

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

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

Form C-144  
June 1, 2004

For drilling and production facilities, submit to appropriate NMOCD District Office.  
For downstream facilities, submit to Santa Fe office

**Pit or Below-Grade Tank Registration or Closure**

Is pit or below-grade tank covered by a "general plan"? Yes ☐ No ☒

**Final Report**

Type of action: Registration of a pit or below-grade tank ☐ Closure of a pit or below-grade tank ☒

Operator: <u>Forest Oil Corporation</u> Telephone: <u>575-392-9797</u> e-mail address: <u>rmunoz@forestoil.com</u>		
Address: <u>3504 NW County Road Hobbs, NM 88240</u>		
Facility or well name: <u>Caprock Maljamar Unit #10</u> API #: <u>30-025-01444</u> U/L or Qtr/Qtr <u>F</u> Sec <u>17</u> T <u>17S</u> R <u>33E</u>		
County: <u>Lea</u> Latitude <u>32° 50.109' N</u> Longitude <u>103° 41.151' W</u> NAD: 1927 <input type="checkbox"/> 1983 <input type="checkbox"/>		
Surface Owner: Federal <input type="checkbox"/> State <input type="checkbox"/> Private <input checked="" type="checkbox"/> Indian <input type="checkbox"/>		
<b>Pit</b> Type: Drilling <input type="checkbox"/> Production <input type="checkbox"/> Disposal <input type="checkbox"/> Workover <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Lined <input checked="" type="checkbox"/> Unlined <input type="checkbox"/> Liner type: Synthetic <input checked="" type="checkbox"/> Thickness <u>12</u> mil Clay <input type="checkbox"/> Pit Volume _____ bbl	<b>Below-grade tank</b> Volume: _____ bbl Type of fluid: _____ Construction material: _____ Double-walled, with leak detection? Yes <input type="checkbox"/> If not, explain why not. _____	
Depth to ground water (vertical distance from bottom of pit to seasonal high water elevation of ground water.)	Less than 50 feet	(20 points)
	50 feet or more, but less than 100 feet	(10 points)
	100 feet or more	( 0 points) XXX
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) XXX
Distance to surface water: (horizontal distance to all wetlands, playas, irrigation canals, ditches, and perennial and ephemeral watercourses )	Less than 200 feet	(20 points)
	200 feet or more, but less than 1000 feet	(10 points)
	1000 feet or more	( 0 points) XXX
<b>Ranking Score (Total Points)</b>		<b>0 points</b>

**If this is a pit closure:** (1) Attach a diagram of the facility showing the pit's relationship to other equipment and tanks (2) Indicate disposal location: (check the onsite box if you are burying in place) onsite ☐ offsite ☒ If offsite, name of facility CRI Disposal (3) Attach a general description of remedial action taken including remediation start date and end date. (4) Groundwater encountered No ☒ Yes ☐ If yes, show depth below ground surface \_\_\_\_\_ ft. and attach sample results. (5) Attach soil sample results and a diagram of sample locations and excavations.

Additional Comments: All mud and liner was excavated and hauled to CRI Disposal. The pit bottoms were sampled per NMOCD Guidelines and all contamination below
The pit was excavated and hauled to CRI Disposal. The site was backfilled with clean native soil and contoured to the surrounding area.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that the above-described pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☒, a general permit ☐, or an (attached) alternative OCD-approved plan ☐.

Date: 5-23-08

Printed Name/Title Logan Anderson - Agent

Signature 

Your certification and NMOCD approval of this application/closure does not relieve the operator of liability should the contents of the pit or tank contaminate ground water or otherwise endanger public health or the environment. Nor does it relieve the operator of its responsibility for compliance with any other federal, state, or local laws and/or regulations.

Approval:

Printed Name/Title \_\_\_\_\_

Signature 

ENVIRONMENTAL ENGINEER

Date: 7.8.08

# Closure Report

Prepared for  
Forest Oil Corporation  
3504 NW County Road  
Hobbs, NM 88240

## Caprock Maljamar Unit #10

Lea County, NM  
32° 50.109' N - 103° 41.151' W

Job Starting Date : 4-22-08

Job Ending Date : 5-22-08

Prepared by  
***Elke Environmental, Inc.***

La\_elkeenv@yahoo.com  
P.O. Box 14167 Odessa, TX 79768  
Phone (432) 366-0043 Fax (432) 366-0884

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<b>8</b>	Final C-144



## ***Elke Environmental, Inc.***

P.O. Box 14167 Odessa, TX 79768  
Phone (432) 366-0043 Fax (432) 366-0884

May 21, 2008

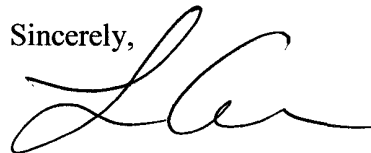
New Mexico Oil Conservation Division  
Mr. Larry Johnson  
1625 N. French Dr.  
Hobbs, New Mexico 88240

Re: Forest Oil Corporation – Caprock Maljamar Unit #10  
UL 'F' Sec. 17 T17S R33E Lea County, NM  
API # 30-025-01444

Mr. Larry Johnson,

Elke Environmental was contracted by Forest Oil Corporation to complete the closure of the Caprock Maljamar Unit #10 workover pit. The mud and liner was excavated and hauled to CRI Disposal. The pit bottoms were field sampled per NMOCD Guidelines and did not meet NMOCD standards for this site. A delineation was performed and soil met NMOCD standards at 14' bgs. The contaminated soil was hauled to CRI Disposal. A total of 240 cubic yards of contamination was hauled to the Disposal. Caliche was hauled to site and backfilled to 4' bgs, then clean native topsoil was hauled in to complete the backfill of the site. If you have any questions about the enclosed report please contact me at the office.

