

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  
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

RECEIVED

APR 20 2009

HOBBSOCD

Form C-141  
Revised October 10, 2003

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

Release Notification and Corrective Action

OPERATOR

☐ Initial Report

☒ Final Report

Name of Company – Oxy USA	Contact – Kelton Beaird
Address – P O Box 1988 Carlsbad, NM 88210	Telephone No. – 575-887-8337
Facility Name – Covington A Federal #9	Facility Type - Battery
Surface Owner - BLM	Mineral Owner - Federal
	Lease No. 30-025-32036

LOCATION OF RELEASE

Unit Letter M	Section 25	Township 22S	Range 32E	Feet from the	North/South Line	Feet from the	East/West Line	County Lea
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Latitude 32° 21.388' N Longitude 103° 37.831' W

NATURE OF RELEASE

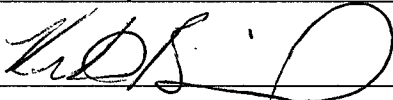
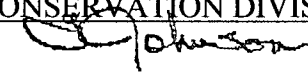
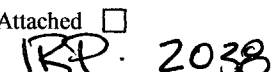
Type of Release – Produced Water	Volume of Release – 30 bbls	Volume Recovered – 20 bbls
Source of Release – Kimray Diaphragm	Date and Hour of Occurrence	Date and Hour of Discovery 12-5-08 @ 7AM
Was Immediate Notice Given? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required	If YES, To Whom?	
By Whom? Kelton Beaird	Date and Hour – See Above	
Was a Watercourse Reached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If YES, Volume Impacting the Watercourse.	

Watercourse was Impacted, Describe Fully.\*

Describe Cause of Problem and Remedial Action Taken.\* Line froze before going into the separator, causing the sells to build up pressure. The line thawed out causing the separator to blow the diaphragm on the vent kimray. A vac-truck was called. A vertical and horizontal delineation was completed and a workplan was submitted and approved on 2-22-2009.

Describe Area Affected and Cleanup Action Taken.\* Four feet of impacted soil was excavated and hauled to Lea Land Disposal. Clean native soil was backfilled into the battery. A 20 mil poly liner was installed with 4 oz. Geotextile liner below the poly. A layer of pea gravel was spread over the poly liner. Attached is the final report of the remediation at the site.

I hereby certify that the information given above is true and complete to the best of my knowledge and understand that pursuant to NMOCD rules and regulations all operators are required to report and/or file certain release notifications and perform corrective actions for releases which may endanger public health or the environment. The acceptance of a C-141 report by the NMOCD marked as "Final Report" does not relieve the operator of liability should their operations have failed to adequately investigate and remediate contamination that pose a threat to ground water, surface water, human 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, or local laws and/or regulations.

Signature: 	OIL CONSERVATION DIVISION	
Printed Name: Kelton Beaird	Approved by District  ENVIRONMENTAL ENGINEER	
Title: HES Specialist	Approval Date: 5-18-09	Expiration Date: —
Email Address: kelton_beaird@oxy.com	Conditions of Approval: —	Attached <input type="checkbox"/>  2038
Date: 4-3-2009	Phone: 575-887-8337	

\* Attach Additional Sheets If Necessary

# Closure Report

Prepared for  
Oxy USA

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APR 20 2009

**HOBBSOCD**

**Covington A Federal #9**  
**API # 30-025-32036**  
**Lea County, NM**

1RP-2038

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

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

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

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

April 3, 2009

**RECEIVED**

**APR 20 2009**

**HOBBSOCD**

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

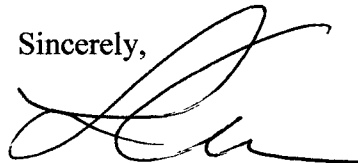
Re: Oxy USA – Covington A Federal #9 Battery  
UL 'M' Sec. 25 T22S R32E Lea County  
1RP-2038

Mr. Larry Johnson,

Elke Environmental was contracted by Oxy USA to complete the remediation of the leak at the Covington A Federal #9 Battery. A delineation of the site was completed using an air rotary rig. The ranking criteria for this site is as follows: Surface Body of Water – 0 points; Wellhead Protection Area – 0 points; Groundwater Depth – 0 points (GW > 350'). The total ranking for the site is 0 points.

As per the approved workplan Oxy excavated 4' of impacted soil and hauled to Lea Land Disposal. The excavation was backfilled with clean native soil. A 20 mil poly liner was installed with 4 oz Geotextile liner below the poly liner. A layer of pea gravel was spread over the poly liner. Enclosed is the final report including a plat map, field analytical, lab confirmations, pictures, disposal tickets and a final C-141. If you have any questions about the enclosed report please contact me at the office.

Sincerely,



Logan Anderson

1 – Elke Environmental File  
3 – Kelton Beard (Oxy USA)

**Oxy USA**

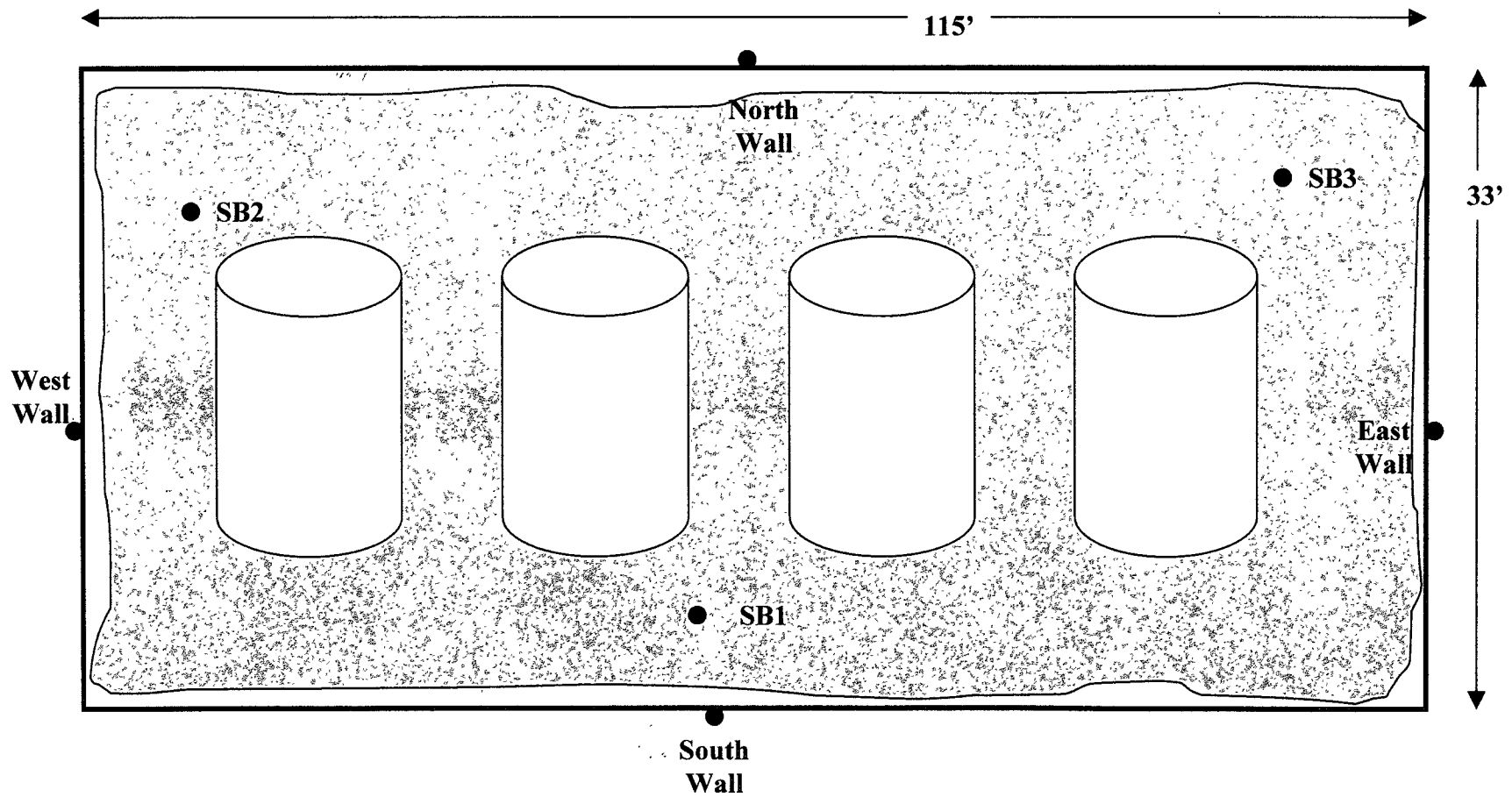
Covington A Federal #9 Battery

UL 'M' Sec. 25 T22S R32E

Lea County, NM



Plat Map



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

P.O. Box 14167 Odessa, TX 79768

## **Field Analytical Report Form**

**Client** Oxy USA **Analyst** Logan Anderson

**Site** Covington A Federal #9 Battery

Sample ID	Date	Depth	TPH / PPM	Cl / PPM	PID / PPM	GPS
SB1	1-7-09	Surface	12,780	14,091	397	32° 21.388' N 103° 37.831' W
SB1	1-7-09	5'	72	282	0.0	32° 21.388' N 103° 37.831' W
SB1	1-7-09	10'	54	116	0.0	32° 21.388' N 103° 37.831' W
SB1	1-7-09	15'	27	203	0.0	32° 21.388' N 103° 37.831' W
SB2	1-7-09	Surface	11,750	455	298	32° 21.391' N 103° 37.836' W
SB2	1-7-09	5'	41	154	0.0	32° 21.391' N 103° 37.836' W
SB2	1-7-09	10'	37	177	0.0	32° 21.391' N 103° 37.836' W
SB3	1-7-09	Surface	14,550	31,609	401	32° 21.388' N 103° 37.818' W
SB3	1-7-09	5'	43	239	0.0	32° 21.388' N 103° 37.818' W
SB3	1-7-09	10'	38	221	0.0	32° 21.388' N 103° 37.818' W
North Wall	1-7-09	Surface	19	121	0.0	32° 21.391' N 103° 37.825' W
South Wall	1-7-09	Surface	29	189	0.0	32° 21.387' N 103° 37.827' W
East Wall	1-7-09	Surface	33	174	0.0	32° 21.389' N 103° 37.838' W
West Wall	1-7-09	Surface	42	199	0.0	32° 21.389' N 103° 37.814' W

**Analyst Notes** \_\_\_\_\_



**RE: Workplan for Oxy Spill**

Sunday, February 22, 2009 3:54 PM

**From:** "L W Johnson" <lwj2177@hotmail.com>

**To:** "Logan Anderson" <la\_elkeenv@yahoo.com>

Plan approved. Please attach the original OCD approved C-141 on all future submittals. Larry

---

Date: Wed, 18 Feb 2009 11:52:35 -0800

From: la\_elkeenv@yahoo.com

Subject: Workplan for Oxy Spill

To: larryjohnson@state.nm.us; lwj2177@hotmail.com

Larry,

This workplan had been mailed to you, I was just checking if the plan had been approved yet?

