n de la composition de la comp	$\sum f_{i}$			•	Form
District I 1625 N. Frencl District II 1301 W. Grann District III 1000 Rio Braz District IV 1220 S. St. Fra	h Dr., Hobbs, NM 88240 d Avenue, Artesia, NM 88210 zos Road, Aztec, NM 87410 ancis Dr., Santa Fe, NM 87505 2009	S Energy M S S DIN 20 Pi S	tate of New Mexico inerals and Natural Resour Department Conservation Division 0 South St. Francis Dr. anta Fe, NM 87505	For temporary below-grade ta NMOCD Distr For permanen the Santa Fe Er provide a copy District Office.	July 2 <b>pits, closed-loop systems,</b> <b>anks</b> , submit to the appropri- ict Office. <b>t pits and exceptions</b> subm vironmental Bureau office a to the appropriate NMOCD
36	<u>Proposed</u>	Pit, Closed-Loop Alternative Me	p System, Below-Gra ethod Permit or Close	<u>ide Tank, or</u> ire Plan Applic	ation
J Instr Please be advis	Type of action: Existing BGT below-grade tank, or ructions: Please submit one sed that approval of this request	Permit of a pit, close Closure of a pit, close Modification to an ex- Closure plan only sul proposed alternative application (Form C-14 close not relieve the oper	d-loop system, below-grade t ed-loop system, below-grade cisting permit bmitted for an existing permi method 44) per individual pit, closed-loo rator of liability should operations	ank, or proposed alter tank, or proposed alter tted or non-permitted op system, below-grade a result in pollution of surf	mative method ernative method pit, closed-loop system, tank or alternative request acce water, ground water or the
environment. 1	Nor does approval relieve the op	perator of its responsibili	ty to comply with any other applic	able governmental author	ity's rules, regulations or ordin
Operator:	XTO Energy, Inc.		OGR	D #: 5380	·
Address:	#382 County Road 3100, /	Aztec, NM 87410			
Facility or w	ell name: <u>Lefkovitz Gas C</u>	Com #1X			<b>-</b>
API Number	<u> </u>		OCD Permit Number:		
U/L or Qtr/Q	tr <u>A</u> Section	25 Township	<u>29N</u> Range <u>10W</u>	County: <u>San</u>	Juan
Center of Pro	oposed Design: Latitude <u>36</u>	6.699760	Longitude <u>107,8</u>	15770	NAD: 🔲 1927 🖾 19
Surface Own	ier: 🔲 Federal 🗌 State 🛛 P	rivate 🔲 Tribal Trust o	r Indian Allotment	•	
2.				···· ··· ··· ··· ··· ··· ··· ··· ··· ·	
<u>Pit</u> : Su	bsection F or G of 19.15.17.1	1 NMAC			RCVD DEC 13'12
Temporary:	🗌 Drilling 🔲 Workover				NI CONS NU
Permaner	nt 🗌 Emergency 🔲 Cavitati	ion 🗖 P&A			nict q
Lined <b>Г</b>	Unlined Liner type: Thic	kness mil	LLDPE HDPE PVC	Other	
String-R	einforced c				
		Other	Valuma	htt. Dimensioner I	
Liner Seams		Other	Volume:	bbl Dimensions: L	x wx D
s. Closed-la Type of Oper intent) Drying P. Lined Liner Seams	Dop System:       Subsection H of a state of the state o	of 19.15.17.11 NMAC a new well 🔲 Workov Tanks 🗌 Haul-off Bin ness mil ] Other	ver or Drilling (Applies to activit ns  Other I  LLDPE HDPE P	ies which require prior a  VC 🔲 Other	approval of a permit or notice
4. <b>Below-gr</b> Volume: Tank Constru Seconda	rade tank: Subsection I of I 21bbl Ty uction material: <u>Stee</u> ry containment with leak dete sidewalls and liner [] Visib	19.15.17.11 NMAC pe of fluid: <u>Pro</u> el ection Visible sidev le sidewalls only Ø O	duced Water walls, liner, 6-inch lift and autor walls, liner, 6-inch lift and autor	atic overflow shut-off <u>, automatic high-level s</u> l	nut off, no liner
Liner type:	Thickness			· · · · · · · · · · · · · · · · · · ·	
Visible s Liner type:	Thickness			· · · · · · · · · · · · · · · · · · ·	

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 Four foot height, steel mesh field fence (hogwire) with pipe top railing

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

Screen Netting Other Expanded metal or solid vaulted top

Monthly inspections (If netting or screening is not physically feasible)

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

#### 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

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 accept material are provided below. Requests regarding changes to certain siting criteria may require administrative approval from the appro office or may be considered an exception which must be submitted to the Santa Fe Environmental Bureau office for consideration of a Applicant must attach justification for request. Please refer to 19.15.17.10 NMAC for guidance. Siting criteria does not apply to dry above-grade tanks associated with a closed-loop system.	ptable source opriate district opproval. ing pads or
Ground water is less than 50 feet below the bottom of the temporary pit, permanent pit, or below-grade tank. - NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells	🛛 Yes 🗌 No
<ul> <li>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).</li> <li>Topographic map; Visual inspection (certification) of the proposed site</li> </ul>	Yes 🗍 No
<ul> <li>Within 300 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application.</li> <li>(Applies to temporary, emergency, or cavitation pits and below-grade tanks)</li> <li>Visual inspection (certification) of the proposed site; Aerial photo; Satellite image</li> </ul>	☐ Yés ⊠ No ☐ NA
<ul> <li>Within 1000 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application.</li> <li>(Applies to permanent pits)</li> <li>Visual inspection (certification) of the proposed site; Aerial photo; Satellite image</li> </ul>	☐ Yes ☐ No ⊠ 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. - NM Office of the State Engineer - iWATERS database search; Visual inspection (certification) of the proposed site	Ves 🗌 No
<ul> <li>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.</li> <li>Written confirmation or verification from the municipality; Written approval obtained from the municipality</li> </ul>	🗋 Yes 🛛 No
<ul> <li>Within 500 feet of a wetland.</li> <li>US Fish and Wildlife Wetland Identification map; Topographic map; Visual inspection (certification) of the proposed site</li> </ul>	🗋 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
<ul> <li>Within an unstable area.</li> <li>Engineering measures incorporated into the design; NM Bureau of Geology &amp; Mineral Resources; USGS; NM Geological Society; Topographic map</li> </ul>	🗋 Yes 🛛 No
Within a 100-year floodplain.	Yes 🕅 No

FEMA	map
------	-----

(

1. <b>Cemporary Pits, Emergency Pits, and Below-grade Tanks Permit Application Attachment Checklist:</b> Subsection B of 19.15.17.9 NMAC <i>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 uttached.</i> M 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 19.15.17.12 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            Previously Approved Design (attach copy of design) API Number:
<ul> <li>2.</li> <li><u>Closed-loop Systems Permit Application Attachment Checklist</u>: Subsection B of 19.15.17.9 NMAC</li> <li>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 intrached.</li> <li>Geologic and Hydrogeologic Data (only for on-site closure) - based upon the requirements of Paragraph (3) of Subsection B of 19.15.17.9</li> <li>Siting Criteria Compliance Demonstrations (only for on-site closure) - based upon the appropriate requirements of 19.15.17.10 NMAC</li> <li>Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC</li> <li>Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC</li> <li>Closure Plan (Please complete Boxes 14 through 18, if applicable) - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC</li> </ul>
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)
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 ttached.         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         Cilinatological 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         Quality Control/Quality Assurance Construction and Installation Plan         Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.11 NMAC         Image: Precedual and Overtopping Prevention Plan - based upon the appropriate requirements of 19.15.17.11 NMAC         Image: Precedual and Overtopping Prevention Plan - based upon the appropriate requirements of 19.15.17.11 NMAC         Image: Precedual and Overtopping Prevention Plan - based upon the appropriate requirements of 19.15.17.11 NMAC         Image: Precedual and Overtopping Prevention Plan - based upon the appropriate requirements of 19.15.17.11 NMAC         Image: Precedual and Overtopping Prevention Plan - based upon the appropriate requirements of 19.15.17.11 NMAC </td
Proposed Closure:       19.15.17.13 NMAC         Instructions: Please complete the applicable boxes, Boxes 14 through 18, in regards to the proposed closure plan.         Fype:       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       Excertions must be submitted to the Santa Fe Environmental Bureau for consideration)
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.