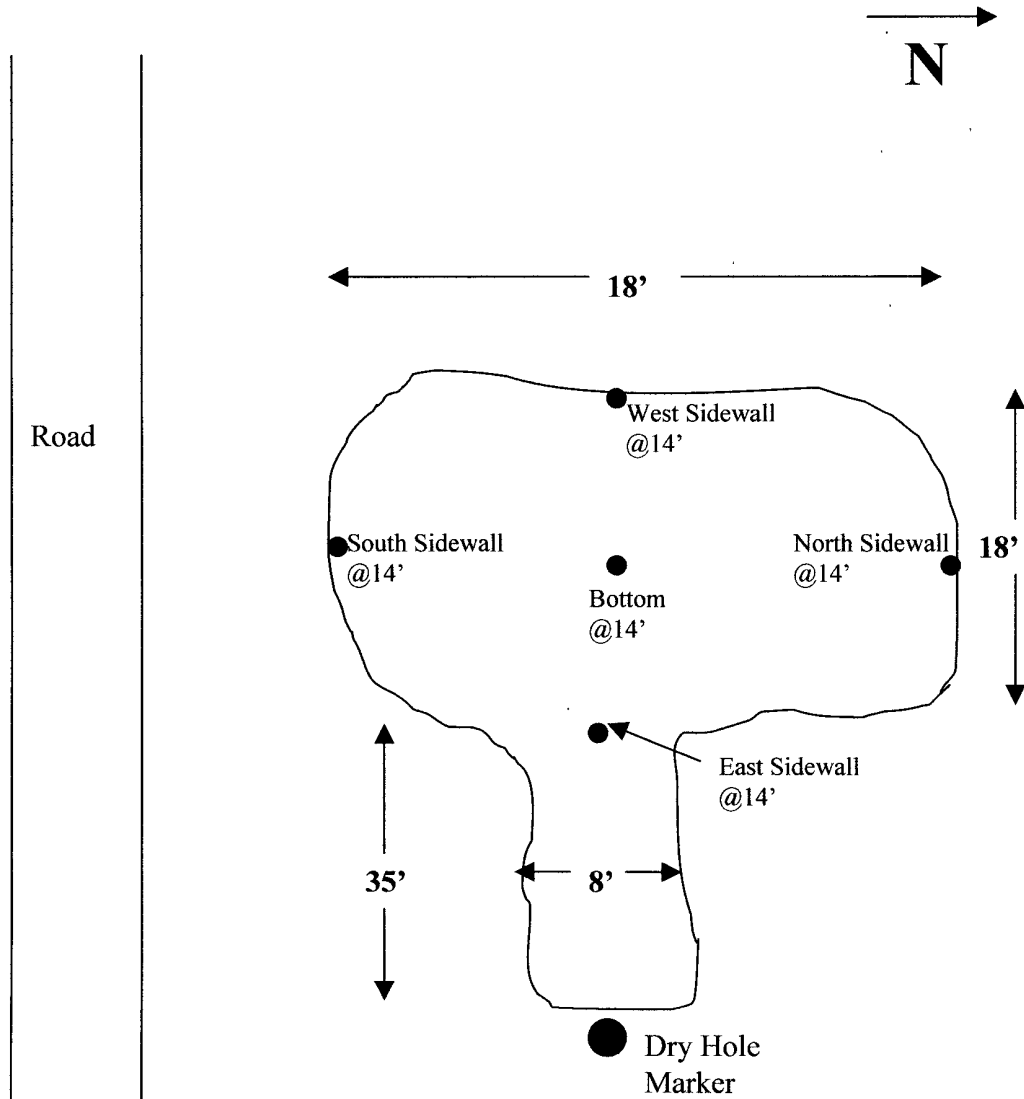
Sincerely,

A handwritten signature in black ink, appearing to read 'La', with a long horizontal flourish extending to the right.

Logan Anderson

**Forest Oil Corporation**  
**Caprock Maljamar Unit #10**

**Plat Map**



**New Mexico Office of the State Engineer**  
**POD Reports and Downloads**

Township:  Range:  Sections:

NAD27 X:  Y:  Zone:  Search Radius:

County:  Basin:  Number:  Suffix:

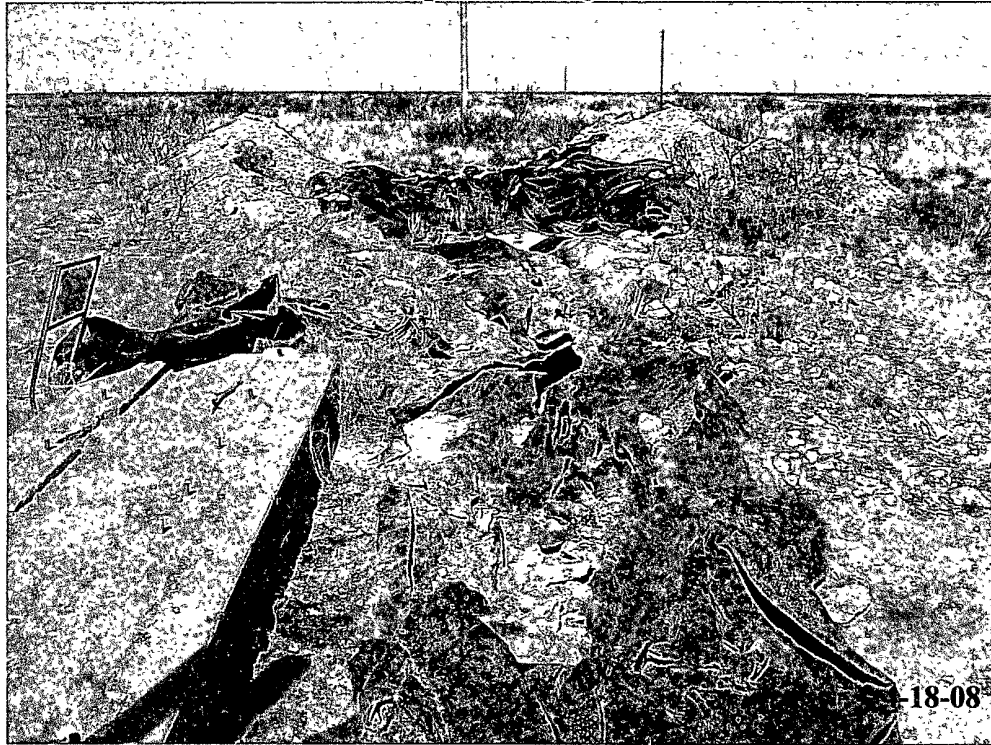
Owner Name: (First)  (Last)  ☐ Non-Domestic ☐ Domestic ☒ All