Thanks,

Logan Anderson

Elke Environmental

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Windows Live™ Hotmail®...more than just e-mail. [See how it works.](#)

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# WELL RECORD & LOG

OFFICE OF THE STATE ENGINEER

[www.ose.state.nm.us](http://www.ose.state.nm.us)

1. GENERAL AND WELL LOCATION	POD NUMBER (WELL NUMBER) <b>COVINGTON A FEDERAL #9 SB-2</b>				OSE FILE NUMBER(S)			
	WELL OWNER NAME(S) <b>OXY USA</b>				PHONE (OPTIONAL)			
	WELL OWNER MAILING ADDRESS <b>P.O. BOX 1988</b>				CITY <b>CARLSBAD</b>		STATE <b>NM</b>	ZIP <b>88221</b>
	WELL LOCATION (FROM GPS)	DEGREES LATITUDE	MINUTES 32	SECONDS 21	23.00	N	* ACCURACY REQUIRED ONE TENTH OF A SECOND	
		LONGITUDE	103	37	50.00	W	* DATUM REQUIRED WGS 84	
DESCRIPTION RELATING WELL LOCATION TO STREET ADDRESS AND COMMON LANDMARKS <b>UL "M" LEA COUNTY, NEW MEXICO</b>								
2. OPTIONAL	(2.5 ACRE) 1/4	(10 ACRE) 1/4	(40 ACRE) 1/4	(160 ACRE) 1/4	SECTION <b>25</b>	TOWNSHIP <b>22</b> <input type="checkbox"/> NORTH <input checked="" type="checkbox"/> SOUTH	RANGE <b>32</b> <input checked="" type="checkbox"/> EAST <input type="checkbox"/> WEST	
	SUBDIVISION NAME				LOT NUMBER	BLOCK NUMBER	UNIT/TRACT	
	HYDROGRAPHIC SURVEY				MAP NUMBER		TRACT NUMBER	
3. DRILLING INFORMATION	LICENSE NUMBER <b>WD1478</b>		NAME OF LICENSED DRILLER <b>EDWARD BRYAN</b>			NAME OF WELL DRILLING COMPANY <b>STRAUB CORPORATION</b>		
	DRILLING STARTED <b>1-8-09</b>		DRILLING ENDED <b>1-8-09</b>		DEPTH OF COMPLETED WELL (FT) <b>0</b>	BORE HOLE DEPTH (FT) <b>10</b>	DEPTH WATER FIRST ENCOUNTERED (FT)	
	COMPLETED WELL IS <input type="checkbox"/> ARTESIAN <input checked="" type="checkbox"/> DRY HOLE <input type="checkbox"/> SHALLOW (UNCONFINED)					STATIC WATER LEVEL IN COMPLETED WELL (FT) <b>N/A</b>		
	DRILLING FLUID <input checked="" type="checkbox"/> AIR <input type="checkbox"/> MUD <input type="checkbox"/> ADDITIVES - SPECIFY							
	DRILLING METHOD <input checked="" type="checkbox"/> ROTARY <input type="checkbox"/> HAMMER <input type="checkbox"/> CABLE TOOL <input type="checkbox"/> OTHER - SPECIFY							
	DEPTH (FT)		BORE HOLE DIA (IN) <b>5</b>	CASING MATERIAL <b>N/A</b>	CONNECTION TYPE (CASING) <b>N/A</b>	INSIDE DIA CASING (IN) <b>N/A</b>	CASING WALL THICKNESS (IN) <b>N/A</b>	SLOT SIZE (IN) <b>N/A</b>
	FROM <b>0</b>	TO <b>10</b>						
4. WATER BEARING STRATA	DEPTH (FT)		THICKNESS (FT)	FORMATION DESCRIPTION OF PRINCIPAL WATER-BEARING STRATA (INCLUDE WATER-BEARING CAVITIES OR FRACTURE ZONES)			YIELD (GPM)	
	FROM	TO						
METHOD USED TO ESTIMATE YIELD OF WATER-BEARING STRATA						TOTAL ESTIMATED WELL YIELD (GPM)		

FOR OSE INTERNAL USE

WELL RECORD & LOG (Version 6/9/08)

FILE NUMBER	POD NUMBER	TRN NUMBER
LOCATION	PAGE 1 OF 2	

<b>5. SEAL AND PUMP</b>	TYPE OF PUMP <input type="checkbox"/> SUBMERSIBLE <input type="checkbox"/> JET <input type="checkbox"/> NO PUMP – WELL NOT EQUIPPED <input type="checkbox"/> TURBINE <input type="checkbox"/> CYLINDER <input type="checkbox"/> OTHER – SPECIFY						
	ANNULAR SEAL AND GRAVEL PACK	DEPTH (FT)		BORE HOLE DIA (IN)	MATERIAL TYPE AND SIZE	AMOUNT (CUBIC FT)	METHOD OF PLACEMENT
		FROM	TO				
		0	2	5	.5 BAGS OF CEMENT		TOPLOAD
		2	10	5	2 BAGS OF 3/8 PLUG		TOPLOAD

<b>6. GEOLOGIC LOG OF WELL</b>	DEPTH (FT)		THICKNESS (FT)	COLOR AND TYPE OF MATERIAL ENCOUNTERED (INCLUDE WATER-BEARING CAVITIES OR FRACTURE ZONES)	WATER BEARING?	
	FROM	TO				
	0	10	10	TAN FINE SAND - SANDSTONE - CALICHE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	TD	10			<input type="checkbox"/> YES <input type="checkbox"/> NO	
					<input type="checkbox"/> YES <input type="checkbox"/> NO	
					<input type="checkbox"/> YES <input type="checkbox"/> NO	
					<input type="checkbox"/> YES <input type="checkbox"/> NO	
					<input type="checkbox"/> YES <input type="checkbox"/> NO	
					<input type="checkbox"/> YES <input type="checkbox"/> NO	
					<input type="checkbox"/> YES <input type="checkbox"/> NO	
					<input type="checkbox"/> YES <input type="checkbox"/> NO	
					<input type="checkbox"/> YES <input type="checkbox"/> NO	
					<input type="checkbox"/> YES <input type="checkbox"/> NO	
					<input type="checkbox"/> YES <input type="checkbox"/> NO	
					<input type="checkbox"/> YES <input type="checkbox"/> NO	
					<input type="checkbox"/> YES <input type="checkbox"/> NO	
	ATTACH ADDITIONAL PAGES AS NEEDED TO FULLY DESCRIBE THE GEOLOGIC LOG OF THE WELL					

<b>7. TEST &amp; ADDITIONAL INFO</b>	WELL TEST	METHOD <input type="checkbox"/> BAILER <input type="checkbox"/> PUMP <input type="checkbox"/> AIR LIFT <input type="checkbox"/> OTHER – SPECIFY				
		TEST RESULTS - ATTACH A COPY OF DATA COLLECTED DURING WELL TESTING, INCLUDING START TIME, END TIME, AND A TABLE SHOWING DISCHARGE AND DRAWDOWN OVER THE TESTING PERIOD				
	ADDITIONAL STATEMENTS OR EXPLANATIONS <b>SOIL BORING ONLY- SOIL BORING WAS PLUGGED AND ABANDONED UPON COMPLETION OF SAMPLING</b>					

<b>8. SIGNATURE</b>	THE UNDERSIGNED HEREBY CERTIFIES THAT, TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF, THE FOREGOING IS A TRUE AND CORRECT RECORD OF THE ABOVE DESCRIBED HOLE AND THAT HE OR SHE WILL FILE THIS WELL RECORD WITH THE STATE ENGINEER AND THE PERMIT HOLDER WITHIN 20 DAYS AFTER COMPLETION OF WELL DRILLING	
	 _____ SIGNATURE OF DRILLER	1-19-09 _____ DATE

FOR OSE INTERNAL USE

WELL RECORD &amp; LOG (Version 6/9/08)

FILE NUMBER	POD NUMBER	TRN NUMBER	
LOCATION			PAGE 2 OF 2



# WELL RECORD & LOG

OFFICE OF THE STATE ENGINEER

[www.ose.state.nm.us](http://www.ose.state.nm.us)

1. GENERAL AND WELL LOCATION	POD NUMBER (WELL NUMBER) <b>COVINGTON A FEDERAL #9 SB-1</b>				OSE FILE NUMBER(S)			
	WELL OWNER NAME(S) <b>OXY USA</b>				PHONE (OPTIONAL)			
	WELL OWNER MAILING ADDRESS <b>P.O. BOX 1988</b>				CITY <b>CARLSBAD</b>		STATE <b>NM</b>	ZIP <b>88221</b>
	WELL LOCATION (FROM GPS)	DEGREES <b>32</b>	MINUTES <b>21</b>	SECONDS <b>23.00</b> N	* ACCURACY REQUIRED ONE TENTH OF A SECOND * DATUM REQUIRED WGS 84			
		LONGITUDE <b>103</b> <b>37</b> <b>50.00</b> W						
DESCRIPTION RELATING WELL LOCATION TO STREET ADDRESS AND COMMON LANDMARKS <b>UL "M" LEA COUNTY, NEW MEXICO</b>								
2. OPTIONAL	(2.5 ACRE) <b>1/4</b>	(10 ACRE) <b>1/4</b>	(40 ACRE) <b>1/4</b>	(160 ACRE) <b>1/4</b>	SECTION <b>25</b>	TOWNSHIP <b>22</b> <input type="checkbox"/> NORTH <input checked="" type="checkbox"/> SOUTH	RANGE <b>32</b> <input checked="" type="checkbox"/> EAST <input type="checkbox"/> WEST	
	SUBDIVISION NAME				LOT NUMBER	BLOCK NUMBER	UNIT/TRACT	
	HYDROGRAPHIC SURVEY				MAP NUMBER		TRACT NUMBER	
3. DRILLING INFORMATION	LICENSE NUMBER <b>WD1478</b>		NAME OF LICENSED DRILLER <b>EDWARD BRYAN</b>			NAME OF WELL DRILLING COMPANY <b>STRAUB CORPORATION</b>		
	DRILLING STARTED <b>1-8-09</b>		DRILLING ENDED <b>1-8-09</b>	DEPTH OF COMPLETED WELL (FT) <b>0</b>	BORE HOLE DEPTH (FT) <b>18</b>	DEPTH WATER FIRST ENCOUNTERED (FT)		
	COMPLETED WELL IS <input type="checkbox"/> ARTESIAN <input checked="" type="checkbox"/> DRY HOLE <input type="checkbox"/> SHALLOW (UNCONFINED)					STATIC WATER LEVEL IN COMPLETED WELL (FT) <b>N/A</b>		
	DRILLING FLUID <input checked="" type="checkbox"/> AIR <input type="checkbox"/> MUD <input type="checkbox"/> ADDITIVES - SPECIFY							
	DRILLING METHOD <input checked="" type="checkbox"/> ROTARY <input type="checkbox"/> HAMMER <input type="checkbox"/> CABLE TOOL <input type="checkbox"/> OTHER - SPECIFY							
	DEPTH (FT)		BORE HOLE DIA (IN) <b>5</b>	CASING MATERIAL <b>N/A</b>	CONNECTION TYPE (CASING) <b>N/A</b>	INSIDE DIA CASING (IN) <b>N/A</b>	CASING WALL THICKNESS (IN) <b>N/A</b>	SLOT SIZE (IN) <b>N/A</b>
	FROM <b>0</b>	TO <b>18</b>						
4. WATER BEARING STRATA	DEPTH (FT)		THICKNESS (FT)	FORMATION DESCRIPTION OF PRINCIPAL WATER-BEARING STRATA (INCLUDE WATER-BEARING CAVITIES OR FRACTURE ZONES)			YIELD (GPM)	
	FROM	TO						
METHOD USED TO ESTIMATE YIELD OF WATER-BEARING STRATA					TOTAL ESTIMATED WELL YIELD (GPM)			

FOR OSE INTERNAL USE

WELL RECORD & LOG (Version 6/9/08)

FILE NUMBER	POD NUMBER	TRN NUMBER
LOCATION	PAGE 1 OF 2	

<b>5. SEAL AND PUMP</b>	TYPE OF PUMP		<input type="checkbox"/> SUBMERSIBLE <input type="checkbox"/> JET <input type="checkbox"/> NO PUMP – WELL NOT EQUIPPED <input type="checkbox"/> TURBINE <input type="checkbox"/> CYLINDER <input type="checkbox"/> OTHER – SPECIFY				
	ANNULAR SEAL AND GRAVEL PACK	DEPTH (FT)		BORE HOLE DIA (IN)	MATERIAL TYPE AND SIZE	AMOUNT (CUBIC FT)	METHOD OF PLACEMENT
		FROM	TO				
		0	2				
		2	18				

<b>6. GEOLOGIC LOG OF WELL</b>	DEPTH (FT)		THICKNESS (FT)	COLOR AND TYPE OF MATERIAL ENCOUNTERED (INCLUDE WATER-BEARING CAVITIES OR FRACTURE ZONES)	WATER BEARING?	
	FROM	TO				
	0	1	1	TAN FINE SAND - SANDSTONE - CALICHE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	1	2	1	BROWN FINE SAND - SANDSTONE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	2	12	10	RED FINE SAND	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	12	18	6	TAN FINE SAND- CALICHE - SANDSTONE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	TD	18			<input type="checkbox"/> YES <input type="checkbox"/> NO	
					<input type="checkbox"/> YES <input type="checkbox"/> NO	
					<input type="checkbox"/> YES <input type="checkbox"/> NO	
					<input type="checkbox"/> YES <input type="checkbox"/> NO	
					<input type="checkbox"/> YES <input type="checkbox"/> NO	
					<input type="checkbox"/> YES <input type="checkbox"/> NO	
					<input type="checkbox"/> YES <input type="checkbox"/> NO	
					<input type="checkbox"/> YES <input type="checkbox"/> NO	
					<input type="checkbox"/> YES <input type="checkbox"/> NO	
	ATTACH ADDITIONAL PAGES AS NEEDED TO FULLY DESCRIBE THE GEOLOGIC LOG OF THE WELL					