•

•

- J .,

۰.

16. Waste Removal Closure For Closed-loop Systems That Utilize Above Ground	Steel Tanks or Haul-off Bins Only: (19.15.17.13.1	D NMAC)
Instructions: Please indentify the facility or facilities for the disposal of liquids, facilities are required.	drilling fluids and drill cuttings. Use attachment if i	more than two
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 o Yes (If yes, please provide the information below)  No	ccur on or in areas that will not be used for future served	vice and operations?
Required for impacted areas which will not be used for future service and operation Soil Backfill and Cover Design Specifications based upon the appropriate Re-vegetation Plan - based upon the appropriate requirements of Subsection Site Reclamation Plan - based upon the appropriate requirements of Subsect	ns: e requirements of Subsection H of 19.15.17.13 NMA I of 19.15.17.13 NMAC ion G of 19.15.17.13 NMAC	с .
17. <u>Siting Criteria (regarding on-site closure methods only)</u> : 19.15.17.10 NMAC Instructions: Each siting criteria requires a demonstration of compliance in the provided below. Requests regarding changes to certain siting criteria may requi considered an exception which must be submitted to the Santa Fe Environmenta demonstrations of equivalency are required. Please refer to 19.15.17.10 NMAC	closure plan. Recommendations of acceptable sour re administrative approval from the appropriate dist I Bureau office for consideration of approval. Justi for guidance.	rce material are rict office or may be fications and/or
Ground water is less than 50 feet below the bottom of the buried waste. - NM Office of the State Engineer - iWATERS database search; USGS; Dat	a 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; Dat	a 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; Dat	a obtained from nearby wells	□ Yes □ No □ NA
Within 300 feet of a continuously flowing watercourse, or 200 feet of any other sig lake (measured from the ordinary high-water mark).	nificant watercourse or lakebed, sinkhole, or playa	🗋 Yes 🗌 No
Within 300 feet from a permanent residence, school, hospital, institution, or church - Visual inspection (certification) of the proposed site; Aerial photo; Satellit	n in existence at the time of initial application. e image	🗌 Yes 🗌 No
Within 500 horizontal feet of a private, domestic fresh water well or spring that les watering purposes, or within 1000 horizontal feet of any other fresh water well or NM Office of the State Engineer - iWATERS database; Visual inspection	is than five households use for domestic or stock spring, in existence at the time of initial application. (certification) of the proposed site	🗋 Yes 🗌 No
Within incorporated municipal boundaries or within a defined municipal fresh wat adopted pursuant to NMSA 1978, Section 3-27-3, as amended. - Written confirmation or verification from the municipality; Written approv	er well field covered under a municipal ordinance val obtained from the municipality	🗋 Yes 🗋 No
Within 500 feet of a wetland. - US Fish and Wildlife Wetland Identification map; Topographic map; Visu	al 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	g and Mineral Division	🗋 Yes 🗋 No
<ul> <li>Within an unstable area.</li> <li>Engineering measures incorporated into the design; NM Bureau of Geolog Society; Topographic map</li> </ul>	y & Mineral Resources; USGS; NM Geological	🗋 Yes 🗌 No
Within a 100-year floodplain. - FEMA map		🗋 Yes 🗌 No
<ul> <li>18.</li> <li>On-Site Closure Plan Checklist: (19.15.17.13 NMAC) Instructions: Each of the by a check mark in the box, that the documents are attached.</li> <li>Siting Criteria Compliance Demonstrations - based upon the appropriate requirements of Construction/Design Plan of Burial Trench (if applicable) based upon the a drying protocols and Procedures - based upon the appropriate requirements of 19.1</li> <li>Confirmation Sampling Plan (if applicable) - based upon the appropriate requirements of Disposal Facility Name and Permit Number (for liquids, drilling fluids and e Soil Cover Design - based upon the appropriate requirements of Subsection</li> </ul>	ne following items must be attached to the closure plant quirements of 19.15.17.10 NMAC f Subsection F of 19.15.17.13 NMAC ppropriate requirements of 19.15.17.11 NMAC pad) - based upon the appropriate requirements of 19. 5.17.13 NMAC quirements of Subsection F of 19.15.17.13 NMAC Subsection F of 19.15.17.13 NMAC drill cuttings or in case on-site closure standards cann H of 19.15.17.13 NMAC	an. Please indicate, 15.17.11 NMAC ot be achieved)

Site Reclamation Plan - based upon the appropriate requirements of Subsection F of 19:15:17:13 NMAC