POD / SURFACE DATA REPORT 05/21/2008

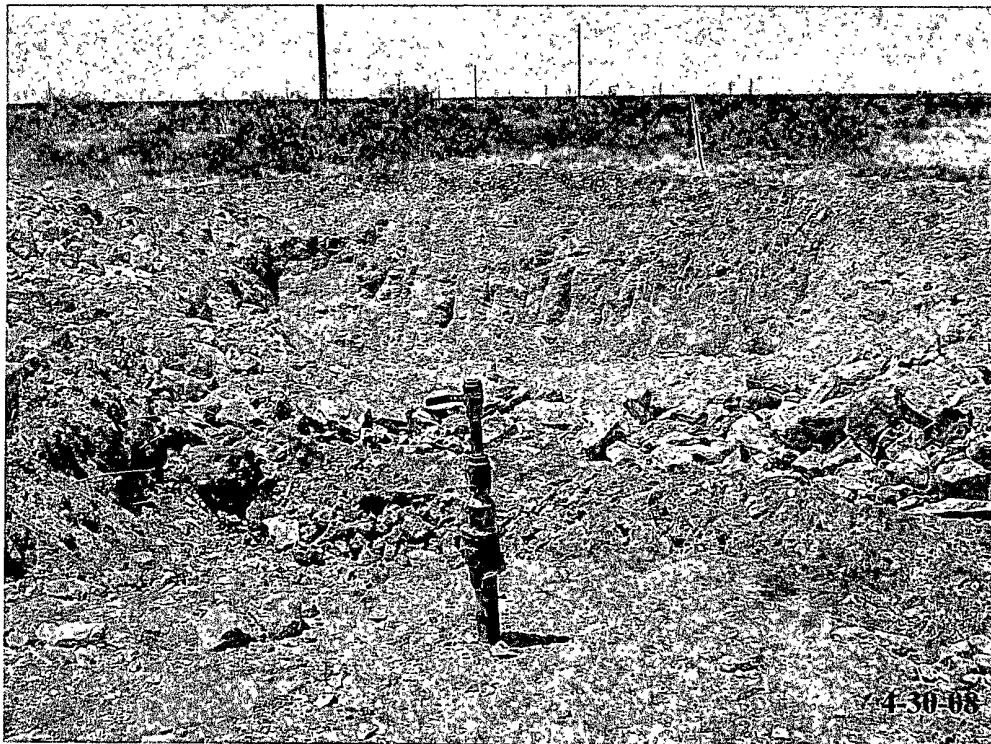
(acre ft per annum)				(quarters are 1=NW 2=NE 3=SW 4=SE)								
DB File Nbr	Use	Diversion	Owner	POD Number	Source	Tws	Rng	Sec	q	q	q	Z
L 03622	PRO	3	MURPHEY BAXTER	L 03622	Shallow	17S	33E	17				
				L 03622 APPRO	Shallow	17S	33E	17				

Record Count: 2

**Forest Oil – Caprock Maljamar Unit #10**

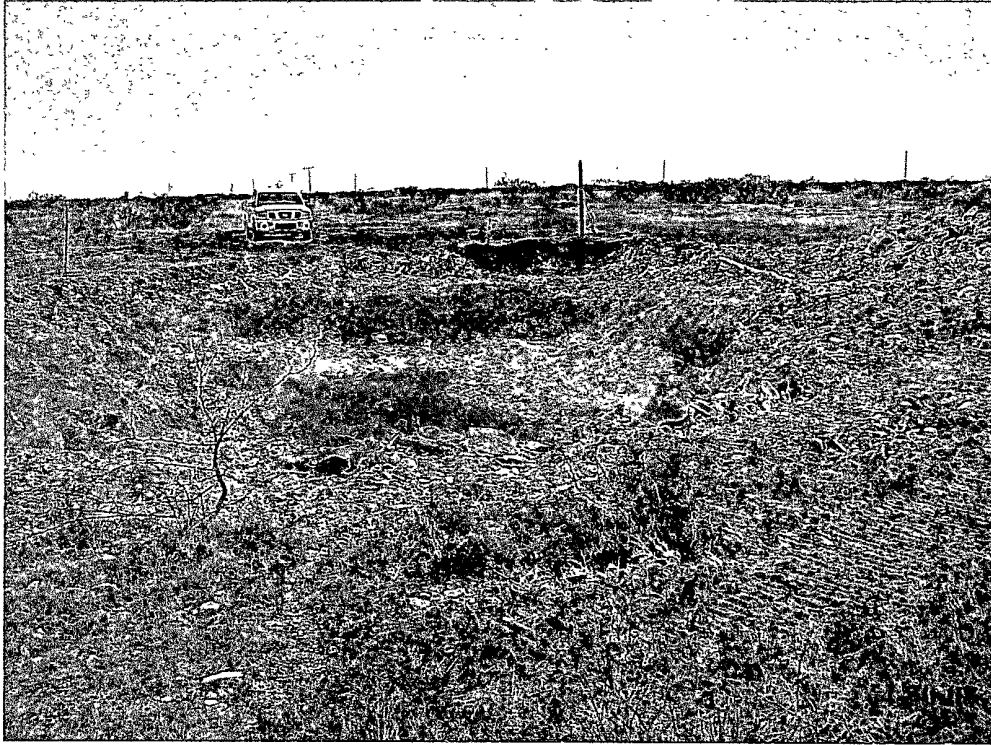


Site before closure.

