |  |
| Inspector Signature:   |  |  |
| Printed Name: Serjio Borunda                                       |  |  |
| Title: Rig Supervisor  |  |  |
| Date: 11/14/09 Phone: (505) 320-4496                               |  |  |

Record Retention: Submit with Closure  
File: EH&S

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## Temporary Pit Inspection

### FACILITY INFORMATION

|                                       |                            |
|---------------------------------------|----------------------------|
| <b>Facility Name:</b> Rosa Well #154B | <b>API #:</b> 30-039-30804 |
|---------------------------------------|----------------------------|

|   |   |
|---|---|
| <b>Pit Type:</b> <input type="checkbox"/> Drilling <input type="checkbox"/> Workover <input checked="" type="checkbox"/> Completion | <b>Inspection:</b> X Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly |
|---|---|

|   |  |  |
|---|--|--|
| Pit Liner intact (no visible tears)                                       | X Yes <input type="checkbox"/> No If No,<br>Report to EH&S immediately                         | Date: 11/15/09<br>Time Reported: 05:30 |
| Pit Properly Fenced (no fence on rig side if on site)                     | X Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required (if site fully fenced) |  |
| Pit Slopes intact   | X Yes <input type="checkbox"/> No  |  |
| Adequate freeboard<br>(liquid level 2 <u>vertical</u> feet from berm top) | X Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |  |
| Free oil or sheen present on pit  | X Yes <input type="checkbox"/> No  |  |
| Flare Pit free of liquids   | X Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |  |

Comments: Pit is in good shape, very light sheen on top

Inspector Signature:

Printed Name: Serjio Borunda

Title: Rig Supervisor

Date: 11/15/09 Phone: (505) 320-4496

Record Retention: Submit with Closure  
File: EH&S

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## Temporary Pit Inspection

### FACILITY INFORMATION

|                                       |                            |
|---------------------------------------|----------------------------|
| <b>Facility Name:</b> Rosa Well #154B | <b>API #:</b> 30-039-30804 |
|---------------------------------------|----------------------------|

|   |   |
|---|---|
| <b>Pit Type:</b> <input type="checkbox"/> Drilling <input type="checkbox"/> Workover <input checked="" type="checkbox"/> Completion | <b>Inspection:</b> X Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly |
|---|---|

|  |  |  |
|--|--|--|
| Pit Liner intact (no visible tears)                                | X Yes <input type="checkbox"/> No If No,<br>Report to EH&S immediately                         | Date: 11/16/09<br>Time Reported: 05:30 |
| Pit Properly Fenced (no fence on rig side if on site)              | X Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required (if site fully fenced) |  |
| Pit Slopes intact  | X Yes <input type="checkbox"/> No  |  |
| Adequate freeboard<br>(liquid level 2 vertical feet from berm top) | X Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |  |
| Free oil or sheen present on pit                                   | X Yes <input type="checkbox"/> No  |  |
| Flare Pit free of liquids  | X Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |  |
| Comments: Pit is in good shape, very light sheen on top            |  |  |
|  |  |  |
| Inspector Signature:   |  |  |
| Printed Name: Serjio Borunda                                       |  |  |
| Title: Rig Supervisor  |  |  |
| Date: 11/16/09 Phone: (505) 320-4496                               |  |  |

Record Retention: Submit with Closure  
File: EH&S

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## Temporary Pit Inspection

### FACILITY INFORMATION

|                                       |                            |
|---------------------------------------|----------------------------|
| <b>Facility Name:</b> Rosa Well #154B | <b>API #:</b> 30-039-30804 |
|---------------------------------------|----------------------------|

|   |   |
|---|---|
| <b>Pit Type:</b> <input type="checkbox"/> Drilling <input type="checkbox"/> Workover <input checked="" type="checkbox"/> Completion | <b>Inspection:</b> X Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly |
|---|---|

|  |  |  |
|--|--|--|
| Pit Liner intact (no visible tears)                                | X Yes <input type="checkbox"/> No If No,<br>Report to EH&S immediately                         | Date: 11/17/09<br>Time Reported: 05:30 |
| Pit Properly Fenced (no fence on rig side if on site)              | X Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required (if site fully fenced) |  |
| Pit Slopes intact  | X Yes <input type="checkbox"/> No  |  |
| Adequate freeboard<br>(liquid level 2 vertical feet from berm top) | X Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |  |
| Free oil or sheen present on pit                                   | X Yes <input type="checkbox"/> No  |  |
| Flare Pit free of liquids  | X Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |  |
| Comments: Pit is in good shape, very light sheen on top            |  |  |
|  |  |  |
| Inspector Signature:   |  |  |
| Printed Name: Serjio Borunda                                       |  |  |
| Title: Rig Supervisor  |  |  |
| Date: 11/17/09 Phone: (505) 320-4496                               |  |  |