Derator Application Certification:	a converte and complete to the best of my knowledge and belief
I hereby certify that the information submitted with this application is tru	e, accurate and complete to the best of my knowledge and bench.
Name (Print): Kim Champlin	Title: Environmental Representative
Signature: hm hamplin	Date:01/12/2009
e-mail address: <u>kim_champlin@xtoenergy.com</u>	Telephone:(505) 333-3100
20, OCD Approval:  Permit Application (including closure plan)	osure Plan (onty)
OCD Representative Signature:	(11/2012 - 9/14/11 Approval Date: 9/14/11
Title: Environmental Engineer	COMPLIANCE Officer OCD Permit Number:
21. <u>Closure Report (required within 60 days of closure completion)</u> : Sub Instructions: Operators are required to obtain an approved closure plan The closure report is required to be submitted to the division within 60 a section of the form until an approved closure plan has been obtained an	esection K of 19.15.17.13 NMAC a prior to implementing any closure activities and submitting the closure replays of the completion of the closure activities. Please do not complete this d the closure activities have been completed. $\Re = 2.2 = 12$
<ul> <li>22.</li> <li>Closure Method:</li> <li>Waste Excavation and Removal On-Site Closure Method</li> <li>If different from approved plan, please explain.</li> </ul>	Alternative Closure Method 🗌 Waste Removal (Closed-loop systems only
	systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only:
Instructions: Please indentify the facility or facilities for where the liqu two facilities were utilized. Disposal Facility Name:	bystems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: ids, drilling fluids and drill cuttings were disposed. Use attachment if more t Disposal Facility Permit Number:
Instructions: Please indentify the facility or facilities for where the liqu two facilities were utilized. Disposal Facility Name: Disposal Facility Name:	Systems That Utilize Above Ground Steel Tanks or Haut-off Bins Only:         ids, drilling fluids and drill cuttings were disposed. Use attachment if more to          Disposal Facility Permit Number:          Disposal Facility Permit Number:
Instructions: Please indentify the facility or facilities for where the lique two facilities were utilized. Disposal Facility Name: Disposal Facility Name: Were the closed-loop system operations and associated activities performe Yes (If yes, please demonstrate compliance to the items below)	Systems Inat Utilize Above Ground Steel Tanks or Haul-off Bins Only:         ids, drilling fluids and drill cuttings were disposed. Use attachment if more is          Disposal Facility Permit Number:          No
Instructions: Please indentify the facility or facilities for where the lique two facilities were utilized. Disposal Facility Name: Were the closed-loop system operations and associated activities performe Yes (If yes, please demonstrate compliance to the items below) Required for impacted areas which will not be used for future service and Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation	Systems Inat Utilize Above Ground Steel Tanks or Haul-off Bins Only:         ids, drilling fluids and drill cuttings were disposed. Use attachment if more          Disposal Facility Permit Number:          Disposal Facility Permit Number:
Instructions: Please indentify the facility or facilities for where the lique two facilities were utilized. Disposal Facility Name: Disposal Facility Name: Were the closed-loop system operations and associated activities performe Yes (If yes, please demonstrate compliance to the items below) Required for impacted areas which will not be used for future service and Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique	Systems Inat Utilize Above Ground Steel Tanks or Haul-off Bins Only:         ids, drilling fluids and drill cuttings were disposed. Use attachment if more          Disposal Facility Permit Number:          Disposal Facility Permit Number:
Instructions: Please indentify the facility or facilities for where the lique two facilities were utilized.         Disposal Facility Name:	Systems Inat Utilize Above Ground Steel Tanks or Haul-off Bins Only:         ids, drilling fluids and drill cuttings were disposed. Use attachment if more          Disposal Facility Permit Number:          No         Poperations:       '          Disposal Facility Permit Number:          Disposal Facility Permit Number:          Disposal Facility Permit Number:          Disposal Facility
Instructions: Please indentify the facility or facilities for where the lique two facilities were utilized.         Disposal Facility Name:         Disposal Facility Name:         Were the closed-loop system operations and associated activities perform.         Yes (If yes, please demonstrate compliance to the items below)         Required for impacted areas which will not be used for future service and         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 follow         Mark in the box, that the documents are attached.         Yeroof of Closure Notice (surface owner and division)	Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only:         ids, drilling fluids and drill cuttings were disposed. Use attachment if more          Disposal Facility Permit Number:          Disposal Facility Permit Number:         ed on or in areas that will not be used for future service and operations?         No         Poperations:
Instructions: Please indentify the facility or facilities for where the liqu         two facilities were utilized.         Disposal Facility Name:	Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only:         ids, drilling fluids and drill cuttings were disposed. Use attachment if more          Disposal Facility Permit Number:          No         Poperations:
Instructions: Please indentify the facility or facilities for where the lique two facilities were utilized.         Disposal Facility Name:         Disposal Facility Name:         Were the closed-loop system operations and associated activities performed         Yes (If yes, please demonstrate compliance to the items below)         Required for impacted areas which will not be used for future service and         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 follow         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)	Systems Inat Utilize Above Ground Steel Tanks or Haul-off Bins Only:         ids, drilling fluids and drill cuttings were disposed. Use attachment if more          Disposal Facility Permit Number:          Disposal Facility Permit Number:         ed on or in areas that will not be used for future service and operations?         No         Poperations:
Instructions: Please indentify the facility or facilities for where the lique two facilities were utilized.         Disposal Facility Name:         Disposal Facility Name:         Were the closed-loop system operations and associated activities performe         Yes (If yes, please demonstrate compliance to the items below)         Required for impacted areas which will not be used for future service and         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 follow         mark in the box, that the documents are attached.         Proof of Closure Notice (surface owner and division)         Plot Plan (for on-site closures and temporary pits)         Confirmation Sampling Analytical Results (if applicable)         Waste Material Sampling Analytical Results (required for on-site c         Disposal Eacility Name and Permit Number	Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: ids, drilling fluids and drill cuttings were disposed. Use attachment if more Disposal Facility Permit Number: Disposal Facility Permit Number: ed on or in areas that will not be used for future service and operations? No I operations: owing items must be attached to the closure report. Please indicate, by a chee losure)
Instructions: Please indentify the facility or facilities for where the lique two facilities were utilized.         Disposal Facility Name:         Disposal Facility Name:         Were the closed-loop system operations and associated activities performed         Yes (If yes, please demonstrate compliance to the items below)         Required for impacted areas which will not be used for future service and         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 follow         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 c         Disposal Facility Name and Permit Number         Soil Backfilling and Cover Installation	Systems Inat Utilize Above Ground Steel Tanks or Haul-off Bins Only:         ids, drilling fluids and drill cuttings were disposed. Use attachment if more          Disposal Facility Permit Number:          Permit Number:          No         Poperations:       Permit Number:
Instructions: Please indentify the facility or facilities for where the lique two facilities were utilized.         Disposal Facility Name:         Disposal Facility Name:         Were the closed-loop system operations and associated activities performed         Yes (If yes, please demonstrate compliance to the items below)         Required for impacted areas which will not be used for future service and         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 follow         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 c         Disposal Facility Name and Permit Number         Soil Backfilling and Cover Installation         Revegetation Application Rates and Seeding Technique	Systems Inat Utilize Above Ground Steel Tanks or Haul-off Bins Only:         ids, drilling fluids and drill cuttings were disposed. Use attachment if more          Disposal Facility Permit Number:          Disposal Facility Permit Number:         ed on or in areas that will not be used for future service and operations?         No         Poperations:
Instructions: Please indentify the facility or facilities for where the lique two facilities were utilized.         Disposal Facility Name:         Disposal Facility Name:         Were the closed-loop system operations and associated activities performed         Yes (If yes, please demonstrate compliance to the items below)         Required for impacted areas which will not be used for future service and         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 follow         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 c         Disposal Facility Name and Permit Number         Soil Backfilling and Cover Installation         Re-vegetation Application Rates and Seeding Technique         Soil Backfilling and Cover Installation         Plot Plan (for on-site closures and temporary pits)         Confirmation Sampling Analytical Results (if applicable)         Waste Material Sampling Analytical Results	bystems Inat Utilize Above Ground Steel Tanks or Haul-off Bins Only:         ids, drilling fluids and drill cuttings were disposed. Use attachment if more          Disposal Facility Permit Number:          Disposal Facility Permit Number:         ed on or in areas that will not be used for future service and operations?         No         Poperations:
Instructions: Please indentify the facility or facilities for where the lique two facilities were utilized.         Disposal Facility Name:         Disposal Facility Name:         Were the closed-loop system operations and associated activities performed         Yes (If yes, please demonstrate compliance to the items below)         Required for impacted areas which will not be used for future service and         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 follow         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 c         Disposal Facility Name and Permit Number         Soil Backfilling and Cover Installation         Re-vegetation Application Rates and Seeding Technique         24.         Confirmation Sampling Analytical Results (if applicable)         Waste Material Sampling Analytical Results (if applicable)         Soil Backfilling and Cover Installation <t< td=""><td>Systems Inat Utilize Above Ground Steel Tanks or Haul-off Bins Only:         ids, drilling fluids and drill cuttings were disposed. Use attachment if more        </td></t<>	Systems Inat Utilize Above Ground Steel Tanks or Haul-off Bins Only:         ids, drilling fluids and drill cuttings were disposed. Use attachment if more
Instructions: Please indentify the facility or facilities for where the lique two facilities were utilized.         Disposal Facility Name:         Disposal Facility Name:         Were the closed-loop system operations and associated activities performed         Yes (If yes, please demonstrate compliance to the items below)         Required for impacted areas which will not be used for future service and         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 follow         mark in the box, that the documents are attached.         Yerof 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 complication Rates and Seeding Technique         Soil Backfilling and Cover Installation         Re-vegetation Application Rates and Seeding Technique         Soil Backfilling and Cover Installation         Re-vegetation Application Rates and Seeding Technique         Soil Backfilling and Cover Installation         Re-vegetation Application Rates and Seeding Technique <t< td=""><td>Systems That Utilize Above Cround Steel Tanks or Haul-off Bins Only:         ids, drilling fluids and drill cuttings were disposed. Use attachment if more        </td></t<>	Systems That Utilize Above Cround Steel Tanks or Haul-off Bins Only:         ids, drilling fluids and drill cuttings were disposed. Use attachment if more
Instructions: Please indentify the facility or facilities for where the lique two facilities were utilized.         Disposal Facility Name:         Disposal Facility Name:         Were the closed-loop system operations and associated activities performed         Yes (If yes, please demonstrate compliance to the items below)         Required for impacted areas which will not be used for future service and         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 followmark in the box, that the documents are attached.         Proof of Closure Notice (surface owner and division)         Proof of Closure Notice (surface owner and division)         Proof of Closure Notice (required for on-site closure)         Plot Plan (for on-site closures and temporary pits)         Confirmation Sampling Analytical Results (required for on-site c         Waste Material Sampling Analytical Results (required for on-site c         Disposal Facility Name and Permit Number         Soil Backfilling and Cover Installation         Re-vegetation Application Rates and Seeding Technique         Soil Backfilling and Cover Installation         Re-vegetation Application Rates and Seeding Technique         Site Reclamation (Photo Documentation)	systems Inat Utilize Above Ground Steel Tanks or Haul-off Bins Only:         ids, drilling fluids and drill cuttings were disposed. Use attachment if more

