

GW-388

QUESTIONNAIRE

2012

LOBO TRUCKING
P.O. BOX 2914
HOBBS, NM 88241
(575) 391-1331
(575) 393-8274 FAX

RECEIVED OCD

2012 MAR -5 P 4:31

FAX TRANSMITTAL

DATE 3-5-12 FAX NUMBER 505-476-3462

TO: NAME Jami Bailey
FIRM Oil Conservation Division

FROM: NAME Preston Carr

THIS COVER SHEET PLUS 2 PAGES

TIME: 4:20

IF YOU RECEIVE THIS IN ERROR PLEASE CONTACT
US AT 575-391-1331 THANK YOU.

LOBO TRUCKING
P.O. BOX 2914
HOBBS, NM 88241
(575) 391-1331
(575) 393-8274 FAX

RECEIVED OCD
2012 MAR -5 P 4:31

FAX TRANSMITTAL

DATE 3-5-12 FAX NUMBER 505-476-3482

TO: NAME Jami Bailey
FIRM Oil Conservation Division

FROM: NAME Preston Carr

THIS COVER SHEET PLUS 2 PAGES

TIME: 4:20

IF YOU RECEIVE THIS IN ERROR PLEASE CONTACT
US AT 575-391-1331 THANK YOU.

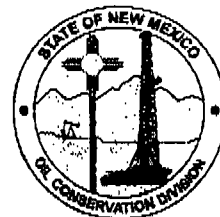
New Mexico Energy, Minerals and Natural Resources Department

Susana Martinez
Governor

John H. Bemis
Cabinet Secretary

Brett F. Woods, Ph.D.
Deputy Cabinet Secretary

Jami Bailey
Division Director
Oil Conservation Division



March 1, 2012

Oil & Gas Facilities Questionnaire for Determination of a WQCC Discharge Permit

Only Water Quality Control Commission-regulated systems will be incorporated into the OCD's WQCC Permits, while OCD regulated systems will be handled under separate permit(s). A current discharge permit is valid until its normal expiration date. All facilities with processes subject to the Water Quality Act must have permits in place by November 16, 2012. H2S Contingency Plans; pits, ponds, above and/or below-grade tanks; waste treatment, storage and disposal; and landfills and landfills may require separate permitting under the OCD Oil, Gas, and Geothermal regulations.

Please complete and submit a separate questionnaire for each facility within 30 days of your receipt of this form.

• Name of the owner or operator of the facility

JKM LP - (owner) Texas Lobo Trucking LLC
Cooperator

• Point of contact

Name Preston Carr
Telephone 575-391-1381
Email p.carr@lobotrucking.com
Mailing address P.O. Box 2914
Hobbs, NM 88241

Facility name Lobo Trucking Main Office

• Facility location

Unit Letter, Section, Township, Range _____
Latitude, Longitude (Decimal Degrees) _____
Street address (if any) 1902 North French Drive
Hobbs, NM 88240

• Facility type

- | | | |
|---|---|---|
| <input type="checkbox"/> Refinery | <input type="checkbox"/> Gas Plant | <input type="checkbox"/> Compressor Station |
| <input type="checkbox"/> Crude Oil Pump Station | <input type="checkbox"/> Injection Well | <input type="checkbox"/> Service Company |
| <input type="checkbox"/> Geothermal Well | | |
| <input checked="" type="checkbox"/> Other describe) <u>Lobo yard / truck shop</u> | | |

• **Current and Past Operations** (please check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Impoundments | <input type="checkbox"/> Treatment Plant | <input type="checkbox"/> Waterflood |
| <input type="checkbox"/> Disposal Well | <input type="checkbox"/> Brine Well | <input checked="" type="checkbox"/> Wash Bay |
| <input type="checkbox"/> Steam Cleaning | <input type="checkbox"/> Ground Water Remediation | |

• **Facility Status** ☒ Active ☐ Idle ☐ Closed

• **Does this facility currently have a discharge permit?** ☒ Yes ☐ No

If so, what is the permit number? GW-388

• **Are there any routine activities at the facility which intentionally result in materials other than potable water being released either onto the ground or directly into surface or ground water?** (This includes process activities, equipment maintenance, or the cleanup of historic spills.)

- ☐ Yes ☒ No

If so, describe those activities including the materials involved, the frequency of discharge, and the estimated volume per discharge event.

• **What is the depth below surface to shallowest ground water in the area?** _____

• **Are there any water supply, ground water monitoring, or recovery wells at the facility?**

Water supply ☐ Monitoring ☐ Recovery ☐

If these wells are registered with the Office of the State Engineer (OSE), what are the OSE well numbers? _____

• **Are abatement actions ongoing?** _____

If so, please describe.

• **Are there any active or inactive UIC wells present as part of the federal Underground Injection Control program associated with this facility?** ☐ Yes ☒ No

If so, what are the API numbers assigned to those wells?

- Are there any sumps at the facility? ☒ Yes ☐ No ①
Number of sumps with volume less than 500 gallons _____
Use and contents _____
Is secondary containment incorporated into the design? ☐ Yes ☒ No
Number of sumps with volume greater than 500 gallons 1
Use and contents Wash Bay
Is secondary containment incorporated into the design? ☒ Yes ☐ No
- Does the facility incorporate any underground lines other than electrical conduits, freshwater, natural gas for heating, or sanitary sewers? ☐ Yes ☒ No
If so, what do those buried lines contain?

THIS FORM IS DUE TO THE OIL CONSERVATION DIVISION WITHIN 30 DAYS OF YOUR RECEIPT OF THIS FORM.

Questions? Please contact Glenn von Gonten at 505-476-3488.

Thank you for your cooperation.

JAMI BAILEY
Director