Record Retention: Submit with Closure  
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## Temporary Pit Inspection

### FACILITY INFORMATION

|                                       |                            |
|---------------------------------------|----------------------------|
| <b>Facility Name:</b> Rosa Well #154B | <b>API #:</b> 30-039-30804 |
|---------------------------------------|----------------------------|

|   |   |
|---|---|
| <b>Pit Type:</b> <input type="checkbox"/> Drilling <input type="checkbox"/> Workover <input checked="" type="checkbox"/> Completion | <b>Inspection:</b> X Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly |
|---|---|

|   |  |  |
|---|--|--|
| Pit Liner intact (no visible tears)                                       | X Yes <input type="checkbox"/> No If No,<br>Report to EH&S immediately                         | Date: 11/18/09<br>Time Reported: 05:30 |
| Pit Properly Fenced (no fence on rig side if on site)                     | X Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required (if site fully fenced) |  |
| Pit Slopes intact   | X Yes <input type="checkbox"/> No  |  |
| Adequate freeboard<br>(liquid level 2 <u>vertical</u> feet from berm top) | X Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |  |
| Free oil or sheen present on pit  | X Yes <input type="checkbox"/> No  |  |
| Flare Pit free of liquids   | X Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |  |
| Comments: Pit is in good shape, very light sheen on top                   |  |  |
|   |  |  |
| Inspector Signature:  |  |  |
| Printed Name: Serjio Borunda  |  |  |
| Title: Rig Supervisor   |  |  |
| Date: 11/18/09 Phone: (505) 320-4496                                      |  |  |

Record Retention: Submit with Closure  
File: EH&S

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## Temporary Pit Inspection

### FACILITY INFORMATION

Facility Name: ROSA UNIT #154-D

API #: 30-039-30804

Pit Type: ☒ Drilling ☐ Workover ☐ Cavitation Inspection: ☒ Daily ☐ Weekly ☐ Monthly

|  |  |                       |
|--|--|-----------------------|
| Pit Liner intact (no visible tears)                                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No,<br>Report to EH&S immediately                         | Date / Time Reported: |
| Pit Properly Fenced (no fence on rig side if on site)              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required (if site fully fenced) |                       |
| Pit Slopes intact  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                       |
| Adequate freeboard<br>(liquid level 2 vertical feet from berm top) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |                       |
| Free oil or sheen present on pit                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                       |
| Flare Pit free of liquids  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |                       |
| Comments:  |  |                       |
| Inspector Signature: HARMON COCKRELL                               |  |                       |
| Printed Name: HARMON COCKRELL                                      |  |                       |
| Title: DRILLING CONSULTANT ( TDCI )                                |  |                       |
| Date: 9/29/ 2009 Phone: ( 505 ) 486-1935                           |  |                       |

Record Retention: Submit with Closure  
File: EH&S

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San Juan Basin Operations  
720 So. Main / PO Box 640  
Aztec, NM 87410  
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## Temporary Pit Inspection

### FACILITY INFORMATION

|  |                            |
|--|----------------------------|
| <b>Facility Name:</b> ROSA UNIT #154-B | <b>API #:</b> 30-039-30804 |
|--|----------------------------|

|   |   |
|---|---|
| <b>Pit Type:</b> <input checked="" type="checkbox"/> Drilling <input type="checkbox"/> Workover <input type="checkbox"/> Cavitation | <b>Inspection:</b> <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly |
|---|---|

|  |  |                       |
|--|--|-----------------------|
| Pit Liner intact (no visible tears)                                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No,<br>Report to EH&S immediately                         | Date / Time Reported: |
| Pit Properly Fenced (no fence on rig side if on site)              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required (if site fully fenced) |                       |
| Pit Slopes intact  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                       |
| Adequate freeboard<br>(liquid level 2 vertical feet from berm top) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |                       |
| Free oil or sheen present on pit                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                       |
| Flare Pit free of liquids  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |                       |
| Comments:  |  |                       |
|  |  |                       |
| Inspector Signature: HARMON COCKRELL                               |  |                       |
| Printed Name: HARMON COCKRELL                                      |  |                       |
| Title: DRILLING CONSULTANT ( TDCI )                                |  |                       |
| Date: 9/30/ 2009 Phone: ( 505 ) 486-1935                           |  |                       |