.

.

.

State of New Mexico Energy Minerals and Natural Resources

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

Submit 2 Copies to appropriate District Office in accordance with Rule 116 on back side of form

			Rele	ease Notific	ation and Co	orrective A	ction			
					<b>OPERA</b>	ΓOR	🗌 Initi	al Report	$\boxtimes$	Final Report
Name of Co	ompany: X	TO Energy,	Inc.		Contact: Ku	rt Hoekstra				
Address: 38	2 Road 31	00, Aztec, N	lew Mexi	co 87410	Telephone 1	No.: (505) 333-3	3202			
Facility Nat	ne: Lefkov	vitz Gas Con	n#1X (3	30-045-07921)	Facility Typ	e: Gas Well (A	ztec – Pictured C	liffs)		
Surface Ow	mer: Priva	te		Mineral C	)wner:		Lease 1	No. Fee		
				LOCA	TION OF REI	LEASE				
Unit Letter	Section	Township	Range	Feet from the	North/South Line	Feet from the	East/West Line	County		
A	25	29N	10W	790	FNL	805	FEL	San Juan		

Latitude: <u>36.699760</u> Longitude: <u>-107.815770</u>

#### NATURE OF RELEASE

Type of Release: N/A	Volume of Release: N/A	Volume Recovered: N/A
Source of Release: N/A	Date and Hour of Occurrence:	Date and Hour of Discovery: N/A
	Unknown	
Was Immediate Notice Given?	If YES, To Whom?	
Yes 🗌 No 🖾 Not Required		
By Whom?	Date and Hour	
Was a Watercourse Reached?	If YES, Volume Impacting the Wa	itercourse.
🗌 Yes 🖾 No		
If a Watercourse was Impacted, Describe Fully.*	<b>4</b>	······································
Describe Cause of Problem and Remedial Action Taken.* The below grad	de tank was removed at the Lefkovitz	Gas Com # 1X well site due to plugging
and abandoning of the well. The BGT cellar beneath the BGT was sample	ed for TPH via USEPA Method 8015	and 418.1, for BTEX via USEPA Method
8021, and for total chlorides. The sample returned results below the 'pit r	ule' standards of 100 ppm TPH, 0.2 p	pm benzene, 10 ppm total BTEX and 250
ppm chlorides, confirming that a release has not occurred at this location.		
Describe Area Affected and Cleanup Action Taken.*No release has been	confirmed for this location, and no f	urther action is required.
I hereby certify that the information given above is true and complete to the best of	my knowledge and understand that pursu	ant to NMOCD rules and regulations all operators
are required to report and/or the certain release notifications and perform corrective acceptance of a C-141 report by the NMOCD marked as "Final Report" does not re	e actions for releases which may endanged	operations have failed to adequately investigate
and remediate contamination that pose a threat to ground water, surface water, hum	an health or the environment. In addition	NMOCD acceptance of a C-141 report does not
relieve the operator of responsibility for compliance with any other federal, state, o	r local laws and/or regulations.	
	OIL CONSER	VATION DIVISION
Signature: Kurt Nockellin	Approved by District Supervisor:	
Printed Name: Kurt Hoekstra		
Title: Sr. Environmental Technician	Ammousl Data	Evolution Date:
Thue: Sr. Environmental Technician	Approval Date:	Expiration Date:
F-mail Address: Kurt Hockstra@xtoenergy.com	Conditions of Approval:	
	Conditions of Approval.	Attached
Date: 12-10-2012 Phone: 505-333-3202		

## **XTO Energy Inc.** San Juan Basin **Below Grade Tank Closure Report**

Lease Name: Lefkovitz Gas Com # 1X API No.: 30-045-07921 Description: Unit A, Section 25, Township 29N, Range 10W, San Juan County

In accordance with Rule 19.15.17.13 NMAC the following information describes the closure requirements of below-grade tanks on XTO Energy Inc. (XTO) locations. This is XTO's standard procedure for all below-grade tanks. A separate plan will be submitted for any below-grade tank which does not conform to this plan.

### **General Plan**

- XTO will close below-grade tanks within the time periods provided in 19.15.17.13 NMAC, or by 1. an earlier date that the division requires because of imminent danger to fresh water, public health or the environment. Closure Date is August 22, 2012
- 2. XTO will close a below-grade tank that does not meet the requirements of Paragraphs (1) through (4) of Subsection I of 19.15.17.11 NMAC or is not included in Paragraph (5) of Subsection I of 19.15.17.11 NMAC within five years after June 16, 2008, if not retrofitted to comply with Paragraphs (1) through (4) of Subsection I of 19.15.17.11 NMAC. **Closure Date is August 22, 2012**
- 3. XTO will close a permitted below-grade tank within 60 days of cessation of the below-grade tank's operation or as required by the transitional provisions of Subsection B of 19.15.17.17 NMAC in accordance with a closure plan that the appropriate division district office approves. The closure report will be filed on form C-144.

Required C-144 Form is attached to this document.

4. XTO will remove liquids and sludge from below-grade tanks prior to implementing a closure method and will dispose of the liquids and sludge in a division-approved facility. Approved facilities and waste streams include:

Envirotech Permit No. NM01-0011 and IEI Permit No. NM 01-0010B Soil contaminated by exempt petroleum hydrocarbons Produced sand, pit sludge and contaminated bottoms from storage of exempt wastes

### Basin Disposal Permit No. NM01-005

Produced water

All liquids and sludge were removed from the tank prior to closure activities.

5. XTO will remove the below-grade tank and dispose of it in a division approved facility or recycle, reuse, or reclaim it in a manner that the appropriate division district office approves. XTO has removed the below grade tank, and will dispose of it at a division approved facility, or recycle, reclaim or reuse it in a manner that is approved by the division.

6. XTO will remove any on-site equipment associated with a below-grade tank unless the equipment is required for some other purpose.

## All Equipment will be removed due to the plugging and abandoning of the Lefkovitz Gas Com # 1 X.

7. XTO will test the soils beneath the below-grade tank to determine whether a release has occurred. At a minimum 5 point composite sample will be collected along with individual grab samples from any area that is wet, discolored or showing other evidence of a release. Samples will be analyzed for BTEX, TPH and chlorides to demonstrate that the benzene concentration, as determined by EPA SW-846 methods 8021B or 8260B or EPA method that the division approves, does not exceed 0.2 mg/kg; total BTEX concentration, as determined by EPA SW-846 methods 8021B or 8260B or other EPA method that the division approves, does not exceed 50 mg/kg; the TPH concentration, as determined by EPA method 418.1 or other EPA method that the division approves, does not exceed 100mg/kg; and the chloride concentration, as determined by EPA method 300.1 or other EPA method that the division approves, does not exceed 250 mg/kg, or the background concentration, whichever is greater. XTO will notify the division of its results on form C-141.