<b>7. TEST &amp; ADDITIONAL INFO</b>	WELL TEST	METHOD <input type="checkbox"/> BAILER <input type="checkbox"/> PUMP <input type="checkbox"/> AIR LIFT <input type="checkbox"/> OTHER – SPECIFY			
		TEST RESULTS - ATTACH A COPY OF DATA COLLECTED DURING WELL TESTING, INCLUDING START TIME, END TIME, AND A TABLE SHOWING DISCHARGE AND DRAWDOWN OVER THE TESTING PERIOD			
	ADDITIONAL STATEMENTS OR EXPLANATIONS <b>SOIL BORING ONLY- SOIL BORING WAS PLUGGED AND ABANDONED UPON COMPLETION OF SAMPLING</b>				

<b>8. SIGNATURE</b>	THE UNDERSIGNED HEREBY CERTIFIES THAT, TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF, THE FOREGOING IS A TRUE AND CORRECT RECORD OF THE ABOVE DESCRIBED HOLE AND THAT HE OR SHE WILL FILE THIS WELL RECORD WITH THE STATE ENGINEER AND THE PERMIT HOLDER WITHIN 20 DAYS AFTER COMPLETION OF WELL DRILLING	
	 _____ SIGNATURE OF DRILLER	1-19-09 _____ DATE

FOR OSE INTERNAL USE

WELL RECORD &amp; LOG (Version 6/9/08)

FILE NUMBER	POD NUMBER	TRN NUMBER
LOCATION	PAGE 2 OF 2	



# WELL RECORD & LOG

OFFICE OF THE STATE ENGINEER

[www.ose.state.nm.us](http://www.ose.state.nm.us)

1. GENERAL AND WELL LOCATION	POD NUMBER (WELL NUMBER) <b>COVINGTON A FEDERAL #9 SB-3</b>				OSE FILE NUMBER(S)									
	WELL OWNER NAME(S) <b>OXY USA</b>				PHONE (OPTIONAL)									
	WELL OWNER MAILING ADDRESS <b>P.O. BOX 1988</b>				CITY <b>CARLSBAD</b>		STATE <b>NM</b>		ZIP <b>88221</b>					
	WELL LOCATION (FROM GPS)		DEGREES <b>32</b>		MINUTES <b>21</b>		SECONDS <b>23.00 N</b>		* ACCURACY REQUIRED ONE TENTH OF A SECOND * DATUM REQUIRED WGS 84					
		LONGITUDE <b>103</b>		<b>37</b>		<b>50.00 W</b>								
DESCRIPTION RELATING WELL LOCATION TO STREET ADDRESS AND COMMON LANDMARKS <b>UL "M" LEA COUNTY, NEW MEXICO</b>														
2. OPTIONAL	(2.5 ACRE) <b>1/4</b>		(10 ACRE) <b>1/4</b>		(40 ACRE) <b>1/4</b>		(160 ACRE) <b>1/4</b>		SECTION <b>25</b>					
					TOWNSHIP <b>22</b>		<input type="checkbox"/> NORTH <input checked="" type="checkbox"/> SOUTH		RANGE <b>32</b>					
									<input checked="" type="checkbox"/> EAST <input type="checkbox"/> WEST					
SUBDIVISION NAME					LOT NUMBER		BLOCK NUMBER		UNIT/TRACT					
HYDROGRAPHIC SURVEY							MAP NUMBER		TRACT NUMBER					
3. DRILLING INFORMATION	LICENSE NUMBER <b>WD1478</b>		NAME OF LICENSED DRILLER <b>EDWARD BRYAN</b>				NAME OF WELL DRILLING COMPANY <b>STRAUB CORPORATION</b>							
	DRILLING STARTED <b>1-8-09</b>		DRILLING ENDED <b>1-8-09</b>		DEPTH OF COMPLETED WELL (FT) <b>0</b>		BORE HOLE DEPTH (FT) <b>10</b>		DEPTH WATER FIRST ENCOUNTERED (FT)					
	COMPLETED WELL IS <input type="checkbox"/> ARTESIAN <input checked="" type="checkbox"/> DRY HOLE <input type="checkbox"/> SHALLOW (UNCONFINED)						STATIC WATER LEVEL IN COMPLETED WELL (FT) <b>N/A</b>							
	DRILLING FLUID <input checked="" type="checkbox"/> AIR <input type="checkbox"/> MUD <input type="checkbox"/> ADDITIVES - SPECIFY													
	DRILLING METHOD <input checked="" type="checkbox"/> ROTARY <input type="checkbox"/> HAMMER <input type="checkbox"/> CABLE TOOL <input type="checkbox"/> OTHER - SPECIFY													
	DEPTH (FT)		BORE HOLE DIA (IN)		CASING MATERIAL		CONNECTION TYPE (CASING)		INSIDE DIA CASING (IN)		CASING WALL THICKNESS (IN)		SLOT SIZE (IN)	
	FROM <b>0</b>		TO <b>10</b>		<b>5</b>		<b>N/A</b>		<b>N/A</b>		<b>N/A</b>		<b>N/A</b>	
4. WATER BEARING STRATA	DEPTH (FT)		THICKNESS (FT)		FORMATION DESCRIPTION OF PRINCIPAL WATER-BEARING STRATA (INCLUDE WATER-BEARING CAVITIES OR FRACTURE ZONES)						YIELD (GPM)			
	FROM <b>0</b>		TO <b>10</b>		<b>5</b>									
METHOD USED TO ESTIMATE YIELD OF WATER-BEARING STRATA								TOTAL ESTIMATED WELL YIELD (GPM)						

FOR OSE INTERNAL USE

WELL RECORD & LOG (Version 6/9/08)

FILE NUMBER		POD NUMBER		TRN NUMBER	
LOCATION				PAGE 1 OF 2	

<b>5. SEAL AND PUMP</b>	TYPE OF PUMP <input type="checkbox"/> SUBMERSIBLE <input type="checkbox"/> JET <input type="checkbox"/> NO PUMP – WELL NOT EQUIPPED <input type="checkbox"/> TURBINE <input type="checkbox"/> CYLINDER <input type="checkbox"/> OTHER – SPECIFY						
	ANNULAR SEAL AND GRAVEL PACK	DEPTH (FT)		BORE HOLE DIA (IN)	MATERIAL TYPE AND SIZE	AMOUNT (CUBIC FT)	METHOD OF PLACEMENT
		FROM	TO				
		0	2	5	.5 BAGS OF CEMENT		TOPLOAD
		2	10	5	2 BAGS OF 3/8 PLUG		TOPLOAD


  

<b>6. GEOLOGIC LOG OF WELL</b>	DEPTH (FT)		THICKNESS (FT)	COLOR AND TYPE OF MATERIAL ENCOUNTERED (INCLUDE WATER-BEARING CAVITIES OR FRACTURE ZONES)	WATER BEARING?		
	FROM	TO					
	0	10	10	TAN FINE SAND - SANDSTONE - CALICHE	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
	TD	10			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
					<input type="checkbox"/> YES	<input type="checkbox"/> NO	
					<input type="checkbox"/> YES	<input type="checkbox"/> NO	
					<input type="checkbox"/> YES	<input type="checkbox"/> NO	
					<input type="checkbox"/> YES	<input type="checkbox"/> NO	
					<input type="checkbox"/> YES	<input type="checkbox"/> NO	
					<input type="checkbox"/> YES	<input type="checkbox"/> NO	
					<input type="checkbox"/> YES	<input type="checkbox"/> NO	
					<input type="checkbox"/> YES	<input type="checkbox"/> NO	
					<input type="checkbox"/> YES	<input type="checkbox"/> NO	
					<input type="checkbox"/> YES	<input type="checkbox"/> NO	
					<input type="checkbox"/> YES	<input type="checkbox"/> NO	
					<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	ATTACH ADDITIONAL PAGES AS NEEDED TO FULLY DESCRIBE THE GEOLOGIC LOG OF THE WELL						

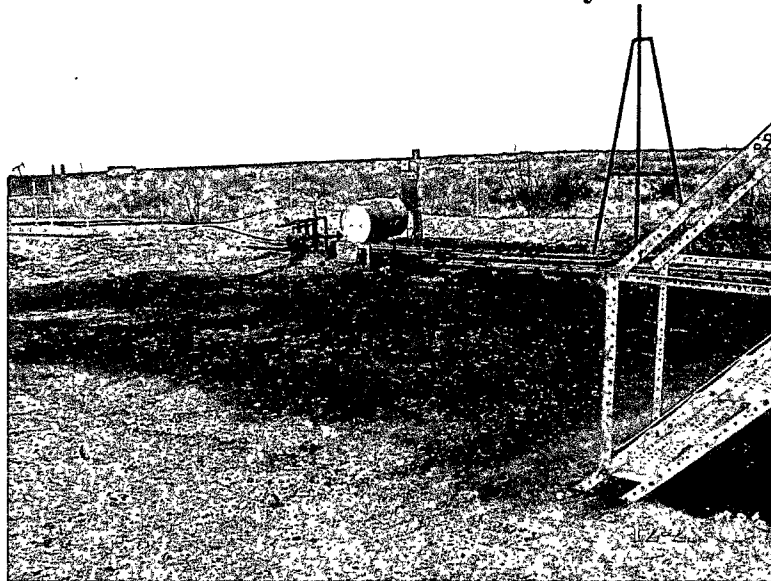
  

<b>7. TEST &amp; ADDITIONAL INFO</b>	WELL TEST	METHOD <input type="checkbox"/> BAILER <input type="checkbox"/> PUMP <input type="checkbox"/> AIR LIFT <input type="checkbox"/> OTHER – SPECIFY				
		TEST RESULTS - ATTACH A COPY OF DATA COLLECTED DURING WELL TESTING, INCLUDING START TIME, END TIME, AND A TABLE SHOWING DISCHARGE AND DRAWDOWN OVER THE TESTING PERIOD				
	ADDITIONAL STATEMENTS OR EXPLANATIONS <b>SOIL BORING ONLY- SOIL BORING WAS PLUGGED AND ABANDONED UPON COMPLETION OF SAMPLING</b>					

<b>8. SIGNATURE</b>	THE UNDERSIGNED HEREBY CERTIFIES THAT, TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF, THE FOREGOING IS A TRUE AND CORRECT RECORD OF THE ABOVE DESCRIBED HOLE AND THAT HE OR SHE WILL FILE THIS WELL RECORD WITH THE STATE ENGINEER AND THE PERMIT HOLDER WITHIN 20 DAYS AFTER COMPLETION OF WELL DRILLING	
	 _____ SIGNATURE OF DRILLER	1-19-09 _____ DATE

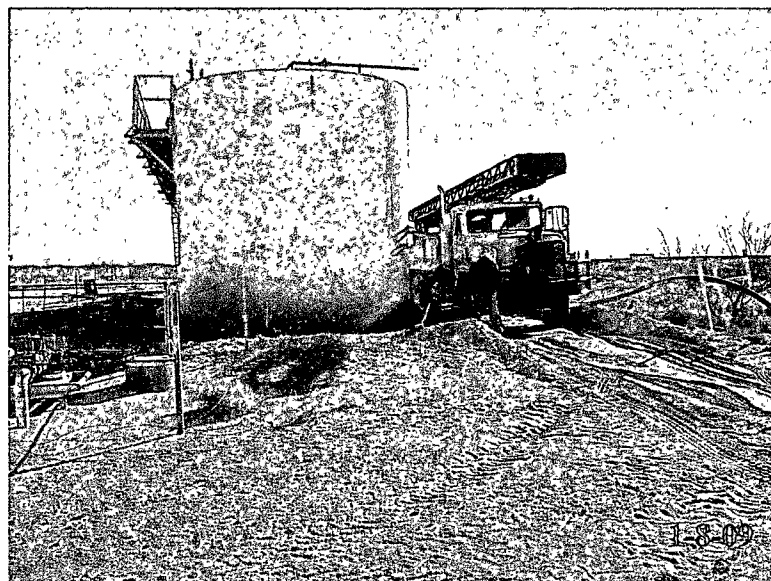
# Oxy USA – Covington A Federal #9



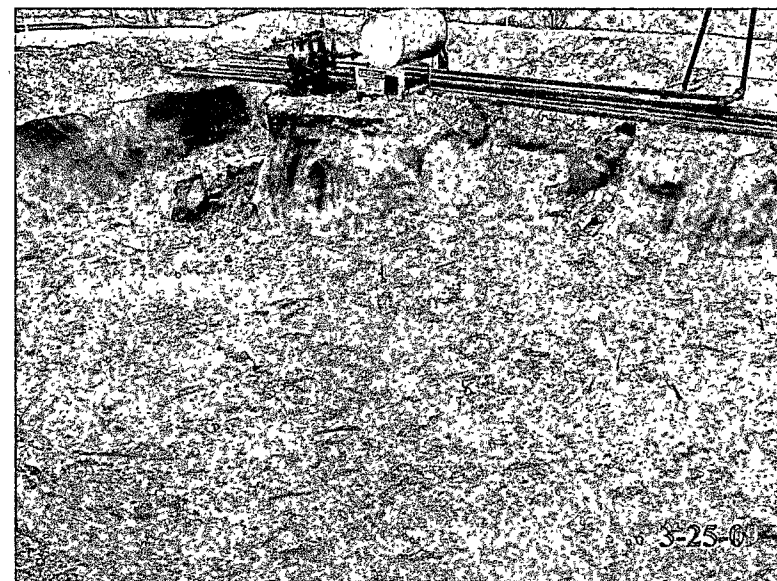
Site before remediation of spill.