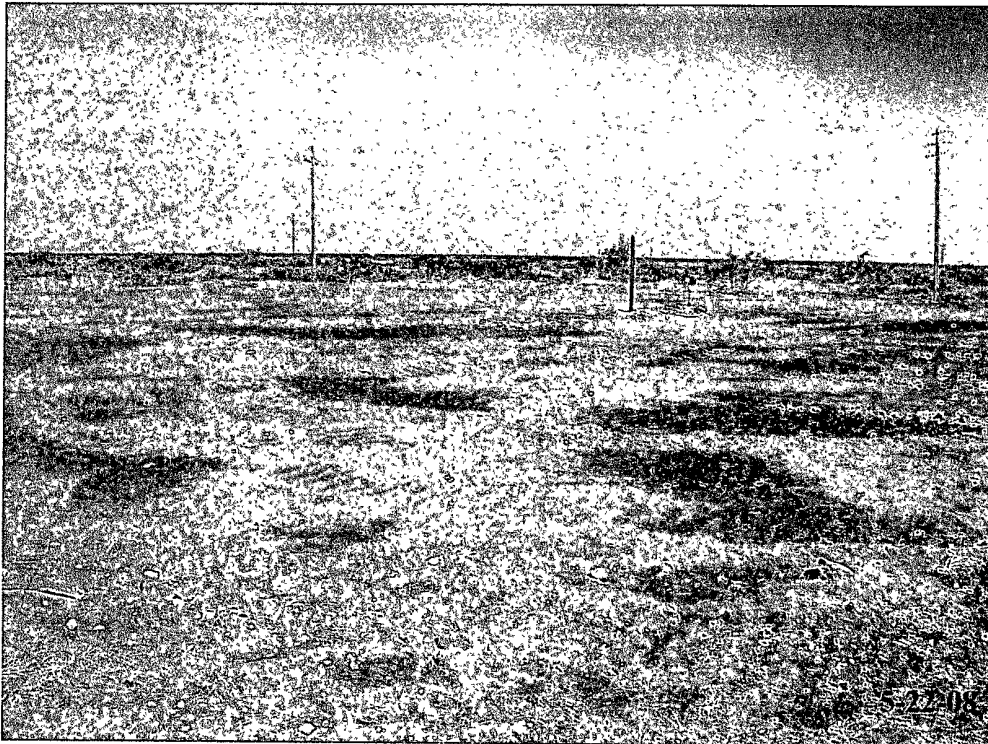


Site after excavation of mud and contaminated soil.

**Forest Oil – Caprock Maljamar Unit #10**



Site after excavation of mud and contaminated soil.



Site after backfill of clean native soil and contoured to the area.





# ARDINAL LABORATORIES

PHONE (575) 393-2326 • 101 E. MARLAND • HOBBS, NM 88240

## ANALYTICAL RESULTS FOR FOREST OIL

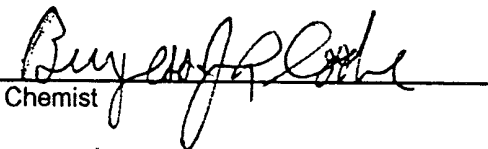
ATTN: JERRY BRIAN  
3504 NW COUNTY RD.  
HOBBS, NM 88240

Receiving Date: 05/09/08  
Reporting Date: 05/13/08  
Project Number: NOT GIVEN  
Project Name: NOT GIVEN  
Project Location: CMU #10

Sampling Date: 04/24/08 & 04/29/08  
Sample Type: SOIL  
Sample Condition: INTACT  
Sample Received By: ML  
Analyzed By: BC

LAB NO.	SAMPLE ID	BENZENE (mg/kg)	TOLUENE (mg/kg)	ETHYL BENZENE (mg/kg)	TOTAL XYLENES (mg/kg)
ANALYSIS DATE		05/13/08	05/13/08	05/13/08	05/13/08
H14780-2	BOTTOM 14' BGS	<0.002	<0.002	<0.002	<0.006
H14780-3	N-SW 14' BGS	<0.002	<0.002	<0.002	<0.006
H14780-4	S-SW 14' BGS	<0.002	<0.002	<0.002	<0.006
H14780-5	E-SW 14' BGS	<0.002	<0.002	<0.002	<0.006
H14780-6	W-SW 14' BGS	<0.002	<0.002	<0.002	<0.006
H14780-7	15' W OF INJ LINE - 4' BGS	<0.002	<0.002	<0.002	<0.006
Quality Control		0.094	0.090	0.106	0.347
True Value QC		0.100	0.100	0.100	0.300
% Recovery		93.9	89.7	106	116
Relative Percent Difference		8.1	4.2	5.6	6.7

METHOD: EPA SW-846 8260

  
Chemist

5/13/08  
Date

PLEASE NOTE: Liability and Damages. Cardinal's liability and client's exclusive remedy for any claim arising, whether based in contract or tort, shall be limited to the amount paid by client for analyses. All claims, including those for negligence and any other cause whatsoever shall be deemed waived unless made in writing and received by Cardinal within thirty (30) days after completion of the applicable service. H14780-2 FOREST OIL is not liable for incidental or consequential damages, including, without limitation, business interruptions, loss of use, or loss of profits incurred by client, its subsidiaries, affiliates or successors arising out of or related to the performance of services hereunder by Cardinal, regardless of whether such claim is based upon any of the above-stated reasons or otherwise. Results relate only to the samples identified above. This report shall not be reproduced except in full with written approval of Cardinal Laboratories.



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# ARDINAL LABORATORIES, INC.