A composite sample was taken of the pit using sampling tools and all samples tested	per Subsection
B of 19.15.17.1 3(B)( 1 )(b). (Sample results attached).	

Components	Test Method	Limit (mg/Kg)	Results (mg/Kg)
Benzene	EPA SW-846 8021B or 8260B	0.2	< 0.0026 mg/kg
BTEX	EPA SW-846 8021B or 8260B	50	< 0.0391 mg/kg
ТРН	EPA SW-846 418.1	100	86.3 mg/kg
Chlorides	EPA 300.1	250 or background	58 mg/kg
TPH (spill rule)	EPA Method 8015 Modified	100	8.7 mg/kg

- 8. If XTO or the division determines that a release has occurred, XTO will comply with 19.15.3.116 NMAC and 19.15.1.19NMAC as appropriate.
   No release has been confirmed at this location.
- 9. If the sampling program demonstrates that a release has not occurred or that any release does not exceed the concentrations specified in Paragraph (4) of Subsection E of 19.15.17.13 NMAC, XTO will backfill the excavation with compacted, non-waste containing, earthen material; construct a division prescribed soil cover; recontour and re-vegetate the site. The pit cellar was backfilled using compacted, non-waste containing earthen material, with a division prescribed soil cover.
- 10. Notice of Closure operations will be given to the Aztec Division District III office between 72 hours and one week prior to the start of closure activities via email or verbally. The notification will include the following:
  - i. Operator's name
  - ii. Well Name and API Number
  - iii. Location by Unit Letter, Section, Township, and Range

## Notification was provided to Mr. Brandon Powell with the Aztec office of the OCD via email on August 16, 2012; see attached email printout.

The surface owner shall be notified of XTO's proposal to close the BGT as per the approved closure plan using certified mail, return receipt requested. The surface owner was notified on August 17, 2012; see attached letter and return receipt.

11. Re-contouring of location will match fit, shape, line, form and texture of the surrounding area. Re-shaping will include drainage control, prevent ponding, and prevent erosion. Natural drainages will be unimpeded and water bars and/or silt traps will be placed in areas where needed to prevent erosion on a large scale. Final re-contour shall have a uniform appearance with smooth surface, fitting the natural landscape.

## The location will be recontoured to match the above specifications after the well has been P & A'd.

12. A minimum of 4 feet of cover shall be achieved and the cover shall include 1 foot of suitable material to establish vegetation at the site, or the background thickness of topsoil, whichever is greater.

### The site has been backfilled to match these specifications.

1

13. XTO will seed the disturbed areas the first growing season after the operator closes the pit. Seeding will be accomplished via drilling on the contour whenever practical or by other divisionapproved methods. BLM or Forest Service stipulated seed mixes will be used on federal lands. 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 maintain that cover through two successive growing seasons. Repeat seeding or planting will be continued until successful vegetative growth occurs.
Site will be reclaimed pursuant to the surface owners specifications, after the well has been

# Site will be reclaimed pursuant to the surface owners specifications, after the well has been P & A'd.

- 14. All closure activities will include proper documentation and be available for review upon request and will be submitted in closure report form to OCD within 60 days of closure of the below-grade tank. Closure report will be filed on form C-144 and incorporate the following:
  - i. Proof of closure notice to division and surface owner; attached
  - ii. Details on capping and covering, where applicable; per OCD Specifications
  - iii. Inspection reports; attached
  - iv. Confirmation sampling analytical results; attached
  - v. Disposal facility name(s) and permit number(s); see above
  - vi. Soil backfilling and cover installation; per OCD Specifications
  - vii. Re-vegetation application rates and seeding techniques, (or approved alternative to re-vegetation requirements if applicable); **Per landowner requirements**
  - viii. Photo documentation of the site reclamation. attached

Kurt Hoekstra /FAR/CTOC	То	Brandon Powell
08/16/2012 03:31 PM	сс	
	bcc	
	Subject	Lefkovitz Gas Com # 1 X BGT Closure

Brandon,

Please accept this email as the required notification for BGT closure activities at the Lefkovitz Gas Com # 1 X well site (API # 30-045-07921) located in Unit A, Section 25, Township 29N, Range 10W, San Juan County, New Mexico. This below grade tank is being closed due to the P & A of this well. Thank you for your time in regards to this matter.

Kurt Hoekstra Sr. Environmental Technician XTO Energy 505-333-3202 Office 505-486-9543 Cell Kurt\_Hoekstra@xtoenergy.com

4P.	U.S. Postal Servicem CERTIFIED MAIL RECEIPT (pomente Mell only: No Insurance Coverage Provided)
5124 B <sup>4</sup>	OFFICIAL USE
	Certified Fee Return Receipt Fee (Endorsement Reguired) Restricted Delivery Fee (Endorsement Reguired) Restricted Delivery Fee
11 1150	Total Postage & Fees \$ S-87413
נסל	Street, Apr. No.; 4072 Hidden View Circle City, State, ZIP+4 Fortworth, TX 70109 KH PS Form 2000, August 2003 See Reverse for Instructions

.

SENDER: COMPLETE THIS SECT	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also item 4 if Restricted Delivery is de</li> <li>Print your name and address on so that we can return the card to</li> <li>Attach this card to the back of th or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	complete sired. the reverse you. e mailpiece,       A. Signature X       A. Gent Complete X       A. Signature Complete Sired. A. Signature X       A. Signature Complete Sired. A. Signature X       A. Signature Complete Sired. A. Signature Complete Sired. A. Signature Complete Sired. C. Date of Delive C. Date of
quid moder view	
FORWORTH, TX 7410	Q     □ Certified Mail     □ Express Mail       □ Registered     □ Return Receipt for Merchandis       □ Insured Mail     □ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label)	7011 1150 0000 5124 8464
PS Form 3811, February 2004	Domestic Beturn Receipt 102595-02-M-16

August 16, 2012

Mack Cohn S ET AL, 4072 Hidden View Circle Fort Worth , TX 76109

Re: Lefkovitz Gas Com # 1 X API # 30-045-07921 Unit A, Section 25, Township 29N, Range 10W, San Juan County, New Mexico

Dear Mr. Cohn;

This submittal is pursuant to Rule 19.15.17.13 requiring operators to notify surface owners of the closure of a below grade tank pit. XTO Energy, Inc. (XTO) is hereby providing written documentation of our proposal to close the below grade tank pit associated with the above mentioned well site by excavation and removal.

Should you have questions or require additional information, please feel free to contact me at your convenience at (505) 333-3100. Thank you for your time in regards to this matter.