Record Retention: Submit with Closure  
File: EH&S



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## Temporary Pit Inspection

### FACILITY INFORMATION

Facility Name: ROSA UNIT #154-B

API #: 30-039-30804

Pit Type: ☒ Drilling ☐ Workover ☐ Cavitation Inspection: ☒ Daily ☐ Weekly ☐ Monthly

|  |  |                       |
|--|--|-----------------------|
| Pit Liner intact (no visible tears)                                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Report to EH&S immediately                            | Date / Time Reported: |
| Pit Properly Fenced (no fence on rig side if on site)              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required (if site fully fenced) |                       |
| Pit Slopes intact  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                       |
| Adequate freeboard<br>(liquid level 2 vertical feet from berm top) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |                       |
| Free oil or sheen present on pit                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                       |
| Flare Pit free of liquids  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |                       |
| Comments:  |  |                       |
| Inspector Signature: HARMON COCKRELL                               |  |                       |
| Printed Name: HARMON COCKRELL                                      |  |                       |
| Title: DRILLING CONSULTANT ( TDCI )                                |  |                       |
| Date: 10/01/ 2009 Phone: ( 505 ) 486-1935                          |  |                       |

Record Retention: Submit with Closure  
File: EH&S

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Aztec, NM 87410  
505-634-4200 / 505-634-4205 fax



## Temporary Pit Inspection

### FACILITY INFORMATION

|  |                            |
|--|----------------------------|
| <b>Facility Name:</b> ROSA UNIT #154-B | <b>API #:</b> 30-039-30804 |
|--|----------------------------|

|   |   |
|---|---|
| <b>Pit Type:</b> <input checked="" type="checkbox"/> Drilling <input type="checkbox"/> Workover <input type="checkbox"/> Cavitation | <b>Inspection:</b> <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly |
|---|---|

|  |  |                       |
|--|--|-----------------------|
| Pit Liner intact (no visible tears)                                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No,<br>Report to EH&S immediately                         | Date / Time Reported: |
| Pit Properly Fenced (no fence on rig side if on site)              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required (if site fully fenced) |                       |
| Pit Slopes intact  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                       |
| Adequate freeboard<br>(liquid level 2 vertical feet from berm top) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |                       |
| Free oil or sheen present on pit                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                       |
| Flare Pit free of liquids  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |                       |
| Comments:  |  |                       |
|  |  |                       |
| Inspector Signature: HARMON COCKRELL                               |  |                       |
| Printed Name: HARMON COCKRELL                                      |  |                       |
| Title: DRILLING CONSULTANT ( TDCI )                                |  |                       |
| Date: 10/02/ 2009 Phone: ( 505 ) 486-1935                          |  |                       |

Record Retention: Submit with Closure  
File: EH&S

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**Temporary Pit Inspection**

**FACILITY INFORMATION**

|  |                            |
|--|----------------------------|
| <b>Facility Name:</b> ROSA UNIT #154-B | <b>API #:</b> 30-039-30804 |
|--|----------------------------|

|   |   |
|---|---|
| <b>Pit Type:</b> <input checked="" type="checkbox"/> Drilling <input type="checkbox"/> Workover <input type="checkbox"/> Cavitation | <b>Inspection:</b> <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly |
|---|---|

|   |  |                       |
|---|--|-----------------------|
| Pit Liner intact (no visible tears)                                       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No,<br>Report to EH&S immediately                         | Date / Time Reported: |
| Pit Properly Fenced (no fence on rig side if on site)                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required (if site fully fenced) |                       |
| Pit Slopes intact   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                       |
| Adequate freeboard<br>(liquid level 2 <u>vertical</u> feet from berm top) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |                       |
| Free oil or sheen present on pit  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                       |
| Flare Pit free of liquids   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |                       |
| Comments:   |  |                       |
|   |  |                       |
| Inspector Signature: HARMON COCKRELL                                      |  |                       |
| Printed Name: HARMON COCKRELL   |  |                       |
| Title: DRILLING CONSULTANT ( TDCI )                                       |  |                       |
| Date: 10/03/ 2009 Phone: ( 505 ) 486-1935                                 |  |                       |