Site before remediation of spill.

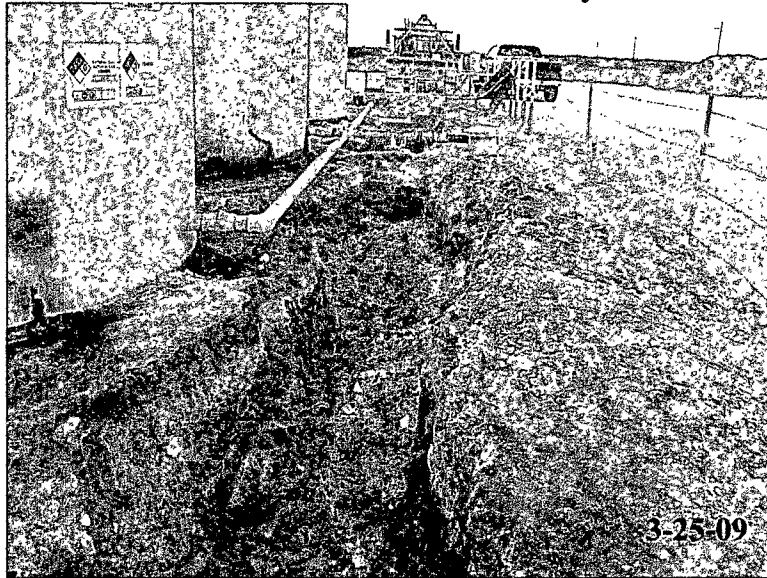


Delineation of site with air rotary rig.

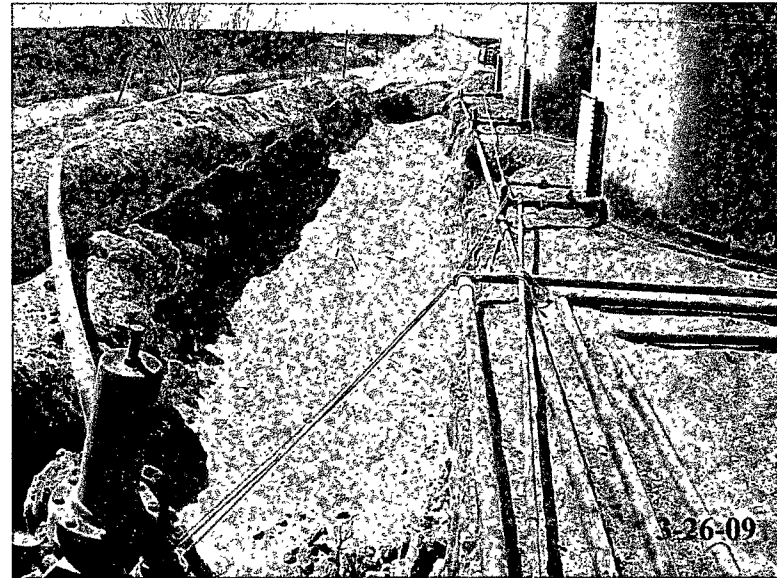


After excavation of impacted soil.

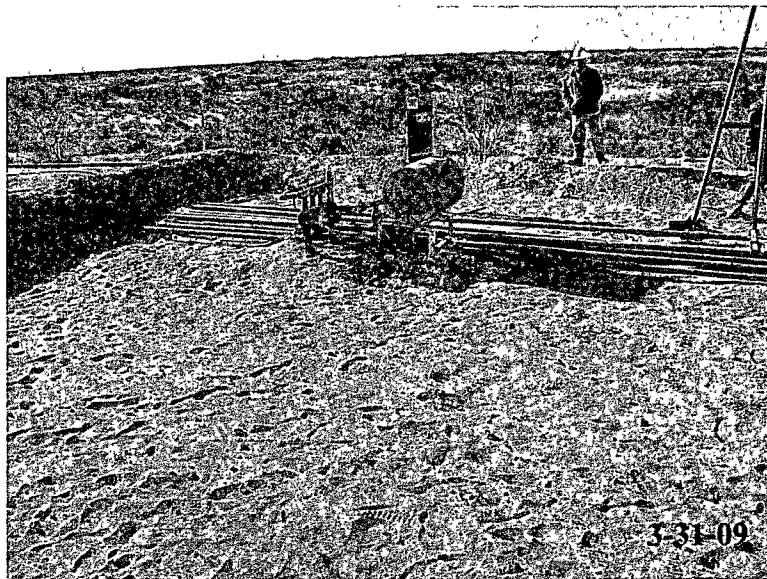
## Oxy USA – Covington A Federal #9



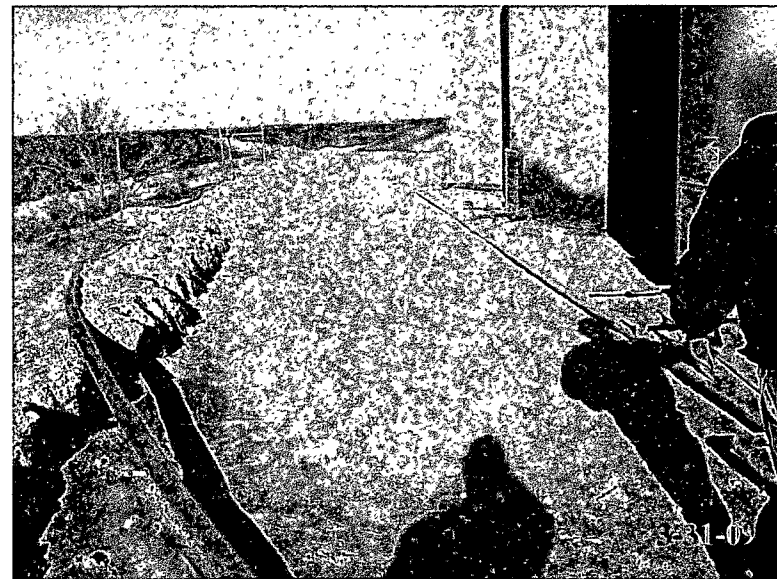
After excavation of impacted soil.



After excavation of impacted soil.

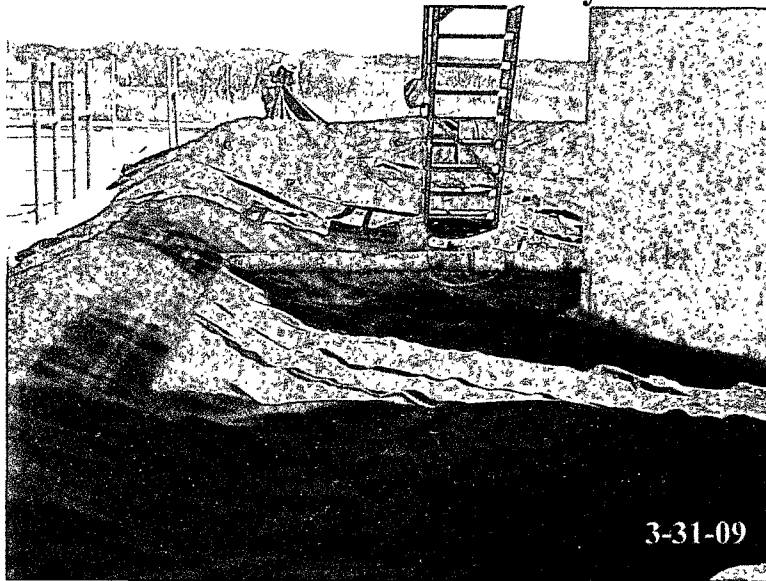


After backfill of clean native soil.

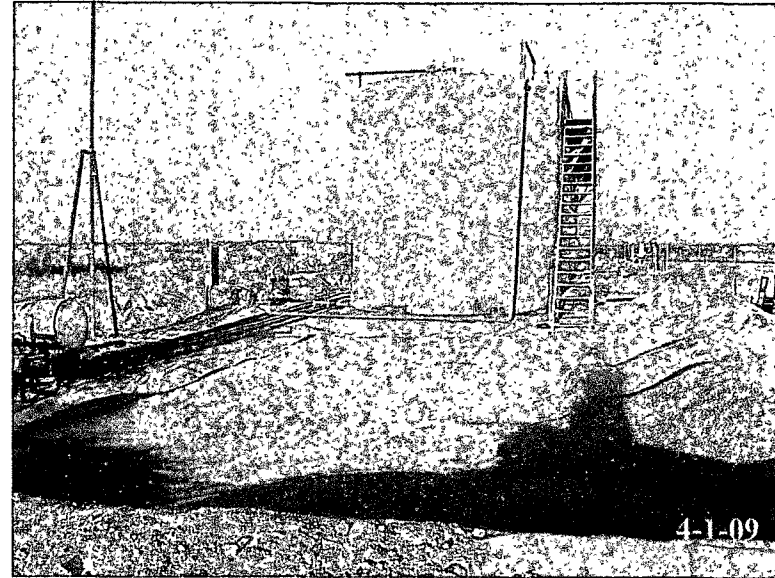


After backfill of clean native soil.

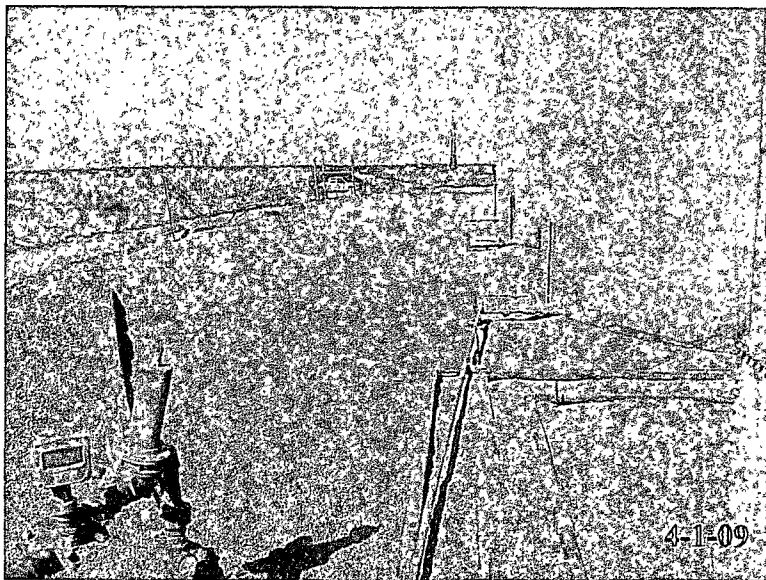
Oxy USA – Covington A Federal #9



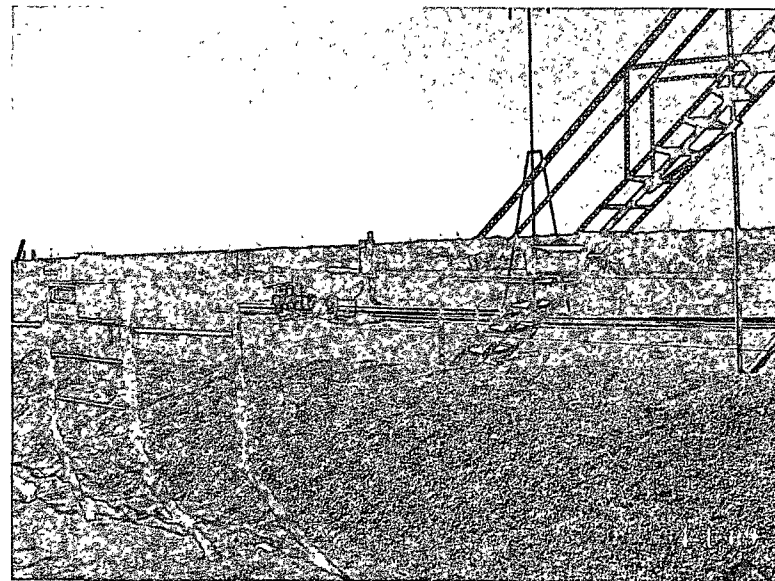
Installation of 4 oz. Geotextile liner.