Respectfully Submitted,

Kurt Haster

Kurt Hoekstra Sr. Environmental Technician XTO Energy, Inc. Western Division

# CHAIN OF CUSTODY RECORD

Client:			Projec	t Name / Locati	on:									A	NAL	YSIS	/ PAI	RAM	ETEF	RS			
XTO			LE	SFKOVITZ	<u> </u>	11					r			···		·		T	<b>.</b>	,,			
Email results to: JAMES	MCDANIE	<u>-</u> L	Sampl	ler Name:						6	5	õ							]				
KURT HOEKSTRA				K	URT					801	8	826	S				<del>,</del>						
Client Phone No.:			Client	No.:						por	thoc	poq	leta	nion		H	910	E.	ш			Ĩ	itact
333-3100				9803	1-05	28				Meth	(Me	Met	8 N	I/A		with	ple	418			[	e C	le Ir
Sample No./ Identification	Sample Date	Samp	le	Lab No.	No./	/Volume ontainers	P HaCk	reserva	tive	IPH (I	втех	voc (	RCRA	Cation	RCI	TCLP	CO Te	ТРН (	CHLO			Samp	Samp
BGT CELLAR	8/1	11:10	U	02793	1402	JAR									_			χ				χ	X
														-									
							1																
						·																	
·											{												
						. <u></u>																	
							+																
										_													
Relinguisked/by: (Signature)					Date	Time	Recei	ived b	v: (Si	anatu	ire)										Date	   Tin	ne
Kurt Horpeli					8-1	12:00					Z	-		. 7							4/1/1	12	-01
Relinquished by: (Signature)			<u> </u>	· · · ·			Recei	ved b	y: (Si	gnatu	re)											T	
Sample Matrix						 											~`		•		1		
Soil 🛛 Solid 🗌 Sludge 🗌 🗸	Aqueous 🗌	Other																				L	<u> </u>
Sample(s) dropped off after h	iours to sec	ure drop	off are	ea.	3 e	Ana	ir ( lytica	<b>) †</b> (	<b>e (</b> bora	<b>h</b>													
5795 US Highway 64	<ul> <li>Farmingto</li> </ul>	n, NM 87	7401 • 3	505-632-0615 • Th	hree Spri	ngs • 65 h	Mercad	do Stre	et, Su	uite 11	5, Du	rang	o, CC	D 8130	01 • k	abore	atory	@env	rirotec	ch-inc.	com		

14206

**)** 

.



### **Report Summary**

Client: XTO Chain of Custody Number: 14206 Samples Received: 08-01-12 Job Number: 98031-0528 Sample Number(s): 62793 Project Name/Location: Lefkovitz GC 1X

Entire Report Reviewed By: Kaenitazon Date: 08-08-12

The analytical results in this report are based upon information supplied by you, the client, and are for your exclusive use. If you have any questions regarding this data package, please do not hesitate to call.

5796 US Highway 64, Farmington, NM 87401

Ph (505) 632-0615 Fx (505) 632-1865

envirotech-inccom leboretory@envirotech-inccom

Three Springs - 65 Mercado Street, Suite 115, Durango, CO 81301



Client:	ConocoPhillips	Project #:	98031-0528
Sample ID:	BGT Cellar	Date Reported:	08-08-12
Laboratory Number:	62793	Date Sampled:	08-01-12
Chain of Custody No:	14206	Date Received:	08-01-12
Sample Matrix:	Soil	Date Extracted:	08-07-12
Preservative:	Cool	Date Analyzed:	08-07-12
Condition:	Intact	Analysis Needed:	TPH-418.1
{			Det

Parameter	(mg/kg)	(mg/kg)
	Concentration	Limit

Total Petroleum Hydrocarbons	86.3	6.6
------------------------------	------	-----

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: Lefkovitz GC 1X

5796 US Highway 64, Farmington, NM 87401

Ph (505) 632-0615 Fx (505) 632-1865

EPA METHOD 418.1 EPA METHOD 418.1 TOTAL PETROLEUM HYDROCARBONS

Analytical Laboratory QUALITY ASSURANCE REPORT

Client:	t: QA/QC			Project #:		N/A			
Sample ID:		QA/QC		Date Reported	:	08-08-12			
Laboratory Numbe	er:	08-07-TPH.QA	/QC 62793	Date Sampled		N/A			
Sample Matrix:		Freon-113		Date Analyzed	:	08-07-12			
Preservative:		N/A		Date Extracted	J:	08-07-12			
Condition:		N/A		Analysis Need	ed:	TPH			
Calibration	I-Cal Date 07-11-12	C-Cal Date 08-07-12	I-Cal RF: <b>1,660</b>	C-Cal RF: <b>1,720</b>	% Difference <b>3.6%</b>	Accept. Range +/- 10%			
Blank Conc. (r TPH	mg/Kg)	••••• •	Concentration ND	1	Detection Lin 6.6	nit			
Duplicate Con TPH	ıc. (mg/Kg)		Sample 86.3	Duplicate 104	% Difference 19.9%	Accept. Range +/- 30%			
Spike Conc. (ı TPH	mg/Kg)	Sample 83.3	Spike Added 2,000	Spike Result 1,920	% Recovery 92.2%	Accept Range 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 62793, 62779, 62781-62783, 62788, 62792.

5796 US Highway 64, Farmington, NM 87401



Company Name/Address			Alternate Bil	ling				Analy	sis/Cont	ainer/Preser	vative		Chain of Custody Pageof			
XTO Energy, Inc. 382 County Road 3100 Aztec, NM 87410			XTORNM031810S										B237 Prepared by:			
							4.1 -						Science cor	p		
			Report to: Ja	ames McDa	niel								12065 Lebar	ion Road		
			E-mail to: jame	s_mcdaniel@x	toenergy.com								Mt. Juliet TN	37122		
Project Description: LEFKOVITZ	GC GC	#   X		City	/State Collected:					in the second se			Phone (615)	758-5858		
PHONE: 505-333-3701	ent Project N	<b>0</b> .		Lab Project	# .				2		1997 - 19 1		Phone (800)	767-5859		
FAX:									09 <sup>07 m</sup>				FAX (61	5)758-5859		
Collected by: KURT Sit	e/Facility ID#			P.O.#			:						CoCode	(lab use only)		
Collected by(signature)	ush? (La N	ab MUST be ext Day WO Day	• Notified) 100% 50%	Date Resu Email?	Its Needed	No of	5,		ORIDE				XTORNM			
Packed on Ice N_Y	TI	nree Day	25%	FAX?I	NoYes		80	0	HI		1 Martin		Shipped Via: Fed Ex			
Sample ID Co	omp/Grab	Matrix	Depth	Date	Time	Cntrs		8					Remarks/contaminant	Sample # (lab only)		
LEFKOVITZ GCIX BGT	Comp	55	0-6"	8/1	11:10	402	X	X	X				L587991	- 01		
•	1						÷			1 4 1 1 4 1 1 4 1						
										2 1 1 1						
· · · · · · · · · · · · · · · · · · ·																
Matrix: SS-Soil/Solid GW-Groundwater Remarks: "ONLY 1 CO0/Per Site!!"	'MM'-Was	tewater D	W-Drinking W	later OT-C	Other		4	91	3 42	F42 G	рН_ 1/, /	2	Temp Flow	Other		
Relinquiener by Signature	te:	Time:	Received by:(S	ignature)	1-4-4		Sample	es retur	ned via: F	edEx_X_UPS	_Other		Condition	(lab use only)		
Relinquisher by:(Signature Da	0 - 1 te:	Time:	Received by: (S	iignature)	S. T.		Temp;	1°U		Bottles Re	ceived:	.7	(Ch)	<b>[</b> 9 <sup>-</sup> 2		
Relinquisher by:(Signature Da	te:	Time:	Received for la	ab by: (Signatu	A LAN		Date:	2	•	Time:			pH Checked:	NCF:		

1. A. 1.



12065 Lebanon Rd. Mt. Juliet, TN 37122 (615) 758-5858 1-800-767-5859 Fax (615) 758-5859 Tax I.D. 62-0814289

Est. 1970

James McDaniel XTO Energy - San Juan Division 382 Road 3100 Aztec, NM 87410

### Report Summary

Wednesday August 08, 2012

Report Number: L587991

Samples Received: 08/02/12

Client Project:

Description: LEFKOVITZ GC #1X

The analytical results in this report are based upon information supplied by you, the client, and are for your exclusive use. If you have any questions regarding this data package, please do not hesitate to call.