Record Retention: Submit with Closure  
File: EH&S

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## Temporary Pit Inspection

### FACILITY INFORMATION

Facility Name: ROSA UNIT #154-B

API #: 30-039-30804

Pit Type: ☒ Drilling ☐ Workover ☐ Cavitation Inspection: ☒ Daily ☐ Weekly ☐ Monthly

|   |  |                       |
|---|--|-----------------------|
| Pit Liner intact (no visible tears)                                       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Report to EH&S immediately                            | Date / Time Reported: |
| Pit Properly Fenced (no fence on rig side if on site)                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required (if site fully fenced) |                       |
| Pit Slopes intact   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                       |
| Adequate freeboard<br>(liquid level 2 <u>vertical</u> feet from berm top) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |                       |
| Free oil or sheen present on pit  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                       |
| Flare Pit free of liquids   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |                       |
| Comments:   |  |                       |
| Inspector Signature: HARMON COCKRELL                                      |  |                       |
| Printed Name: HARMON COCKRELL   |  |                       |
| Title: DRILLING CONSULTANT ( TDCI )                                       |  |                       |
| Date: 10/04/ 2009 Phone: ( 505 ) 486-1935                                 |  |                       |

Record Retention: Submit with Closure  
File: EH&S

Exploration & Production  
San Juan Basin Operations  
720 So. Main / PO Box 640  
Aztec, NM 87410  
505-634-4200 / 505-634-4205 fax



## Temporary Pit Inspection

### FACILITY INFORMATION

Facility Name: ROSA UNIT #154-B

API #: 30-039-30804

Pit Type: ☒ Drilling ☐ Workover ☐ Cavitation Inspection: ☒ Daily ☐ Weekly ☐ Monthly

|   |  |                       |
|---|--|-----------------------|
| Pit Liner intact (no visible tears)                                       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Report to EH&S immediately                            | Date / Time Reported: |
| Pit Properly Fenced (no fence on rig side if on site)                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required (if site fully fenced) |                       |
| Pit Slopes intact   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                       |
| Adequate freeboard<br>(liquid level 2 <u>vertical</u> feet from berm top) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |                       |
| Free oil or sheen present on pit  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                       |
| Flare Pit free of liquids   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |                       |
| Comments:   |  |                       |
|   |  |                       |
| Inspector Signature: HARMON COCKRELL                                      |  |                       |
| Printed Name: HARMON COCKRELL   |  |                       |
| Title: DRILLING CONSULTANT ( TDCI )                                       |  |                       |
| Date: 10/05/ 2009 Phone: ( 505 ) 486-1935                                 |  |                       |

Record Retention: Submit with Closure  
File: EH&S

Exploration & Production  
San Juan Basin Operations  
720 So. Main / PO Box 640  
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| Pit Properly Fenced (no fence on rig side if on site)              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required (if site fully fenced) |                       |
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| Adequate freeboard<br>(liquid level 2 vertical feet from berm top) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |                       |
| Free oil or sheen present on pit                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                       |
| Flare Pit free of liquids  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                      |                       |
| Comments:  |  |                       |
| Inspector Signature: HARMON COCKRELL                               |  |                       |
| Printed Name: HARMON COCKRELL                                      |  |                       |
| Title: DRILLING CONSULTANT ( TDCI )                                |  |                       |
| Date: 10/06/ 2009 Phone: ( 505 ) 486-1935                          |  |                       |

Record Retention: Submit with Closure  
File: EH&S

OSA Un. # 4

WALL-ONS P.O.D.

ROSA UNIT 1518

UNIT P SEC 7

TRIN PSM

P.O. APPLBA CO.

IN PLACE BURN

08:16:2010





Exploration & Production  
PO Box 640  
Aztec, NM 87410  
505/634-4219  
505/634-4205 fax



## Transmittal

**To:** Brandon Powell  
NMOCD  
1000 Rio Brazos Road  
Aztec, New Mexico 87410

**From:** Tasha Meador  
San Juan- Permitting Technician  
505-634-4241  
tasha.meador@williams.com

**Date:**

**Re:** Supplemental Submittal

Temporary Pit Closure report: NMOCD Permit # 7139

Enclosed and per your direction, please find our supplemental submittal for the referenced temporary pit closure report.

Please advise if additional information is required. Thank you for your time and consideration. Please call or contact me if there are any questions.

Respectfully resubmitted,

Tasha Meador  
Williams Exploration & Production  
721 S Main Aztec, NM  
Office: 505-634-4200  
Direct: 505-634-4241  
Fax: 505-634-4205  
[tasha.meador@williams.com](mailto:tasha.meador@williams.com)