2111 Beechwood, Abilene, TX 79603 101 East Marland, Hobbs, NM 88240  
(325) 673-7001 Fax (325) 673-7020 (505) 393-2326 Fax (505) 393-2476

## CHAIN-OF-CUSTODY AND ANALYSIS REQUEST

Page \_\_\_\_ of \_\_\_\_

Company Name: <u>Forest Oil</u>				<b>BILL TO</b>				<b>ANALYSIS REQUEST</b>											
Project Manager: <u>A. Brown</u>				P.O. #:															
Address:				Company: <u>Forest Oil</u>															
City:		State:		Zip:		Attn: <u>Rick Pickman</u>													
Phone #:		Fax #:		Address: <u>350-1 NW County RD</u>		City: <u>Hobbs</u>													
Project #:		Project Owner:		State: <u>NM</u>		Zip: <u>8840</u>													
Project Name:				Phone #: <u>505-369-6176</u>															
Project Location: <u>CMU #10</u>				Fax #:															
Sampler Name: <u>A. Brown</u>																			
FOR LAB USE ONLY																			
Lab I.D.	Sample I.D.	(O)RAB OR (O)OMP	# CONTAINERS	MATRIX						PRESERV.		SAMPLING							
				GROUNDWATER	WASTEWATER	SOIL	OIL	SLUDGE	OTHER:	ACID/BASE	ICE / COOL	OTHER:	DATE	TIME					
H/4780-1	Bottom 8' BBS	5				X							4/24/08	3:30 PM	X				
-2	Bottom 14' BBS												4/29/08	1:00 PM	X	X			
-3	W-SW 14' BBS													1:10 PM					
-4	S-SW 14' BBS													1:20 PM					
-5	E-SW 14' BBS													1:25 PM					
-6	W-SW 14' BBS													1:35 PM					
-7	10' W of Inj Line - 4' BBS													3:00 PM					

PLEASE NOTE: Liability and Damages. Cardinal's liability and client's exclusive remedy for any claim arising whether based in contract or tort, shall be limited to the amount paid by the client for the analyses. All claims including those for negligence and any other cause whatsoever shall be deemed waived unless made in writing and received by Cardinal within 30 days after completion of the applicable service. In no event shall Cardinal be liable for incidental or consequential damages, including without limitation, business interruptions, loss of use, or loss of profits incurred by client, its subsidiaries, affiliates or successors arising out of or related to the performance of services hereunder by Cardinal, regardless of whether such claim is based upon any of the above stated reasons or otherwise.

Terms and Conditions: Interest will be charged on all accounts more than 30 days past due at the rate of 24% per annum from the original date of invoice, and all costs of collections, including attorney's fees.

Sampler Relinquished:		Date: <u>5/8/08</u>	Received By:	Phone Result: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>A. Brown</u>		Time: <u>4:25 PM</u>	<u>Rick Pickman</u>	Fax Result: <input type="checkbox"/> Yes <input type="checkbox"/> No
Relinquished By:		Date: <u>5/8/08</u>	Received By: (Lab Staff)	REMARKS: <u>rdrickman@forestoil.com</u> <u>email results</u>
<u>Rick Pickman</u>		Time: <u>9:00</u>	<u>Misty LeBut</u>	
Delivered By: (Circle One)		Sample Condition		
Sampler - UPS - Bus - Other:		Temp, °C	Intact?	Checked By:
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	(Initials) <u>UCRB</u>

† Cardinal cannot accept verbal changes. Please fax written changes to (325) 673-7020.

Date: 4/22/2008 Time: 7:22 AM To: 2008170921 @ 915757380140

NMOC P.1/2

NEW MEXICO ONE CALL  
Locate Request Confirmation

Ticket #:2008170921 Reason Code:STANDARD LOCATE  
Work to Begin Date: 04/24/2008 Time: 07:17:00 AM

---

CALLER INFORMATION

JERRY BRIAN Excavator Type:CONTRACTOR  
ELKE ENVIRONMENTAL, INC Tel.:(575)738-0138

---

DIG LOCATION

City:RURAL LEA  
Subdivision:  
Address : To:  
Street : CMU #10  
Nearest Intersecting Street :  
Second Intersecting Street :

---

Additional Dig Information:

PIT CLOSURE==FROM HOBBS @ INTERS OF W COUNTY RD &  
US 62/180 GO W ON 62/180 FOR 11.97MI, TO HWY 529  
R 13.5MI, TO DOG LEG RD T/N 0.75MI, TO CR-125  
E 1.08MI, TO HUMMINGBIRD RD T/N 2.2MI, TO LEASE  
RD T/W 0.6MI, TO LOCATION==SPOT 300FT RADIUS OF

Remarks: WELL HEAD==NO HAZARDS

Township: 17S Range: 33E Section 1/4: 17 NW

Type of Work: OIL/GAS-WELL/PIT REPAIR

---

The following utility owners have been notified of  
your proposed excavation site:  
CONOCOPHILLIPS - MALJAMAR PROD  
DCP MIDSTREAM - LINUM  
PLAINS PIPELINE - HOBBS

---

IMPORTANT CONFIRMATION NOTICE

Your fax request has been received and processed. It is your  
responsibility to review the information provided on this faxback  
confirmation ticket and ensure it has been correctly interpreted from  
your request. Notify us immediately of any corrections or errors.  
Acceptance of this faxback confirmation ticket means you accept  
responsibility for the accuracy of the information contained in the  
ticket and you agree to indemnify New Mexico One Call Systems, Inc. of  
all liability, claims, fees, or damages, including reasonable attorney  
fees arising from or resulting from the use of the information provided  
on this confirmation ticket.

New Mexico Law requires you to wait two working days from the date and

Date: 4/22/2008 Time: 7:22 AM To: 2008170921 @ 915757380140

NMOC

P.2/2

time of this confirmation notice before you begin excavation. This request is valid for ten working days. Only the facility owners listed on this ticket will be notified.

## NON-HAZARDOUS WASTE MANIFEST

№ 20533

PART I: Generator FORREST OIL  
Address 3504 N WASH CT RD  
City/State HOBBS NM 88240

(505) 390-6148  
Telephone No

## ORIGINATION OF WASTE:

Operations Center \_\_\_\_\_

Permit No. \_\_\_\_\_

Property Name CMV #10  
(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

Drilling Fluids	_____	Tank Bottoms	_____	Exempt Fluids	_____
Completion Fluids	_____	Gas Plant Waste	_____	C117 No.	_____
Contaminated Soil	<u>X</u>	Other Materials	_____	Pit No.	_____

## DESCRIPTION / NOTES

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge.