Entire Report Reviewed By:

Statine

Daphne Richards , ESC Representative

#### Laboratory Certification Numbers

A2LA - 1461-01, AIHA - 100789, AL - 40660, CA - 01157CA, CT - PH-0197, FL - E87487, GA - 923, IN - C-TN-01, KY - 90010, KYUST - 0016, NC - ENV375/DW21704/BIO041, ND - R-140. NJ - TN002, NJ NELAP - TN002, SC - 84004, TN - 2006, VA - 460132, WV - 233, AZ - 0612, MN - 047-999-395, NY - 11742, WI - 998093910, NV - TN000032011-1, TX - T104704245-11-3, OK - 9915, PA - 68-02979

Accreditation is only applicable to the test methods specified on each scope of accreditation held by ESC Lab Sciences. Note: The use of the preparatory EPA Method 3511 is not approved or endorsed by the CA ELAP.

This report may not be reproduced, except in full, without written approval from ESC Lab Sciences. Where applicable, sampling conducted by ESC is performed per guidance provided in laboratory standard operating procedures: 060302, 060303, and 060304.

Page 1 of 5



.

-

.

i

YOUR LAB OF CHOICE

12065 Lebanon Rd. Mt. Juliet, TN 37122 (615) 758-5858 1-800-767-5859 Fax (615) 758-5859

.

Tax I.D. 62-0814289

Est. 1970

August 08.2012

.

James McDaniel XTO Energy – San Juan Division 382 Road 3100 Aztec, NM 87410	1.21 0.11		Aug	gust 08,2012		
Date Received · August 02	2012		ESC	C Sample # :	L587991-01	
Description : LEFKOVITZ GC #3	IX		c;+			
Sample ID : LEFKOVITZ GCIX	BGT		510	le ID :		
Collected By : Kurt Collection Date : 08/01/12 11:10			Pro	oject # :		
Parameter	Dry Result	Det. Limit	Units	Method	Date	Dil.
Chloride	58.	10.	mg/kg	9056	08/07/12	1
Total Solids	94.8	0.100	olo	2540G	08/08/12	1
Benzene Toluene Ethylbenzene Total Xylene TPH (GC(FID) Low Fraction	BDL BDL BDL BDL BDL	0.0026 0.026 0.0026 0.0079 0.53	mg/kg mg/kg mg/kg mg/kg mg/kg	8021/8015 8021/8015 8021/8015 8021/8015 GB0	08/05/12 08/05/12 08/05/12 08/05/12 08/05/12	5 5 5 5
Surrogate Recovery-% a,a,a-Trifluorotoluene(FID) a,a,a-Trifluorotoluene(PID)	91.4 98.5	0.00	% Rec. % Rec.	8021/8015 8021/8015	08/05/12 08/05/12 08/05/12	5 5 5
TPH (GC/FID) High Fraction	8.7	4.2	mg/kg	3546/DRO	08/03/12	1
o-Terphenyl	68.0		% Rec.	3546/DRO	08/03/12	1

REPORT OF ANALYSIS

Results listed are dry weight basis. BDL - Below Detection Limit Det. Limit - Practical Quantitation Limit(PQL) Note: This report shall not be reproduced, except in full, without the written approval from ESC. The reported analytical results relate only to the sample submitted Reported: 08/08/12 14:56 Printed: 08/08/12 15:03

Page 2 of 5



XTO Energy - San Juan Division James McDaniel 382 Road 3100

Aztec, NM 87410

Benzene

Ethylbenzene

.

12065 Lebanon Rd. Mt. Juliet, TN 37122 (615) 758-5858 1-800-767-5859 Fax (615) 758-5859

Tax I.D. 62-0814289

Est. 1970

Quality Assurance Report Level II

L587991

August 08, 2012

		Laboratory	Blank			
Analyte	Result	Units	% Rec	Limit	Batch	Date Analyzed
TPH (GC/FID) High Fraction	< 4	ppm			WG605954	08/03/12 14:52
o-Terphenyl		% Rec.	60.60	50-150	WG605954	08/03/12 14:52
Benzene	< .0005	mg/kg			WG605927	08/04/12 23:46
Ethylbenzene	< .0005	mg/kg			WG605927	08/04/12 23:46
Toluene	< .005	mg/kg			WG605927	08/04/12 23:46
TPH (GC/FID) Low Fraction	< .1	mg/kg			WG605927	08/04/12 23:46
Total Xylene	< .0015	mg/kg			WG605927	08/04/12 23:46
a,a,a-Trifluorotoluene(FID)		% Rec.	91.14	59-128	WG605927	08/04/12 23:46
a,a,a-Trifluorotoluene(PID)		% Rec.	98.80	54-144	WG605927	08/04/12 23:46
Chloride	< 10	mg/kg			WG606343	08/07/12 18:09
Total Solids	< .1				WG606333	08/08/12 09:14

Duplicate											
Analyte	Units	Result	Duplicate	RPD	Limit	Ref Samp	Batch				
Chloride	mg/kg	180.	160.	8.96	20	L587917-02	WG606343				
Total Solids	8	77.0	81.3	5.16*	5	L587977-05	WG606333				

		Labora	tory Cont	trol Sample				
Analyte	Units	Known	N Val	Result	% Rec	Li	mit	Batch
TPH (GC/FID) High Fraction o-Terphenyl	ppm	60		46.9	78.1 65.70	50 50	0-150 0-150	WG605954 WG605954
Benzene	mg/kg	.05		0.0511	102.	76	5-113	WG605927
Ethylbenzene	mg/kg	.05		0.0557	111.	78	8-115	WG605927
Toluene	mg/kg	.05		0.0534	107.	76	5-114	WG605927
Total Xylene	mg/kg	.15		0.170	114.	81	-118	WG605927
a,a,a-Trifluorotoluene(FID)					92.30	59	9-128	WG605927
a,a,a-Trifluorotoluene(PID)					98.38	54	1-144	WG605927
TPH (GC/FID) Low Fraction	mg/kg	5.5		5.56	101.	67	7-135	WG605927
a,a,a-Trifluorotoluene(FID)					99.13	59	9-128	WG605927
a,a,a-Trifluorotoluene(PID)					105.9	54	1-144	WG605927
Chloride	mg/kg	200		205.	103.	80	0-120	WG606343
Total Solids	8	50		50.0	99.9	85	5-115	WG606333
		Laboratory	Control	Sample Duplicate	5			
Analyte	Units	Result	Ref	*Rec	Limit	RPD	Limit	Batch
TPH (GC/FID) High Fraction o-Terphenyl	ppm	49.1	46.9	82.0 67.95	50-150 50-150	4.67	25	WG605954 WG605954

0.0511

0.0557

103.

112.

76-113

78-115

0.820

0.190

0.180

20

20

20

WG605927

WG605927

WG605927

Toluene mg/kg 0.0535 0.0534 I... \* Performance of this Analyte is outside of established criteria. For additional information, please see Attachment A 'List of Analytes with QC Qualifiers.'