Encl:

|  |   |  |
|--|---|--|
| Submit To Appropriate District Office<br>Two Copies<br>District I<br>1625 N. French Dr., Hobbs, NM 88240<br>District II<br>1301 W. Grand Avenue, Artesia, NM 88210<br>District III<br>1000 Rio Brazos Rd., Aztec, NM 87410<br>District IV<br>1220 S. St. Francis Dr., Santa Fe, NM 87505   | <b>State of New Mexico</b><br><b>Energy, Minerals and Natural Resources</b><br><br><b>Oil Conservation Division</b><br><b>1220 South St. Francis Dr.</b><br><b>Santa Fe, NM 87505</b> | <b>Form C-105</b><br>July 17, 2008   |
|  |   | 1. WELL API NO.<br>30-039-30804  |
|  |   | 2. Type of Lease<br><input type="checkbox"/> STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> FED/INDIAN |
|  |   | 3. State Oil & Gas Lease No SF-078767  |
| <b>WELL COMPLETION OR RECOMPLETION REPORT AND LOG</b>  |   |  |
| 4. Reason for filing<br><br><input type="checkbox"/> <b>COMPLETION REPORT</b> (Fill in boxes #1 through #31 for State and Fee wells only)<br><br><input checked="" type="checkbox"/> <b>C-144 CLOSURE ATTACHMENT</b> (Fill in boxes #1 through #9, #15 Date Rig Released and #32 and/or #33, attach this and the plat to the C-144 closure report in accordance with 19.15.17.13.K NMAC) |   | 5. Lease Name or Unit Agreement Name<br>Rosa   |
|  |   | 6. Well Number:<br>Rosa Unit #154B   |
| 7. Type of Completion:<br><input checked="" type="checkbox"/> NEW WELL <input type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPENING <input type="checkbox"/> PLUGBACK <input type="checkbox"/> DIFFERENT RESERVOIR <input type="checkbox"/> OTHER  |   |  |
| 8. Name of Operator    WILLIAMS PRODUCTION, LLC  |   | 9. OGRID    120782   |
| 10. Address of Operator    P.O. BOX 640    AZTEC, NM 87410   |   | 11. Pool name or Wildcat   |
| 12. Location   | Unit Ltr  | Section  |
| Surface:   |   |  |
| BH:  |   |  |
| 13. Date Spudded   | 14. Date T D Reached  | 15. Date Rig Released<br>11/17/2009  |
|  |   | 16. Date Completed (Ready to Produce)  |
|  |   | 17. Elevations (DF and RKB, RT, GR, etc )  |
| 18. Total Measured Depth of Well   |   | 19. Plug Back Measured Depth   |
|  |   | 20. Was Directional Survey Made?   |
|  |   | 21. Type Electric and Other Logs Run   |
| 22. Producing Interval(s), of this completion - Top, Bottom, Name  |   |  |
| <b>23. CASING RECORD (Report all strings set in well)</b>  |   |  |
| CASING SIZE  | WEIGHT LB./FT.  | DEPTH SET  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
| <b>24. LINER RECORD</b>  |   | <b>25. TUBING RECORD</b>   |
| SIZE   | TOP   | SIZE   |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
| 26. Perforation record (interval, size, and number)  |   | 27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.  |
|  |   | DEPTH INTERVAL    AMOUNT AND KIND MATERIAL USED  |
|  |   |  |
|  |   |  |
|  |   |  |
| <b>28. PRODUCTION</b>  |   |  |
| Date First Production  |   | Production Method ( <i>Flowing, gas lift, pumping - Size and type pump</i> )   |
|  |   | Well Status ( <i>Prod. or Shut-in</i> )  |
| Date of Test   | Hours Tested  | Choke Size   |
|  |   | Prod'n For Test Period   |
|  |   | Oil - Bbl  |
|  |   | Gas - MCF  |
|  |   | Water - Bbl.   |
|  |   | Gas - Oil Ratio  |
| Flow Tubing Press  | Casing Pressure   | Calculated 24-Hour Rate  |
|  |   | Oil - Bbl  |
|  |   | Gas - MCF  |
|  |   | Water - Bbl.   |
|  |   | Oil Gravity - API - ( <i>Corr.</i> )   |
| 29. Disposition of Gas ( <i>Sold, used for fuel, vented, etc.</i> )  |   | 30. Test Witnessed By  |
| 31. List Attachments   |   |  |
| 32. If a temporary pit was used at the well, attach a plat with the location of the temporary pit.   |   |  |
| 33. If an on-site burial was used at the well, report the exact location of the on-site burial.  |   |  |
| Latitude 36.90951 Longitude: 107.39807    NAD 1927 1983  |   |  |
| I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief   |   |  |
| Tasha Meador    Printed Name   |   |  |
| Signature <i>Tasha Meador</i>  |   | Title    Permit Technician    Date    8/23/11  |
| E-mail Address: tasha.meador@williams.com  |   |  |

☐ AMENDED REPORT

**JASON C. EDWARDS**  
Certificate Number 15269