[Signature]  
Signature of Generator's Authorized Agent

5-1-08  
Date and Time of Shipment

## PART II: TRANSPORTER: (To be completed in full by Transporter)

Name Natividad Garcia  
Address GARCIA TRK  
City/State 1219 E. RANCHO RD  
HOBBS N.M. 88242

492-1030  
Telephone No  
14  
Truck No

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below

\_\_\_\_\_  
Signature of Transporter's Agent

\_\_\_\_\_  
Date and Time Received

## PART III: DISPOSAL OR RECLAMATION SITE:

Name Controlled Recovery, Inc.  
Address P.O. Box 388  
City/State Hobbs, N.M. 88241-0388

(575) 393-1079  
Telephone No  
www.crihobbs.com  
E-mail

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II

[Signature]  
Signature of Facility Agent

5-1-08  
Date and Time Received

## NON-HAZARDOUS WASTE MANIFEST

№ 20511

PART I: Generator FORREST oil  
Address 3504 N WREST cut RD  
City/State HOBBS NM 88240

(505) 320 6049  
Telephone No

## ORIGINATION OF WASTE:

Operations Center \_\_\_\_\_

Permit No. \_\_\_\_\_

Property Name \_\_\_\_\_

Cm u e-10  
(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

Drilling Fluids	_____	Tank Bottoms	_____	Exempt Fluids	_____
Completion Fluids	_____	Gas Plant Waste	_____	C117 No.	_____
Contaminated Soil	<u>X</u>	Other Materials	_____	Pit No.	_____

## DESCRIPTION / NOTES

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge

[Signature]  
Signature of Generator's Authorized Agent

5-01-08  
Date and Time of Shipment

## PART II: TRANSPORTER: (To be completed in full by Transporter)

Name Alfredo's Trucking  
Address 327 W Auto  
City/State Hobbs, nm. 88240

575-631-7786  
Telephone No.

[Signature]  
Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

[Signature]  
Signature of Transporter's Agent

5-1-08  
Date and Time Received

## PART III: DISPOSAL OR RECLAMATION SITE:

Name Controlled Recovery, Inc.  
Address P.O. Box 388  
City/State Hobbs, N.M. 88241-0388

(575) 393-1079  
Telephone No.

www.crihobbs.com  
E-mail

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II

[Signature]  
Signature of Facility Agent

5-1-08  
Date and Time Received

## NON-HAZARDOUS WASTE MANIFEST

№ 20510

PART I: Generator FORREST OIL  
Address 3504 N WEST CT RD  
City/State HOBBS NM 88200

(505) 390-6449  
Telephone No

## ORIGIN OF WASTE:

Operations Center \_\_\_\_\_

Permit No. \_\_\_\_\_

Property Name CMU #10  
(Well, Tank Battery, Plant, Facility)

WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)			
Drilling Fluids	_____	Tank Bottoms	_____
Completion Fluids	_____	Gas Plant Waste	_____
Contaminated Soil	<u>X</u>	Other Materials	_____
Exempt Fluids	_____	C117 No.	_____
		Pit No.	_____
DESCRIPTION / NOTES			

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge

[Signature]  
Signature of Generator's Authorized Agent

5-01-08  
Date and Time of Shipment

## PART II: TRANSPORTER: (To be completed in full by Transporter)

Name NAJERAS TRUCKING  
Address 1326 E ROSELAND  
City/State HOBBS NM 88240

390 7151  
Telephone No  
06  
Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below

Edwards  
Signature of Transporter's Agent

\_\_\_\_\_  
Date and Time Received

## PART III: DISPOSAL OR RECLAMATION SITE:

Name Controlled Recovery, Inc.  
Address P.O. Box 388  
City/State Hobbs, N.M. 88241-0388

(575) 393-1079  
Telephone No  
www.crihobbs.com  
E-mail

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II

[Signature]  
Signature of Facility Agent

5-1-08  
Date and Time Received



## NON-HAZARDOUS WASTE MANIFEST

№ 20532

PART I: Generator FORREST OIL  
Address 3504 N WEST COUNTRY RD  
City/State HOBBS NM 88240

(505) 390 6149  
Telephone No

## ORIGIN OF WASTE:

Operations Center \_\_\_\_\_

Permit No. \_\_\_\_\_

Property Name \_\_\_\_\_  
(Well, Tank Battery, Plant, Facility)

WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)			
Drilling Fluids	_____	Tank Bottoms	_____
Completion Fluids	_____	Gas Plant Waste	_____
Contaminated Soil	<u>X</u>	Other Materials	_____
Exempt Fluids _____			
C117 No. _____			
Pit No. _____			
DESCRIPTION / NOTES			

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge

[Signature]  
Signature of Generator's Authorized Agent

5-1-08  
Date and Time of Shipment

## PART II: TRANSPORTER: (To be completed in full by Transporter)

Name GARCIA TRX  
Address 1219 E. RANDO RD  
City/State HOBBS NM 88242

505-492-1030  
Telephone No.  
#14  
Truck No

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

\_\_\_\_\_  
Signature of Transporter's Agent

\_\_\_\_\_  
Date and Time Received

## PART III: DISPOSAL OR RECLAMATION SITE:

Name Controlled Recovery, Inc.  
Address P.O. Box 388  
City/State Hobbs, N.M. 88241-0388

(575) 393-1079  
Telephone No.  
www.crihobbs.com  
E-mail

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II

[Signature]  
Signature of Facility Agent

5-1-08  
Date and Time Received

## NON-HAZARDOUS WASTE MANIFEST

№ 20514

PART I: Generator FORREST OIL  
Address 3504 NW 8<sup>th</sup> ST RD  
City/State HOBBS NM 88240

(505) 390 6149  
Telephone No

## ORIGIN OF WASTE:

Operations Center \_\_\_\_\_

Permit No. \_\_\_\_\_

Property Name CMU #10  
(Well, Tank Battery, Plant, Facility)

WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)			
Drilling Fluids	_____	Tank Bottoms	_____
Completion Fluids	_____	Gas Plant Waste	_____
Contaminated Soil	<u>X</u>	Other Materials	_____
Exempt Fluids _____			
C117 No. _____			
Pit No. _____			
DESCRIPTION / NOTES			

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge.