Installation of 20 mil poly liner.



After pea gravel has been spread over 20 mil poly liner.



After pea gravel has been spread over 20 mil poly liner.

# **Analytical Report 322200**

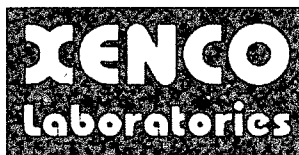
**for**

**Elke Environmental, Inc.**

**Project Manager: Logan Anderson**

**Oxy USA**

**13-JAN-09**



**12600 West I-20 East Odessa, Texas 79765**

**Texas certification numbers:**

**Houston, TX T104704215-08B-TX - Odessa/Midland, TX T104704400-08-TX**

**Florida certification numbers:**

**Houston, TX E871002 - Miami, FL E86678 - Tampa, FL E86675**

**Norcross(Atlanta), GA E87429**

**South Carolina certification numbers:**

**Norcross(Atlanta), GA 98015**

**North Carolina certification numbers:**

**Norcross(Atlanta), GA 483**

**Houston - Dallas - San Antonio - Tampa - Miami - Latin America**

**Midland - Corpus Christi - Atlanta**



13-JAN-09

Project Manager: **Logan Anderson**  
**Elke Environmental, Inc.**  
4817 Andrews Hwy  
P.O. Box 14167 Odessa, tx 79768  
Odessa, TX 79762

Reference: XENCO Report No: **322200**  
**Oxy USA**  
Project Address: Covington A Fed # 9

**Logan Anderson:**

We are reporting to you the results of the analyses performed on the samples received under the project name referenced above and identified with the XENCO Report Number 322200. All results being reported under this Report Number apply to the samples analyzed and properly identified with a Laboratory ID number. Subcontracted analyses are identified in this report with either the NELAC certification number of the subcontract lab in the analyst ID field, or the complete subcontracted report attached to this report.

Unless otherwise noted in a Case Narrative, all data reported in this Analytical Report are in compliance with NELAC standards. Estimation of data uncertainty for this report is found in the quality control section of this report unless otherwise noted. Should insufficient sample be provided to the laboratory to meet the method and NELAC Matrix Duplicate and Matrix Spike requirements, then the data will be analyzed, evaluated and reported using all other available quality control measures.

The validity and integrity of this report will remain intact as long as it is accompanied by this letter and reproduced in full, unless written approval is granted by XENCO Laboratories. This report will be filed for at least 5 years in our archives after which time it will be destroyed without further notice, unless otherwise arranged with you. The samples received, and described as recorded in Report No. 322200 will be filed for 60 days, and after that time they will be properly disposed without further notice, unless otherwise arranged with you. We reserve the right to return to you any unused samples, extracts or solutions related to them if we consider so necessary (e.g., samples identified as hazardous waste, sample sizes exceeding analytical standard practices, controlled substances under regulated protocols, etc).

We thank you for selecting XENCO Laboratories to serve your analytical needs. If you have any questions concerning this report, please feel free to contact us at any time.

Respectfully,

**Brent Barron, II**

Odessa Laboratory Manager

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## Sample Cross Reference 322200



Elke Environmental, Inc., Odessa, TX

Oxy USA

Sample Id	Matrix	Date Collected	Sample Depth	Lab Sample Id
SB-1 @ 15'	S	Jan-08-09 10:11	15 ft	322200-001
SB-2 @ 10'	S	Jan-08-09 10:58	10 ft	322200-002
SB-3 @ 10'	S	Jan-08-09 11:47	10 ft	322200-003



# Certificate of Analysis Summary 322200

Elke Environmental, Inc., Odessa, TX

Project Name: Oxy USA



Project Id:

Contact: Logan Anderson

Project Location: Covington A Fed # 9

Date Received in Lab: Fri Jan-09-09 05:02 pm


Report Date: 13-JAN-09

Project Manager: Brent Barron, II

Analysis Requested	Lab Id:	322200-001	322200-002	322200-003			
	Field Id:	SB-1 @ 15'	SB-2 @ 10'	SB-3 @ 10'			
	Depth:	15 ft	10 ft	10 ft			
	Matrix:	SOIL	SOIL	SOIL			
	Sampled:	Jan-08-09 10:11	Jan-08-09 10:58	Jan-08-09 11:47			
Anions by EPA 300	Extracted:						
	Analyzed:	Jan-12-09 16:19	Jan-12-09 16:19	Jan-12-09 16:19			
	Units/RL:	mg/kg RL	mg/kg RL	mg/kg RL			
Chloride		131 5.29	116 5.23	144 5.12			
Percent Moisture	Extracted:						
	Analyzed:	Jan-12-09 11:30	Jan-12-09 11:30	Jan-12-09 11:30			
	Units/RL:	% RL	% RL	% RL			
Percent Moisture		5.50 1.00	4.42 1.00	2.38 1.00			
TPH By SW8015 Mod	Extracted:	Jan-12-09 13:00	Jan-12-09 13:00	Jan-12-09 13:00			
	Analyzed:	Jan-12-09 17:22	Jan-12-09 17:45	Jan-12-09 18:08			
	Units/RL:	mg/kg RL	mg/kg RL	mg/kg RL			
C6-C12 Gasoline Range Hydrocarbons		ND 15.9	ND 15.7	ND 15.4			
C12-C28 Diesel Range Hydrocarbons		ND 15.9	ND 15.7	ND 15.4			
C28-C35 Oil Range Hydrocarbons		ND 15.9	ND 15.7	ND 15.4			
Total TPH		ND 15.9	ND 15.7	ND 15.4			

This analytical report, and the entire data package it represents, has been made for your exclusive and confidential use. The interpretations and results expressed throughout this analytical report represent the best judgment of XENCO Laboratories. XENCO Laboratories assumes no responsibility and makes no warranty to the end use of the data hereby presented. Our liability is limited to the amount invoiced for this work order unless otherwise agreed to in writing.

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Brent Barron  
Odessa Laboratory Director

- X** In our quality control review of the data a QC deficiency was observed and flagged as noted. MS/MSD recoveries were found to be outside of the laboratory control limits due to possible matrix /chemical interference, or a concentration of target analyte high enough to effect the recovery of the spike concentration. This condition could also effect the relative percent difference in the MS/MSD.
- B** A target analyte or common laboratory contaminant was identified in the method blank. Its presence indicates possible field or laboratory contamination.
- D** The sample(s) were diluted due to targets detected over the highest point of the calibration curve, or due to matrix interference. Dilution factors are included in the final results. The result is from a diluted sample.
- E** The data exceeds the upper calibration limit; therefore, the concentration is reported as estimated.
- F** RPD exceeded lab control limits.
- J** The target analyte was positively identified below the MQL and above the SQL.
- U** Analyte was not detected.
- L** The LCS data for this analytical batch was reported below the laboratory control limits for this analyte. The department supervisor and QA Director reviewed data. The samples were either reanalyzed or flagged as estimated concentrations.
- H** The LCS data for this analytical batch was reported above the laboratory control limits. Supporting QC Data were reviewed by the Department Supervisor and QA Director. Data were determined to be valid for reporting.
- K** Sample analyzed outside of recommended hold time.
- JN** A combination of the "N" and the "J" qualifier. The analysis indicates that the analyte is "tentatively identified" and the associated numerical value may not be consistent with the amount actually present in the environmental sample.

\* Outside XENCO's scope of NELAC Accreditation.

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 5757 NW 158th St, Miami Lakes, FL 33014  
 12600 West I-20 East, Odessa, TX 79765  
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(210) 509-3334	(210) 509-3335
(813) 620-2000	(813) 620-2033
(305) 823-8500	(305) 823-8555
(432) 563-1800	(432) 563-1713
(361) 884-0371	(361) 884-9116



## Form 2 - Surrogate Recoveries

Project Name: Oxy USA

Work Orders : 322200,

Project ID:

Lab Batch #: 746298

Sample: 322199-001 S / MS

Batch: 1 Matrix: Soil

Units: mg/kg

SURROGATE RECOVERY STUDY					
TPH By SW8015 Mod	Amount Found [A]	True Amount [B]	Recovery %R [D]	Control Limits %R	Flags
Analytes					
1-Chlorooctane	119	100	119	70-135	
o-Terphenyl	56.5	50.0	113	70-135	

Lab Batch #: 746298

Sample: 322199-001 SD / MSD

Batch: 1 Matrix: Soil

Units: mg/kg

SURROGATE RECOVERY STUDY					
TPH By SW8015 Mod	Amount Found [A]	True Amount [B]	Recovery %R [D]	Control Limits %R	Flags
Analytes					
1-Chlorooctane	122	100	122	70-135	
o-Terphenyl	58.6	50.0	117	70-135	

Lab Batch #: 746298

Sample: 322200-001 / SMP

Batch: 1 Matrix: Soil

Units: mg/kg

SURROGATE RECOVERY STUDY					
TPH By SW8015 Mod	Amount Found [A]	True Amount [B]	Recovery %R [D]	Control Limits %R	Flags
Analytes					
1-Chlorooctane	99.4	100	99	70-135	
o-Terphenyl	50.3	50.0	101	70-135	

Lab Batch #: 746298

Sample: 322200-002 / SMP

Batch: 1 Matrix: Soil

Units: mg/kg

SURROGATE RECOVERY STUDY					
TPH By SW8015 Mod	Amount Found [A]	True Amount [B]	Recovery %R [D]	Control Limits %R	Flags
Analytes					
1-Chlorooctane	101	100	101	70-135	
o-Terphenyl	50.7	50.0	101	70-135	

Lab Batch #: 746298

Sample: 322200-003 / SMP

Batch: 1 Matrix: Soil

Units: mg/kg

SURROGATE RECOVERY STUDY					
TPH By SW8015 Mod	Amount Found [A]	True Amount [B]	Recovery %R [D]	Control Limits %R	Flags
Analytes					
1-Chlorooctane	100	100	100	70-135	
o-Terphenyl	49.8	50.0	100	70-135	

\*\* Surrogates outside limits; data and surrogates confirmed by reanalysis

\*\*\* Poor recoveries due to dilution

Surrogate Recovery [D] =  $100 * A / B$

All results are based on MDL and validated for QC purposes.



## Form 2 - Surrogate Recoveries

Project Name: Oxy USA

Work Orders : 322200,

Project ID:

Lab Batch #: 746298

Sample: 522806-1-BKS / BKS

Batch: 1 Matrix: Solid

Units: mg/kg

SURROGATE RECOVERY STUDY					
TPH By SW8015 Mod	Amount Found [A]	True Amount [B]	Recovery %R [D]	Control Limits %R	Flags
Analytes					
1-Chlorooctane	120	100	120	70-135	
o-Terphenyl	62.2	50.0	124	70-135	

Lab Batch #: 746298

Sample: 522806-1-BLK / BLK

Batch: 1 Matrix: Solid

Units: mg/kg

SURROGATE RECOVERY STUDY					
TPH By SW8015 Mod	Amount Found [A]	True Amount [B]	Recovery %R [D]	Control Limits %R	Flags
Analytes					
1-Chlorooctane	101	100	101	70-135	
o-Terphenyl	51.7	50.0	103	70-135	

Lab Batch #: 746298

Sample: 522806-1-BSD / BSD

Batch: 1 Matrix: Solid

Units: mg/kg

SURROGATE RECOVERY STUDY					
TPH By SW8015 Mod	Amount Found [A]	True Amount [B]	Recovery %R [D]	Control Limits %R	Flags
Analytes					
1-Chlorooctane	117	100	117	70-135	
o-Terphenyl	55.8	50.0	112	70-135	

\*\* Surrogates outside limits; data and surrogates confirmed by reanalysis

\*\*\* Poor recoveries due to dilution

Surrogate Recovery [D] =  $100 * A / B$

All results are based on MDL and validated for QC purposes.