Page 3 of 5

mg/kg 0.0515

mg/kg 0.0558



XTO Energy - San Juan Division James McDaniel 382 Road 3100

Aztec, NM 87410

12065 Lebanon Rd. Mt. Juliet, TN 37122 (615) 758-5858 1-800-767-5859 Fax (615) 758-5859

Tax I.D. 62-0814289

Est. 1970

Quality Assurance Report Level II

L587991

August 08, 2012

		Laborator	v Control	Sample Dupl	icate				
Analyte	Units	Result	Ref	*Rec		Limit	RPD	Limit	Batch
Total Xylene a,a,a-Trifluorotoluene(FID)	mg/kg	0.170	0.170	114. 92.48		81-118 59-128	0.070	0 20	WG605927 WG605927
<pre>a,a,a-Trifluorotoluene(PID) TPH (GC/FID) Low Fraction a,a,a-Trifluorotoluene(FID) a,a,a-Trifluorotoluene(PID)</pre>	mg/kg	5.44	5.56	98.51 99.0 98.82 105.8		54-144 67-135 59-128 54-144	2.04	20	WG605927 WG605927 WG605927 WG605927
Chloride	mg/kg	196.	205.	98.0		80-120	4.49	20	WG606343
			Matrix	Spike					
Analyte	Units	MS Res	Ref R	es TV	% Rec	Limit		Ref Samp	Batch
TPH (GC/FID) High Fraction o-Terphenyl	ppm	45.7	0	60	76.2 67.33	50-150 50-150		L587890-08	WG605954 WG605954
Benzene Ethylbenzene	mg/kg mg/kg	0.247 0.273	0	.05	98.6 109.	32-137 10-150		L588007-01 L588007-01	WG605927 WG605927
Toluene Total Xylene a,a,a-Trifluorotoluene(FID) a,a,a-Trifluorotoluene(FID)	mg/kg mg/kg	0.265 0.843	0	.15	106. 112. 91.82 97.94	20-142 16-141 59-128 54-144		L588007-01	WG605927 WG605927 WG605927 WG605927
TPH (GC/FID) Low Fraction a,a,a-Trifluorotoluene(FID) a,a,a-Trifluorotoluene(FID)	mg/kg	24.6	0	5.5	89.5 97.65 103.3	55-109 59-128 54-144		L588007-01	WG605927 WG605927 WG605927
Chloride	mg/kg	525.	55.0	500	94.0	80-120		L587991-01	WG606343
		Mat	rix Spike	Duplicate					
Analyte	Units	MSD	Ref	%Rec	Limit	RPD	Limit	Ref Samp	Batch
TPH (GC/FID) High Fraction o-Terphenyl	ppm	45.2	45.7	75.4 65.30	50-150 50-150	1.08	25	L587890-08	WG605954 WG605954
Benzene Ethylbenzene Toluene	mg/kg mg/kg mg/kg	0.248 0.265 0.257	0.247 0.273 0.265	99.4 106. 103.	32-137 10-150 20-142	0.760 2.92 3.21	39 44 42	L588007-01 L588007-01 L588007-01	WG605927 WG605927 WG605927
Total Xylene a,a,a-Trifluorotoluene(FID) a,a,a-Trifluorotoluene(PID)	mg/kg	0.804	0.843	107. 91.73 97.84	16-141 59-128 54-144	4.68	46	L588007-01	WG605927 WG605927 WG605927
TPH (GC/FID) Low Fraction a,a,a-Trifluorotoluene(FID) a,a,a-Trifluorotoluene(PID)	mg/kg	23.4	24.6	85.0 97.65 103.3	55-109 59-128 54-144	5.21	20	L588007-01	WG605927 WG605927 WG605927
Chloride	mg/kg	574.	525.	104.	80-120	8.92	20	L587991~01	WG606343

Batch number /Run number / Sample number cross reference

WG605954: R2291333: L587991-01 WG605927: R2292573: L587991-01 WG606343: R2294193: L587991-01 WG606333: R2295035: L587991-01

 $^{\ast}$   $^{\ast}$  Calculations are performed prior to rounding of reported values.

\* Performance of this Analyte is outside of established criteria. For additional information, please see Attachment A 'List of Analytes with QC Qualifiers.'

Page 4 of 5



XTO Energy - San Juan Division James McDaniel 382 Road 3100

Aztec, NM 87410

Quality Assurance Report Level II

L587991

The data package includes a summary of the analytic results of the quality control samples required by the SW-846 or CWA methods. The quality control samples include a method blank, a laboratory control sample, and the matrix spike/matrix spike duplicate analysis. If a target parameter is outside the method limits, every sample that is effected is flagged with the appropriate qualifier in Appendix B of the analytic report.

Method Blank - an aliquot of reagent water carried through the entire analytic process. The method blank results indicate if any possible contamination exposure during the sample handling, digestion or extraction process, and analysis. Concentrations of target analytes above the reporting limit in the method blank are qualified with the "B" qualifier.

Laboratory Control Sample - is a sample of known concentration that is carried through the digestion/extraction and analysis process. The percent recovery, expressed as a percentage of the theoretical concentration, has statistical control limits indicating that the analytic process is "in control". If a target analyte is outside the control limits for the laboratory control sample or any other control sample, the parameter is flagged with a "J4" qualifier for all effected samples.

Matrix Spike and Matrix Spike Duplicate - is two aliquots of an environmental sample that is spiked with known concentrations of target analytes. The percent recovery of the target analytes also has statistical control limits. If any recoveries that are outside the method control limits, the sample that was selected for matrix spike/matrix spike duplicate analysis is flagged with either a "J5" or a "J6". The relative percent difference (%RPD) between the matrix spike and the matrix spike duplicate recoveries is all calculated. If the RPD is above the method limit, the effected samples are flagged with a "J3" qualifier. 12065 Lebanon Rd. Mt. Juliet, TN 37122 (615) 758-5858 1-800-767-5859 Fax (615) 758-5859

Tax I.D. 62-0814289

Est. 1970

August 08, 2012









## Well Below Tank Inspection Report

Dates -

06/01/2008 - 08/01/2012

Type Route Stop

Type Value L

\$

2 <sup>-</sup> - V

RouteName		StopName			Pumper	Foreman WellName		APIWellNumber	Section	Range	Township		
	DEN NM Run 45		LEFKOVITZ GAS COM		Velarde, Jose	Bramwell, Chris	LEFKOVITZ GC 01X			3004507921	25	10W	29N
	InspectorName	Inspection Date	Inspection Time	Visible LinerTears	VisibleTankLeak Overflow	Collection OfSurfaceRun	Visible LayerOil	Visible Leak	Freeboard EstFT	PitLocation PitType	e Notes		
	d ray	01/17/2010	01:00	No	No	No	No	No	0	Well Water Pi Below Ground			
	d ray	03/09/2010	01:00	No	No	No	No	No	0	Well Water Pi Below Ground			
	d ray	04/29/2010	01:00	No	No	No	No	No	0	Well Water Pi Below	Ground		
	d ray	05/20/2010	01:00	No	No	No	No	No	0	Well Water Pi Below	Ground		
	d ray	06/08/2010	11:00	No	No	No	No	No	0	Well Water Pi Below	Ground		
	d ray	07/27/2010	12:30	No	Νο	No	No	No	0	Well Water Pi Below	Ground		
	DR	08/10/2010	11:00	No	No	No	No	No	0	Well Water Pi Below	Ground		
	DR	09/07/2010	11:00	No	Νο	No	No	No	0	Well Water Pi Below	Ground		
	DR	12/23/2010	11:00	No	No	No	No	No	0	Well Water Pi Below	Ground		
	DR	05/30/2011	11:00	No	No	No	No	No	0	Well Water Pi Below	Ground		
	DR	06/28/2011	11:00	No	No	No	No	No	0	Well Water Pi Below	Ground		
、	DR	07/11/2011	11:00	No	No	No	No	No	0	Well Water Pi Below	Ground		
	DR	10/31/2011	11:00	No	No	No	No	No	0	Well Water Pi Below	Ground		
	JV	03/30/2012	09:56	No	Νο	No	No	No	0	Well Water Pi Below	Ground		
	JV	06/08/2012	12:13	No	No	No	No	No	0	Well Water Pi Below	Ground		