[Signature]  
Signature of Generator's Authorized Agent

5-1-08  
Date and Time of Shipment

## PART II: TRANSPORTER: (To be completed in full by Transporter)

Name NASERAS TRUCKING  
Address 1326 E ROSE LANE  
City/State HOBBS NM 88240

390 7151  
Telephone No.  
06  
Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

[Signature]  
Signature of Transporter's Agent

\_\_\_\_\_  
Date and Time Received

## PART III: DISPOSAL OR RECLAMATION SITE:

Name Controlled Recovery, Inc.  
Address P.O. Box 388  
City/State Hobbs, N.M. 88241-0388

(575) 393-1079  
Telephone No.  
www.crihobbs.com  
E-mail

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II

[Signature]  
Signature of Facility Agent

5-1-08  
Date and Time Received

## NON-HAZARDOUS WASTE MANIFEST

№ 20528

## PART I:

Generator FOREST oil  
Address 3504 N WEST COT RD  
City/State HOBBS NM 88240

5051390 6149

Telephone No

## ORIGIN OF WASTE:

Operations Center \_\_\_\_\_

Permit No. \_\_\_\_\_

Property Name \_\_\_\_\_

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

Drilling Fluids	_____	Tank Bottoms	_____	Exempt Fluids	_____
Completion Fluids	_____	Gas Plant Waste	_____	C117 No.	_____
Contaminated Soil	<u>X</u>	Other Materials	_____	Pit No.	_____

## DESCRIPTION / NOTES

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge

[Signature]  
Signature of Generator's Authorized Agent

5-1-08  
Date and Time of Shipment

## PART II: TRANSPORTER: (To be completed in full by Transporter)

Name GARCIA TRK  
Address 1219 E. RANCHO RD  
City/State HOBBS N.M. 88242

492-1030

Telephone No

#14

Truck No

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

\_\_\_\_\_  
Signature of Transporter's Agent

\_\_\_\_\_  
Date and Time Received

## PART III: DISPOSAL OR RECLAMATION SITE:

Name Controlled Recovery, Inc.  
Address P.O. Box 388  
City/State Hobbs, N.M. 88241-0388

(575) 393-1079

Telephone No.

www.crihobbs.com

E-mail

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
Signature of Facility Agent

5-1-08  
Date and Time Received

## NON-HAZARDOUS WASTE MANIFEST

No 20529

PART I: Generator Forest Oil  
Address 3504 N West CTRD  
City/State HOBBS NM 88240

(505) 390-6149  
Telephone No

## ORIGIN OF WASTE:

Operations Center \_\_\_\_\_

Permit No. \_\_\_\_\_

Property Name Oil 10  
(Well, Tank Battery, Plant, Facility)

WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)		
Drilling Fluids _____	Tank Bottoms _____	Exempt Fluids _____
Completion Fluids _____	Gas Plant Waste _____	C117 No. _____
Contaminated Soil <u>X</u>	Other Materials _____	Pit No. _____
DESCRIPTION / NOTES		

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge

[Signature]  
Signature of Generator's Authorized Agent

5-1-08  
Date and Time of Shipment

## PART II: TRANSPORTER: (To be completed in full by Transporter)

Name Andros Trucking  
Address 327 W. Auto  
City/State HOBBS, N.M. 88240

575-631-7706  
Telephone No  
26  
Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

[Signature]  
Signature of Transporter's Agent

5-1-08  
Date and Time Received

## PART III: DISPOSAL OR RECLAMATION SITE:

Name Controlled Recovery, Inc.  
Address P.O. Box 388  
City/State Hobbs, N.M. 88241-0388

(575) 393-1079  
Telephone No  
www.crihobbs.com  
E-mail

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II

[Signature]  
Signature of Facility Agent

5-1-08  
Date and Time Received

## NON-HAZARDOUS WASTE MANIFEST

No 20530

PART I: Generator FORREST OIL  
Address 3504 NW 1ST AVE  
City/State HOBBS NM 88240

(505) 390-6149  
Telephone No.

## ORIGIN OF WASTE:

Operations Center \_\_\_\_\_

Permit No. \_\_\_\_\_

Property Name C M V A 10  
(Well, Tank Battery, Plant, Facility)

WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)			
Drilling Fluids	_____	Tank Bottoms	_____
Completion Fluids	_____	Gas Plant Waste	_____
Contaminated Soil	<u>X</u>	Other Materials	_____
Exempt Fluids	_____	C117 No.	_____
		Pit No.	_____
DESCRIPTION / NOTES			

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge.

[Signature]  
Signature of Generator's Authorized Agent

5-1-08  
Date and Time of Shipment

## PART II: TRANSPORTER: (To be completed in full by Transporter)

Name NAJERAS TRUCKING  
Address 1326 E ROSE LANE  
City/State HOBBS NM

390 7151  
Telephone No.  
06  
Truck No.

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

[Signature]  
Signature of Transporter's Agent

\_\_\_\_\_  
Date and Time Received

## PART III: DISPOSAL OR RECLAMATION SITE:

Name Controlled Recovery, Inc.  
Address P.O. Box 388  
City/State Hobbs, N.M. 88241-0388

(575) 393-1079  
Telephone No.  
www.crihobbs.com  
E-mail

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
Signature of Facility Agent

5-1-08  
Date and Time Received

## NON-HAZARDOUS WASTE MANIFEST

No 20531

## PART I:

Generator

Address

City/State

FORREST OIL  
3504 NW 1ST CT RD  
HOBBS NM 88240

(505) 390 6149

Telephone No

## ORIGIN OF WASTE:

Operations Center

Permit No.