# Blank Spike Recovery



Project Name: Oxy USA

Work Order #: 322200

Project ID:

Lab Batch #: 746220

Sample: 746220-1-BKS

Matrix: Solid

Date Analyzed: 01/12/2009

Date Prepared: 01/12/2009

Analyst: LATCOR

Reporting Units: mg/kg

Batch #: 1

## BLANK /BLANK SPIKE RECOVERY STUDY

Anions by EPA 300 Analytes	Blank Result [A]	Spike Added [B]	Blank Spike Result [C]	Blank Spike %R [D]	Control Limits %R	Flags
Chloride	ND	10.0	9.99	100	90-110	

Blank Spike Recovery [D] =  $100 * [C] / [B]$

All results are based on MDL and validated for QC purposes.



## BS / BSD Recoveries



Project Name: Oxy USA

Work Order #: 322200

Analyst: BHW

Date Prepared: 01/12/2009

Project ID:

Date Analyzed: 01/12/2009

Lab Batch ID: 746298

Sample: 522806-1-BKS

Batch #: 1

Matrix: Solid

Units: mg/kg

### BLANK / BLANK SPIKE / BLANK SPIKE DUPLICATE RECOVERY STUDY

TPH By SW8015 Mod	Blank Sample Result [A]	Spike Added [B]	Blank Spike Result [C]	Blank Spike %R [D]	Spike Added [E]	Blank Spike Duplicate Result [F]	Blk. Spk Dup. %R [G]	RPD %	Control Limits %R	Control Limits %RPD	Flag
Analytes											
C6-C12 Gasoline Range Hydrocarbons	ND	1000	971	97	1000	950	95	2	70-135	35	
C12-C28 Diesel Range Hydrocarbons	ND	1000	1020	102	1000	997	100	2	70-135	35	

Relative Percent Difference RPD =  $200 * |(C-F)/(C+F)|$

Blank Spike Recovery [D] =  $100 * (C)/[B]$

Blank Spike Duplicate Recovery [G] =  $100 * (F)/[E]$

All results are based on MDL and Validated for QC Purposes



# Form 3 - MS Recoveries



Project Name: Oxy USA

Work Order #: 322200

Lab Batch #: 746220

Project ID:

Date Analyzed: 01/12/2009

Date Prepared: 01/12/2009

Analyst: LATCOR

QC- Sample ID: 322199-001 S

Batch #: 1

Matrix: Soil

Reporting Units: mg/kg

## MATRIX / MATRIX SPIKE RECOVERY STUDY

Inorganic Anions by EPA 300  Analytes	Parent Sample Result [A]	Spike Added [B]	Spiked Sample Result [C]	%R [D]	Control Limits %R	Flag
Chloride	341	205	529	92	80-120	

Matrix Spike Percent Recovery [D] =  $100 \times (C-A)/B$

Relative Percent Difference [E] =  $200 \times (C-A)/(C+B)$

All Results are based on MDL and Validated for QC Purposes



## Form 3 - S / MSD Recoveries



Project Name: Oxy USA

Work Order #: 322200

Project ID:

Lab Batch ID: 746298

QC- Sample ID: 322199-001 S

Batch #: 1 Matrix: Soil

Date Analyzed: 01/13/2009

Date Prepared: 01/12/2009

Analyst: BHW

Reporting Units: mg/kg

### MATRIX SPIKE / MATRIX SPIKE DUPLICATE RECOVERY STUDY

TPH By SW8015 Mod Analytes	Parent Sample Result [A]	Spike Added [B]	Spiked Sample Result [C]	Spiked Sample %R [D]	Spike Added [E]	Duplicate Spiked Sample Result [F]	Spiked Dup. %R [G]	RPD %	Control Limits %R	Control Limits %RPD	Flag
C6-C12 Gasoline Range Hydrocarbons	ND	1030	954	93	1030	974	95	2	70-135	35	
C12-C28 Diesel Range Hydrocarbons	ND	1030	1020	99	1030	1040	101	2	70-135	35	

Matrix Spike Percent Recovery  $[D] = 100 \times (C-A)/B$   
Relative Percent Difference  $RPD = 200 \times |(C-F)/(C+F)|$

Matrix Spike Duplicate Percent Recovery  $[G] = 100 \times (F-A)/E$

ND = Not Detected, J = Present Below Reporting Limit, B = Present in Blank, NR = Not Requested, I = Interference, NA = Not Applicable  
N = See Narrative, EQL = Estimated Quantitation Limit



## Sample Duplicate Recovery



Project Name: Oxy USA

Work Order #: 322200

Lab Batch #: 746220

Date Analyzed: 01/12/2009

QC- Sample ID: 322199-001 D

Reporting Units: mg/kg

Project ID:

Analyst: LATCOR

Date Prepared: 01/12/2009

Batch #: 1

Matrix: Soil

SAMPLE / SAMPLE DUPLICATE RECOVERY					
Anions by EPA 300	Parent Sample Result [A]	Sample Duplicate Result [B]	RPD	Control Limits %RPD	Flag
Analyte					
Chloride	341	343	1	20	

Lab Batch #: 746179

Date Analyzed: 01/12/2009

QC- Sample ID: 322201-001 D

Reporting Units: %

Date Prepared: 01/12/2009

Batch #: 1

Analyst: WRU

Matrix: Soil

SAMPLE / SAMPLE DUPLICATE RECOVERY					
Percent Moisture	Parent Sample Result [A]	Sample Duplicate Result [B]	RPD	Control Limits %RPD	Flag
Analyte					
Percent Moisture	3.45	3.35	3	20	

Spike Relative Difference RPD  $200 * |(B-A)/(B+A)|$

All Results are based on MDL and validated for QC purposes.

# Environmental Lab of Texas

A Xenco Laboratories Company

## CHAIN OF CUSTODY RECORD AND ANALYSIS REQUEST

12600 West I-20 East  
Odessa, Texas 79768

Phone: 432-563-1800  
Fax: 432-563-1713

Project Manager: Logan Anderson

Company Name: Elke Environmental

Company Address: P.O. Box 14167

City/State/Zip: Odessa, TX 79768

Telephone No: 432-366-0043

Sampler Signature: [Signature]

Fax No: 432-366-0884

e-mail: la\_elkeenv@yahoo.com

Project Name: Oxy USA

Project #:

Project Loc: Covington A Fed #9

PO #:

Report Format: ☒ Standard ☐ TRRP ☐ NPDES

(lab use only)

ORDER #: 522200

LAB # (lab use only)	FIELD CODE	Beginning Depth	Ending Depth	Date Sampled	Time Sampled	Field Filtered	Total # of Containers	Preservation & # of Containers										Analytes For										RUSH TAT Pre-Schedule: 24, 48, 72 hrs	Standard TAT
								As	HACs	HACs	HACs	HACs	HACs	HACs	HACs	HACs	HACs	Mercury	TCAP	TOTAL	As	As	As	As	As	As	As	As	
01	SB-1 E 15'	15'	1-8-09	10:11A	1	X												S	X										X
02	SB-2 E 10'	10'	1-8-09	10:58A	1	X												S	X										X
03	SB-3 E 10'	10'	1-8-09	11:47A	1	X												S	X										X

Special Instructions:

Reframed by: <u>[Signature]</u>	Date: <u>1-9-09</u>	Time: <u>2:05P</u>	Received by: <u>[Signature]</u>	Date: <u>1-9-09</u>	Time: <u>2:05P</u>	Laboratory Comments: Sample Containers Intact? <input checked="" type="checkbox"/> VOCs Free of Headspace? <input checked="" type="checkbox"/> Labels on container(s) <input checked="" type="checkbox"/> Custody seals on container(s) <input checked="" type="checkbox"/> Custody seals on cooler(s) <input checked="" type="checkbox"/> Sample Hand Delivered by Sampler/Client Rep? <input checked="" type="checkbox"/> by Courier? <input checked="" type="checkbox"/> UPS <input checked="" type="checkbox"/> DHL <input checked="" type="checkbox"/> FedEx <input checked="" type="checkbox"/> Lone Star
Reframed by: <u>[Signature]</u>	Date: <u>1-9-09</u>	Time: <u>5:02P</u>	Received by: <u>[Signature]</u>	Date: <u>1-9-09</u>	Time: <u>5:02P</u>	
Reframed by: <u>[Signature]</u>	Date: <u>1-9-09</u>	Time: <u>5:02P</u>	Received by: <u>[Signature]</u>	Date: <u>1-9-09</u>	Time: <u>5:02P</u>	

**Environmental Lab of Texas**  
Variance/ Corrective Action Report- Sample Log-In

Client ELKE ENO  
Date/ Time 1909 1702  
Lab ID # 503300  
Initials AL

**Sample Receipt Checklist**

			Client Initials	
1	Temperature of container/ cooler?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	50.5	* C
2	Shipping container in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
3	Custody Seals intact on shipping container/ cooler?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Not Present	
4	Custody Seals intact on sample bottles/ container?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Not Present	
5	Chain of Custody present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
6	Sample instructions complete of Chain of Custody?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
7	Chain of Custody signed when relinquished/ received?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8	Chain of Custody agrees with sample label(s)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ID written on Cont / Lid	
9	Container label(s) legible and intact?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Not Applicable	
10	Sample matrix/ properties agree with Chain of Custody?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
11	Containers supplied by ELOT?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
12	Samples in proper container/ bottle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	See Below	
13	Samples properly preserved?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	See Below	
14	Sample bottles intact?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
15	Preservations documented on Chain of Custody?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
16	Containers documented on Chain of Custody?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
17	Sufficient sample amount for indicated test(s)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	See Below	
18	All samples received within sufficient hold time?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	See Below	
19	Subcontract of sample(s)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Not Applicable	
20	VOC samples have zero headspace?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Not Applicable	

**Variance Documentation**

Contact \_\_\_\_\_ Contacted by: \_\_\_\_\_ Date/ Time \_\_\_\_\_

Regarding \_\_\_\_\_

Corrective Action Taken \_\_\_\_\_

- Check all that Apply
- ☐ See attached e-mail/ fax
  - ☐ Client understands and would like to proceed with analysis
  - ☐ Cooling process had begun shortly after sampling event

# LEA LAND DISPOSAL SITE NEW MEXICO

MILE MARKER #64 US HWY 62/180 • 30 MILES EAST OF CARLSBAD, NM • PHONE (505) 887-4048

## LEA LAND, LLC

1300 WEST MAIN STREET • OKLAHOMA CITY, OK 73106 • PHONE (405) 236-4257

*m. Frago*

NON-HAZARDOUS WASTE MANIFEST

NO

067790

1. PAGE OF

2. TRAILER NO.

G E N E R A T O R	3. COMPANY NAME OKY USA PHONE NO.	4. ADDRESS 102 S. Main Street CITY STATE ZIP Carlsbad NM 88220	5. PICK-UP DATE 3/27/2008	6. TNRCC I.D. NO.	
	7. NAME OR DESCRIPTION OF WASTE SHIPPED:		8. CONTAINERS No. Type	9. TOTAL QUANTITY	10. UNIT Wt/Vol.
	a. Non-Regulated, Non-Hazardous Waste		1	CM	
	b.				
T R A N S P O R T E R S	c.				
	d. <i>Wt 41840</i>				
	12. COMMENTS OR SPECIAL INSTRUCTIONS: COVINGTON & FEDERAL #0 BATTERY			13. WASTE PROFILE NO. 708504	
	14. IN CASE OF EMERGENCY OR SPILL, CONTACT NAME PHONE NO 24-HOUR EMERGENCY NO. Kin Slaughter 575-887-4048				
D I S P O S I T O R	15. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, including applicable state regulations, and are the same materials previously approved by LEA LAND, LLC				
	PRINTED/TYPED NAME		SIGNATURE		DATE
	16. TRANSPORTER (1) NAME: ELKE ENVIRONMENTAL, INC. TEXAS I.D. NO. IN CASE OF EMERGENCY CONTACT: KELTON BEARD EMERGENCY PHONE:		17. TRANSPORTER (2) NAME: TEXAS I.D. NO. IN CASE OF EMERGENCY CONTACT: EMERGENCY PHONE:		
	18. TRANSPORTER (1): Acknowledgment of receipt of material PRINTED/TYPED NAME <i>Rafael Lopez</i> SIGNATURE <i>Rafael Lopez</i> DATE 3/27/2008		19. TRANSPORTER (2): Acknowledgment of receipt of material PRINTED/TYPED NAME SIGNATURE DATE		
D I S P O S I T O R	Lea Land, LLC		ADDRESS: Mile Marker 64, U.S. Hwy 62/180, 30 Miles East of Carlsbad, NM		PHONE: 505-887-4048
	PERMIT NO. WM-01-035 - New Mexico		20. COMMENTS		
	21. DISPOSAL FACILITY'S CERTIFICATION: I hereby certify that the above described wastes were delivered to this facility, that the facility is authorized and permitted to receive such wastes				
	AUTHORIZED SIGNATURE <i>[Signature]</i>		CELL NO.	DATE 3/27/2008	TIME 2:30

