

District I
P.O. Box 1980, Hobbs, NM
District II
P.O. Drawer DD, Artesia, NM 38211
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: Horace F. McKay, Jr. Telephone: (505) 296-5508

Attn: William J. Mayhew

Address: P.O. Box 14738, Albuquerque, NM 87191-4738

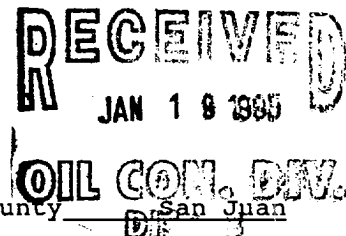
Facility Or: Sanchez #1

Well Name

Location: Unit or Qtr/Qtr Sec L Sec 19 T 29 R 10 County San Juan

Pit Type: Separator Dehydrator Other No Pit on Location

Land Type: BLM , State , Fee X, Other



Pit Location: Pit dimensions: length , width , depth

(Attach diagram)

Reference: wellhead , other

Footage from reference:

Direction from reference: Degrees East North
of
 West South

Depth To Ground Water:

(Vertical distance from
contaminants to seasonal
high water elevation of
ground water)

Less than 50 feet	(20 points)
50 feet to 99 feet	(10 points)
Greater than 100 feet	(0 points) <u>20</u>

Wellhead Protection Area:

(Less than 200 feet from a private
domestic water source, or; less than
1000 feet from all other water sources)

Yes	(20 points)
No	(0 points) <u>20</u>

Distance To Surface Water:

(Horizontal distance to perennial
lakes, ponds, rivers, streams, creeks,
irrigation canals and ditches)

Less than 200 feet	(20 points)
200 feet to 1000 feet	(10 points)
Greater than 1000 feet	(0 points) <u>0</u>

RANKING SCORE (TOTAL POINTS): 40

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

Remediation Method: Excavation _____ Approx. cubic yards _____
(Check all appropriate sections) Landfarmed _____ Insitu Bioremediation _____
other _____ No pit on location.

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

General Description Of Remedial Action: No pit associated with production
on location.

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/A

Total BTEX (ppm) N/A

Field headspace (ppm) N/A

TPH N/A

Ground 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 1/17/95

SIGNATURE William J. Mayhew

PRINTED NAME William J. Mayhew
AND TITLE Gen. MGR.