Property Name

(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

Drilling Fluids

Tank Bottoms

Exempt Fluids

Completion Fluids

Gas Plant Waste

C117 No.

Contaminated Soil

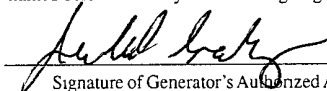
Other Materials

Pit No.

## DESCRIPTION / NOTES

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge.



Signature of Generator's Authorized Agent

5-1-08

Date and Time of Shipment

## PART II:

TRANSPORTER: (To be completed in full by Transporter)

Name

Address

City/State

GARCIA TRK  
1219 E. RANCHO RD  
HOBBS NM 88242

492-1030

Telephone No

#14

Truck No

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Signature of Transporter's Agent

Date and Time Received

## PART III:

DISPOSAL OR RECLAMATION SITE:

Name

Address

City/State

Controlled Recovery, Inc.  
P.O. Box 388  
Hobbs, N.M. 88241-0388

(575) 393-1079

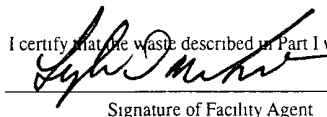
Telephone No

www.crihobbs.com

E-mail

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.



Signature of Facility Agent

5-1-08

Date and Time Received

## NON-HAZARDOUS WASTE MANIFEST

№ 20509

PART I: Generator FORREST OIL  
Address 3504 N WEST CTRD  
City/State HOBBS NM 88240

(505) 390 6149  
Telephone No

## ORIGIN OF WASTE:

Operations Center \_\_\_\_\_

Permit No. \_\_\_\_\_

Property Name CMV #10  
(Well, Tank Battery, Plant, Facility)

WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)			
Drilling Fluids	_____	Tank Bottoms	_____
Completion Fluids	_____	Gas Plant Waste	_____
Contaminated Soil	<u>X</u>	Other Materials	_____
Exempt Fluids	_____	C117 No.	_____
		Pit No.	_____
DESCRIPTION / NOTES			

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge.

[Signature]  
Signature of Generator's Authorized Agent

5-8-08  
Date and Time of Shipment

## PART II: TRANSPORTER: (To be completed in full by Transporter)

Name MAJERAS TRUCKING  
Address 1326 E ROSE LANE  
City/State HOBBS NM 88240

390 7151  
Telephone No  
06  
Truck No

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

[Signature]  
Signature of Transporter's Agent

\_\_\_\_\_  
Date and Time Received

## PART III: DISPOSAL OR RECLAMATION SITE:

Name Controlled Recovery, Inc.  
Address P.O. Box 388  
City/State Hobbs, N.M. 88241-0388

(575) 393-1079  
Telephone No.  
www.crihobbs.com  
E-mail

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
Signature of Facility Agent

5-1-08  
Date and Time Received

## NON-HAZARDOUS WASTE MANIFEST

№ 20270

PART I: Generator FORREST OIL  
Address 3504 NWEST 2ND RD  
City/State HOBBS, NM 88240

(505) 390 6149  
Telephone No

## ORIGINATION OF WASTE:

Operations Center \_\_\_\_\_

Permit No. \_\_\_\_\_

Property Name \_\_\_\_\_

CML 10  
(Well, Tank Battery, Plant, Facility)

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

Drilling Fluids _____	Tank Bottoms _____	Exempt Fluids _____
Completion Fluids _____	Gas Plant Waste _____	C117 No. _____
Contaminated Soil <u>X</u>	Other Materials _____	Pit No. _____

## DESCRIPTION / NOTES

## CERTIFICATION:

The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge.

[Signature]  
Signature of Generator's Authorized Agent

5-1-08  
Date and Time of Shipment

## PART II: TRANSPORTER: (To be completed in full by Transporter)

Name Alfredo's Trucking  
Address 327 W Auto  
City/State Hobbs, NM 88240

575-631-7786  
Telephone No.  
156  
Truck No

## CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

[Signature]  
Signature of Transporter's Agent

5-1-08  
Date and Time Received

## PART III: DISPOSAL OR RECLAMATION SITE:

Name Controlled Recovery, Inc.  
Address P.O. Box 388  
City/State Hobbs, N.M. 88241-0388

(575) 393-1079  
Telephone No.  
www.crihobbs.com  
E-mail

## CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II

[Signature]  
Signature of Facility Agent

5-1-08  
Date and Time Received



## NON-HAZARDOUS WASTE MANIFEST

No 20513

PART I: Generator Forest Oil  
Address 3504 NW 1ST ST RD  
City/State HOBBS NM 88240

(505) 390 6149  
Telephone No

## ORIGIN OF WASTE:

Operations Center \_\_\_\_\_  
Property Name Cmu # 10  
(Well, Tank Battery, Plant, Facility)

Permit No. \_\_\_\_\_

## WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

Drilling Fluids	_____	Tank Bottoms	_____	Exempt Fluids	_____
Completion Fluids	_____	Gas Plant Waste	_____	C117 No.	_____
Contaminated Soil	<u>X</u>	Other Materials	_____	Pit No.	_____

## DESCRIPTION / NOTES

CERTIFICATION: The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge.

[Signature]  
Signature of Generator's Authorized Agent

5-1-08  
Date and Time of Shipment

## PART II: TRANSPORTER: (To be completed in full by Transporter)

Name Arado's Trucking  
Address 327 W AVE  
City/State HOBBS NM 88240

(575) 263-7706  
Telephone No.  
A-6  
Truck No.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the destination below.

[Signature]  
Signature of Transporter's Agent

5-1-08  
Date and Time Received

## PART III: DISPOSAL OR RECLAMATION SITE:

Name Controlled Recovery, Inc.  
Address P.O. Box 388  
City/State Hobbs, N.M. 88241-0388

(575) 393-1079  
Telephone No  
www.crihobbs.com  
E-mail

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]  
Signature of Facility Agent

5-1-08  
Date and Time Received