GENERATOR: COPIES 1 & 6

DISPOSAL SITE: COPIES 2 & 3

TRANSPORTERS: COPIES 4 & 5

# LEA LAND DISPOSAL SITE NEW MEXICO

MILE MARKER #64 US HWY 62/180 • 30 MILES EAST OF CARLSBAD, NM • PHONE (505) 887-4048

## LEA LAND, LLC

1300 WEST MAIN STREET • OKLAHOMA CITY, OK 73106 • PHONE (405) 236-4257

Baltazar  
Francisco

<b>NON-HAZARDOUS WASTE MANIFEST</b>		NO <b>067793</b>		1. PAGE <u>  </u> OF <u>  </u>		2. TRAILER NO. <u>  </u>	
G E N E R A T O R	3. COMPANY NAME <b>OXY USA</b> PHONE NO. <u>          </u>		4. ADDRESS <b>102 S. Main Street</b> CITY <u>          </u> STATE <u>          </u> ZIP <u>          </u> <b>Carlsbad NM 88520</b>			5. PICK-UP DATE <b>3/30/2006</b>	
						6. TNRC ID. NO. <u>          </u>	
	7. NAME OR DESCRIPTION OF WASTE SHIPPED:			8. CONTAINERS No. Type	9. TOTAL QUANTITY	10. UNIT Wt/Vol	11. TEXAS WASTE ID #
	a. <b>Non-Regulated, Non-Hazardous Waste</b>			<b>1</b> <b>CM</b>			
	b. <u>          </u>						
A T T R I B U T E R S	12. COMMENTS OR SPECIAL INSTRUCTIONS: <b>COMINGTON A FEDERAL NO BATTERY</b>			13. WASTE PROFILE NO. <b>708504</b>			
	14. <b>IN CASE OF EMERGENCY OR SPILL, CONTACT</b>						
T R A N S P O R T E R S	NAME <b>Win Slaughter</b>		PHONE NO. <b>575-357-4045</b>		24-HOUR EMERGENCY NO. <u>          </u>		
	15. <b>GENERATOR'S CERTIFICATION:</b> I Herby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, including applicable state regulations, and are the same materials previously approved by LEA LAND, LLC						
	PRINTED/TYPED NAME		SIGNATURE		DATE		
D I S P O S I T A L Y	16. <b>TRANSPORTER (1)</b>		17. <b>TRANSPORTER (2)</b>				
	NAME: <b>ELKE ENVIRONMENTAL, INC</b>		NAME: <u>          </u>				
	TEXAS I.D. NO. <u>          </u>		TEXAS I.D. NO. <u>          </u>				
	IN CASE OF EMERGENCY CONTACT: <b>KELTON BEARD</b>		IN CASE OF EMERGENCY CONTACT: <u>          </u>				
D I S P O S I T A L Y	18. <b>TRANSPORTER (1):</b> Acknowledgment of receipt of material		19. <b>TRANSPORTER (2):</b> Acknowledgment of receipt of material				
	PRINTED/TYPED NAME <b>Baltazar Francisco</b>		PRINTED/TYPED NAME <u>          </u>				
	SIGNATURE <b>Baltazar Francisco</b> DATE <b>3/30/2006</b>		SIGNATURE <u>          </u> DATE <u>          </u>				
D I S P O S I T A L Y	Lea Land, LLC		ADDRESS: <b>Mile Marker 64, U.S. Hwy 62/180, 30 Miles East of Carlsbad, NM</b>		PHONE: <b>505-887-4048</b>		
	PERMIT NO. <b>WM-01-035 - New Mexico</b>		20. COMMENTS <u>          </u>				
	21. <b>DISPOSAL FACILITY'S CERTIFICATION:</b> I Herby certify that the above described wastes were delivered to this facility, that the facility is authorized and permitted to receive such wastes.						
	AUTHORIZED SIGNATURE <b>[Signature]</b>		CELL NO. <u>          </u>	DATE <b>3/30/2006</b>	TIME <b>9:15</b>		

GENERATOR: COPIES 1 & 6

DISPOSAL SITE: COPIES 2 & 3

TRANSPORTERS: COPIES 4 & 5

COPY 4

# LEA LAND DISPOSAL SITE NEW MEXICO

MILE MARKER #64 US HWY 62/180 • 30 MILES EAST OF CARLSBAD, NM • PHONE (505) 887-4048

## LEA LAND, LLC

1300 WEST MAIN STREET • OKLAHOMA CITY, OK 73106 • PHONE (405) 236-4257

*Baltazar Farm*

NON-HAZARDOUS WASTE MANIFEST NO. **067814** 1. PAGE    OF    2. TRAILER NO.   

G E N E R A T O R	3. COMPANY NAME <b>OXY USA</b>	4. ADDRESS <b>102 S. Main Street</b>	5. PICK-UP DATE <b>3/31/2008</b>
	PHONE NO.	CITY <b>Carlsbad</b> STATE <b>NM</b> ZIP <b>88270</b>	6. TNRCC I.D. NO.

N E R A T O R	7. NAME OR DESCRIPTION OF WASTE SHIPPED:	8. CONTAINERS No. Type	9. TOTAL QUANTITY	10. UNIT Wt/Vol.	11. TEXAS WASTE ID #
	a. <b>Non-Regulated, Non-Hazardous Waste</b>	<b>1</b> <b>CM</b>			
	b.				
	c.				

R A T O R	12. COMMENTS OR SPECIAL INSTRUCTIONS: <b>CONVICT ON A FEDERAL #6 BATTERY</b>	13. WASTE PROFILE NO. <b>708531</b>
-----------------------	---	--

T R A N S P O R T E R S	14. <b>IN CASE OF EMERGENCY OR SPILL, CONTACT</b>		
	NAME <b>Mr. Slaughter</b>	PHONE NO. <b>270-587-1025</b>	24-HOUR EMERGENCY NO.

15. **GENERATOR'S CERTIFICATION:** I Herby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, including applicable state regulations, and are the same materials previously approved by LEA LAND, LLC

PRINTED/TYPED NAME	SIGNATURE	DATE
--------------------	-----------	------

T R A N S P O R T E R S	16. <b>TRANSPORTER (1)</b>	17. <b>TRANSPORTER (2)</b>
	NAME: <b>ELKE ENVIRONMENTAL, INC.</b>	NAME:
	TEXAS I.D. NO.	TEXAS I.D. NO.
	IN CASE OF EMERGENCY CONTACT: <b>KELTON BEARD</b>	IN CASE OF EMERGENCY CONTACT:

T R A N S P O R T E R S	18. <b>TRANSPORTER (1):</b> Acknowledgment of receipt of material	19. <b>TRANSPORTER (2):</b> Acknowledgment of receipt of material
	PRINTED/TYPED NAME <b>Baltazar Franco</b> SIGNATURE <i>Baltazar Franco</i> DATE <b>3/31/2008</b>	PRINTED/TYPED NAME _____ SIGNATURE _____ DATE _____

D I S P O S I T O R	Lea Land, LLC	ADDRESS: <b>Mile Marker 64, U.S. Hwy 62/180, 30 Miles East of Carlsbad, NM</b>	PHONE: <b>505-887-4048</b>
--	---------------	--	----------------------------

PERMIT NO. <b>WM-01-035 - New Mexico</b>	20. COMMENTS
---	--------------

21. **DISPOSAL FACILITY'S CERTIFICATION:** I Herby certify that the above described wastes were delivered to this facility, that the facility is authorized and permitted to receive such wastes.

AUTHORIZED SIGNATURE <i>William Lopez</i>	CELL NO.	DATE <b>3/31/2008</b>	TIME <b>9:30</b>
--	----------	--------------------------	---------------------

# LEA LAND DISPOSAL SITE NEW MEXICO

MILE MARKER #64 US HWY 62/180 • 30 MILES EAST OF CARLSBAD, NM • PHONE (505) 887-4048

## LEA LAND, LLC

1300 WEST MAIN STREET • OKLAHOMA CITY, OK 73106 • PHONE (405) 236-4257

*Diamond*

### NON-HAZARDOUS WASTE MANIFEST

NO **067816**

1. PAGE    OF   

2. TRAILER NO. **01**

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3. COMPANY NAME

OXY USA

PHONE NO.

4. ADDRESS

102 S. Main Street

CITY

STATE

ZIP

Carlsbad

NM

88220

5. PICK-UP DATE

3/31/2008

6. TNRCC I.D. NO.

7. NAME OR DESCRIPTION OF WASTE SHIPPED:

a. Non-Regulated, Non-Hazardous Waste

b.

c.

d. **① 38,580 ② 36,680**

8. CONTAINERS

No.

Type

1

CM

9. TOTAL QUANTITY

10. UNIT Wt/Vol.

11. TEXAS WASTE ID #

12. COMMENTS OR SPECIAL INSTRUCTIONS:

COVINGTON A FEDERAL #8 BATTERY

13. WASTE PROFILE NO.

708584

14.

IN CASE OF EMERGENCY OR SPILL, CONTACT

NAME

Kim Slaughter

PHONE NO

576-587-4048

24-HOUR EMERGENCY NO.

15. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, including applicable state regulations, and are the same materials previously approved by LEA LAND, LLC

PRINTED/TYPED NAME

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16.

TRANSPORTER (1)

NAME:

ELKE ENVIRONMENTAL, INC.

TEXAS I.D. NO.

IN CASE OF EMERGENCY CONTACT:

KELTON BEARD

EMERGENCY PHONE:

18. TRANSPORTER (1): Acknowledgment of receipt of material

PRINTED/TYPED NAME

*Tore Raman*

SIGNATURE

*Tore Raman*

DATE

3/31/2008

17.

TRANSPORTER (2)

NAME:

TEXAS I.D. NO.

IN CASE OF EMERGENCY CONTACT:

EMERGENCY PHONE:

19. TRANSPORTER (2): Acknowledgment of receipt of material

PRINTED/TYPED NAME

SIGNATURE

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Lea Land, LLC

ADDRESS:

Mile Marker 64, U.S. Hwy 62/180,  
30 Miles East of Carlsbad, NM

PHONE:

505-887-4048

PERMIT NO.

WM-01-035 - New Mexico

20. COMMENTS

21. DISPOSAL FACILITY'S CERTIFICATION: I hereby certify that the above described wastes were delivered to this facility, that the facility is authorized and permitted to receive such wastes.

AUTHORIZED SIGNATURE

*[Signature]*

CELL NO.

*[Blank]*

DATE

3/31/2008

TIME

9:35

GENERATOR: COPIES 1 & 6

DISPOSAL SITE: COPIES 2 & 3

TRANSPORTERS: COPIES 4 & 5

COPY 4

# LEA LAND DISPOSAL SITE NEW MEXICO

MILE MARKER #64 US HWY 62/180 • 30 MILES EAST OF CARLSBAD, NM • PHONE (505) 887-4048

## LEA LAND, LLC

1300 WEST MAIN STREET • OKLAHOMA CITY, OK 73106 • PHONE (405) 236-4257

*Diamond*

### NON-HAZARDOUS WASTE MANIFEST

NO

**067795**

1. PAGE    OF   

2. TRAILER NO. 01

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#### 3. COMPANY NAME

OXY USA  
PHONE NO.

#### 4. ADDRESS

102 E. Main Street

CITY

STATE

ZIP

Carlsbad

NM

88720

#### 5. PICK-UP DATE

3/30/2008

#### 6. TNRCC I.D. NO.

#### 7. NAME OR DESCRIPTION OF WASTE SHIPPED:

a. Non-Regulated, Non-Hazardous Waste

b.

