

District I
P.O. Box 1980, Hobbs, NM
District II
P.O. Drawer DD, Artesia, NM 88211
District III
1000 Rio Brazos Rd, Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

SUBMIT 1 COPY TO
APPROPRIATE
DISTRICT OFFICE
AND 1 COPY TO
SANTA FE OFFICE

(Revised 3/9/94)

PIT REMEDIATION AND CLOSURE REPORT

Operator: El Pamco, Inc. Telephone: (505) 296-5508
Attn: William J. Mayhew
Address: P.O. Box 14738, Albuquerque, NM 87191-4738
Facility Or: Sullivan #6
Well Name _____
Location: Unit or Qtr/Qtr Sec B Sec 25 T 29 R 11 County San Juan
Pit Type: Separator ☐ Dehydrator ☐ Other ☐ No Pit on Location ☒
Land Type: BLM ☐ State ☐ Fee ☒ Other ☐

RECEIVED
JAN 19 1995

Pit Location: Pit dimensions: length _____, width _____, depth _____
(Attach diagram)
Reference: wellhead ☐ other ☐
Footage from reference: _____
Direction from reference: _____ Degrees _____ East North _____
_____ West South _____

Depth To Ground Water: Less than 50 feet (20 points)
(Vertical distance from 50 feet to 99 feet (10 points)
contaminants to seasonal Greater than 100 feet (0 points) 20
high water elevation of ground water)

Denny L. Foust
DEPUTY OIL & GAS INSPECTOR

Wellhead Protection Area: **MAR 13 1995** Yes (20 points)
(Less than 200 feet from a private domestic water source, or; less than No (0 points) 0
1000 feet from all other water sources)

Approved

Distance To Surface Water: Less than 200 feet (20 points)
(Horizontal distance to perennial 200 feet to 1000 feet (10 points)
lakes, ponds, rivers, streams, creeks, Greater than 1000 feet (0 points) 20
irrigation canals and ditches)

RANKING SCORE (TOTAL POINTS): 40

DATE 1/17/95

SIGNATURE

William J. Mayhew

PRINTED NAME
AND TITLE

William J. Mayhew
Vice Pres.

Date Remediation Started: 6/8/94 Date Completed: _____

Remediation Method: Excavation _____ Approx. cubic yards _____
(Check all appropriate sections) Landfarmed _____ Insitu Bioremediation _____
Other _____ No Production Pit on Location

Remediation Location: onsite _____ offsite _____
(ie. landfarmed onsite,
name and location of
offsite facility) _____

General Description Of Remedial Action: No action necessary on location.

Sullivan #6 location on same pad as another well owned by Amoco Production.

Ground Water Encountered: No X Yes _____ Depth _____

Final Pit: Sample location _____ No Sampling
Closure Sampling: _____
(if multiple samples,
attach sample results
and diagram of sample
locations and depths) Sample depth _____ N/A
Sample date _____ N/A Sample time _____ N/A
Sample Results

Benzene (ppm) _____ N/ATotal BTEX (ppm) _____ N/AField headspace (ppm) _____ N/ATPH _____ N/AGround Water Sample: Yes _____ No X (If yes, attach sample results)

I HEREBY CERTIFY THAT THE INFORMATION ABOVE IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF

DATE 11/17/95SIGNATURE William J. MayhewPRINTED NAME
AND TITLEWilliam J. Mayhew
Vice Pres.