*331,860*

*29,000 @ 32,820*

#### 12. COMMENTS OR SPECIAL INSTRUCTIONS:

COVINGTON A FEDERAL #8 BATTERY

#### 13. WASTE PROFILE NO.

700584

#### 14. IN CASE OF EMERGENCY OR SPILL, CONTACT

##### NAME

Ken Slaughter

##### PHONE NO

575-887-4048

##### 24-HOUR EMERGENCY NO.

15. **GENERATOR'S CERTIFICATION:** I Herby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, including applicable state regulations, and are the same materials previously approved by LEA LAND, LLC

#### PRINTED/TYPED NAME

#### SIGNATURE

#### DATE

#### 16. TRANSPORTER (1)

##### NAME:

ELKE ENVIRONMENTAL, INC.

##### TEXAS I.D. NO.

##### IN CASE OF EMERGENCY CONTACT:

KELTON BEARD

##### EMERGENCY PHONE:

#### 17. TRANSPORTER (2)

##### NAME:

##### TEXAS I.D. NO.

##### IN CASE OF EMERGENCY CONTACT:

##### EMERGENCY PHONE:

#### 18. TRANSPORTER (1): Acknowledgment of receipt of material

##### PRINTED/TYPED NAME

*Ken Slaughter*

##### SIGNATURE

*Ken Slaughter*

##### DATE

3/30/2008

#### 19. TRANSPORTER (2): Acknowledgment of receipt of material

##### PRINTED/TYPED NAME

##### SIGNATURE

##### DATE

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Lea Land, LLC

#### ADDRESS:

Mile Marker 64, U.S. Hwy 62/180,  
30 Miles East of Carlsbad, NM

#### PHONE:

505-887-4048

#### PERMIT NO.

WM-01-035 - New Mexico

#### 20. COMMENTS

21. **DISPOSAL FACILITY'S CERTIFICATION:** I Herby certify that the above described wastes were delivered to this facility, that the facility is authorized and permitted to receive such wastes.

#### AUTHORIZED SIGNATURE

*Ken Slaughter*

#### CELL NO.

#### DATE

3/30/2008

#### TIME

9:40

GENERATOR: COPIES 1 & 6

DISPOSAL SITE: COPIES 2 & 3

TRANSPORTERS: COPIES 4 & 5

COPY 1

# LEA LAND DISPOSAL SITE NEW MEXICO

MILE MARKER #64 US HWY 62/180 • 30 MILES EAST OF CARLSBAD, NM • PHONE (505) 887-4048

## LEA LAND, LLC

1300 WEST MAIN STREET • OKLAHOMA CITY, OK 73106 • PHONE (405) 236-4257

516  
91807

### NON-HAZARDOUS WASTE MANIFEST

NO **067791**

1. PAGE    OF   

2. TRAILER NO.   

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#### 3. COMPANY NAME

OXY USA  
PHONE NO.

#### 4. ADDRESS

102 S. Main Street  
CITY STATE ZIP  
Carlsbad NM 88520

#### 5. PICK-UP DATE

3/27/2009

#### 6. TNRCC I.D. NO.

#### 7. NAME OR DESCRIPTION OF WASTE SHIPPED:

a. Non-Regulated, Non-Hazardous Waste

b.

c.

d.

#### 12. COMMENTS OR SPECIAL INSTRUCTIONS:

DO NOT ON A FEDERAL BATTERY

#### 13. WASTE PROFILE NO.

700664

#### 14. IN CASE OF EMERGENCY OR SPILL, CONTACT

##### NAME

Ken Slaughter

##### PHONE NO

575-887-1048

##### 24-HOUR EMERGENCY NO.

15. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, including applicable state regulations, and are the same materials previously approved by LEA LAND, LLC

##### PRINTED/TYPED NAME

##### SIGNATURE

##### DATE

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#### 16. TRANSPORTER (1)

##### NAME:

ELKE ENVIRONMENTAL INC.

##### TEXAS I.D. NO.

##### IN CASE OF EMERGENCY CONTACT:

KELTON BEARD

##### EMERGENCY PHONE:

#### 17. TRANSPORTER (2)

##### NAME:

##### TEXAS I.D. NO.

##### IN CASE OF EMERGENCY CONTACT:

##### EMERGENCY PHONE:

#### 18. TRANSPORTER (1): Acknowledgment of receipt of material

##### PRINTED/TYPED NAME

Sergio Holguin

##### SIGNATURE

##### DATE

3/27/2009

#### 19. TRANSPORTER (2): Acknowledgment of receipt of material

##### PRINTED/TYPED NAME

##### SIGNATURE

##### DATE

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Lea Land, LLC

##### ADDRESS:

Mile Marker 64, U.S. Hwy 62/180,  
30 Miles East of Carlsbad, NM

##### PHONE:

505-887-4048

##### PERMIT NO.

WM-01-035 - New Mexico

##### 20. COMMENTS

21. **DISPOSAL FACILITY'S CERTIFICATION:** I hereby certify that the above described wastes were delivered to this facility, that the facility is authorized and permitted to receive such wastes.

##### AUTHORIZED SIGNATURE

[Signature]

##### CELL NO.

[Blank]

##### DATE

3/27/2009

##### TIME

2:40

GENERATOR: COPIES 1 & 6

DISPOSAL SITE: COPIES 2 & 3

TRANSPORTERS: COPIES 4 & 5

COPY 4

# LEA LAND DISPOSAL SITE NEW MEXICO

MILE MARKER #64 US HWY 62/180 • 30-MILES EAST OF CARLSBAD, NM • PHONE (505) 887-4048

## LEA LAND, LLC

1300 WEST MAIN STREET • OKLAHOMA CITY, OK 73106 • PHONE (405) 236-4257

571

NON-HAZARDOUS WASTE MANIFEST

NO 067813

1. PAGE \_\_\_ OF \_\_\_

2. TRAILER NO. 9407

G E N E R A T O R	3. COMPANY NAME OXY USA PHONE NO.	4. ADDRESS 102 S. Main Street CITY STATE ZIP Carlsbad NM 88220	5. PICK-UP DATE 3/31/2009	6. TNRCC I.D. NO.	
	7. NAME OR DESCRIPTION OF WASTE SHIPPED:		8. CONTAINERS No. Type	9. TOTAL QUANTITY	10. UNIT Wt/Vol.
	a. Non-Regulated, Non-Hazardous Waste		1	CM	
	b.				
	c.				
d. ① 37,860 ② 38,240					
A T R A N S P O R T E R S	12. COMMENTS OR SPECIAL INSTRUCTIONS: COVINGTON A FEDERAL #8 BATTERY		13. WASTE PROFILE NO. 708594		
	14. IN CASE OF EMERGENCY OR SPILL, CONTACT NAME PHONE NO. 24-HOUR EMERGENCY NO. Win Slaughter 575-587-4048				
D I S P O S I T A L Y	15. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, including applicable state regulations, and are the same materials previously approved by LEA LAND, LLC				
	PRINTED/TYPED NAME		SIGNATURE		DATE
	16. TRANSPORTER (1) NAME: ELKE ENVIRONMENTAL, INC. TEXAS I.D. NO. IN CASE OF EMERGENCY CONTACT: KELTON BEARD EMERGENCY PHONE:		17. TRANSPORTER (2) NAME: TEXAS I.D. NO. IN CASE OF EMERGENCY CONTACT: EMERGENCY PHONE:		
	18. TRANSPORTER (1): Acknowledgment of receipt of material PRINTED/TYPED NAME Bobby Aguiar Jr. SIGNATURE Bobby Aguiar Jr. DATE 3/31/2009		19. TRANSPORTER (2): Acknowledgment of receipt of material PRINTED/TYPED NAME SIGNATURE DATE		
	Lea Land, LLC		ADDRESS: Mile Marker 64, U.S. Hwy 62/180, 30 Miles East of Carlsbad, NM		PHONE: 505-887-4048
PERMIT NO. WM-01-035 - New Mexico		20. COMMENTS			
21. DISPOSAL FACILITY'S CERTIFICATION: I hereby certify that the above described wastes were delivered to this facility, that the facility is authorized and permitted to receive such wastes.					
AUTHORIZED SIGNATURE [Signature]		CELL NO.	DATE 3/31/2009	TIME 9:00	

GENERATOR: COPIES 1 & 6

DISPOSAL SITE: COPIES 2 & 3

TRANSPORTERS: COPIES 4 & 5

COPY 4

# LEA LAND DISPOSAL SITE NEW MEXICO

MILE MARKER #64 US HWY 62/180 • 30 MILES EAST OF CARLSBAD, NM • PHONE (505) 887-4048

## LEA LAND, LLC

1300 WEST MAIN STREET • OKLAHOMA CITY, OK 73106 • PHONE (405) 236-4257

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### NON-HAZARDOUS WASTE MANIFEST

NO 067796

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#### 3. COMPANY NAME

OAY USA

PHONE NO.

#### 4. ADDRESS

102 S. Main Street

CITY

STATE

ZIP

Carlsbad

NM

88220

#### 5. PICK-UP DATE

3/30/2009

#### 6. TNRCC I.D. NO.

#### 7. NAME OR DESCRIPTION OF WASTE SHIPPED:

a. Non-Regulated, Non-Hazardous Waste

b.

c. ③ 33,600

d. ① 31,720 ② 31,180

#### 8. CONTAINERS

No.

Type

#### 9. TOTAL QUANTITY

#### 10. UNIT Wt/Vol.

#### 11. TEXAS WASTE ID #

#### 12. COMMENTS OR SPECIAL INSTRUCTIONS:

COVINGTON A FEDERAL #9 BATTERY

#### 13. WASTE PROFILE NO.

708694

#### 14. IN CASE OF EMERGENCY OR SPILL, CONTACT

#### NAME

Kim Slaughter

#### PHONE NO

575-887-4048

#### 24-HOUR EMERGENCY NO.

15. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, including applicable state regulations, and are the same materials previously approved by LEA LAND, LLC

#### PRINTED/TYPED NAME

#### SIGNATURE

#### DATE

#### 16. TRANSPORTER (1)

#### NAME:

ELKE ENVIRONMENTAL, INC.

#### TEXAS I.D. NO.

#### IN CASE OF EMERGENCY CONTACT:

KELTON BEARD

#### EMERGENCY PHONE:

#### 17. TRANSPORTER (2)

#### NAME:

#### TEXAS I.D. NO.

#### IN CASE OF EMERGENCY CONTACT:

#### EMERGENCY PHONE:

#### 18. TRANSPORTER (1): Acknowledgment of receipt of material

#### PRINTED/TYPED NAME

Bobby Beard

#### SIGNATURE

Bobby Beard

#### DATE

3/30/2009

#### 19. TRANSPORTER (2): Acknowledgment of receipt of material

#### PRINTED/TYPED NAME

#### SIGNATURE

#### DATE

Lea Land, LLC

#### ADDRESS:

Mile Marker 64, U.S. Hwy 62/180,  
30 Miles East of Carlsbad, NM

#### PHONE:

505-887-4048

#### PERMIT NO.

WM-01-035 - New Mexico

#### 20. COMMENTS

21. DISPOSAL FACILITY'S CERTIFICATION: I hereby certify that the above described wastes were delivered to this facility, that the facility is authorized and permitted to receive such wastes.

#### AUTHORIZED SIGNATURE

[Signature]

#### CELL NO.

[Signature]

#### DATE

3/30/2009

#### TIME

9:45

# LEA LAND DISPOSAL SITE NEW MEXICO

MILE MARKER #64 US HWY 62/180 • 30 MILES EAST OF CARLSBAD, NM • PHONE (505) 887-4048

## LEA LAND, LLC

1300 WEST MAIN STREET • OKLAHOMA CITY, OK 73106 • PHONE (405) 236-4257

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### NON-HAZARDOUS WASTE MANIFEST

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3. COMPANY NAME

OKY USA  
PHONE NO.

4. ADDRESS

102 S Main Street  
CITY STATE ZIP

5. PICK-UP DATE

3/27/2006

6. TNRCC I.D. NO.

7. NAME OR DESCRIPTION OF WASTE SHIPPED:

a. Non-Regulated Non-Hazardous Waste

b.

c.

d. ① 34,1080 ② 33,420

8. CONTAINERS  
No. Type

9. TOTAL  
QUANTITY

10. UNIT  
Wt/Vol.

11. TEXAS  
WASTE ID #

12. COMMENTS OR SPECIAL INSTRUCTIONS:

COVINGTON • FEDERAL #8 BATTERY

13. WASTE PROFILE NO.

70354

#### 14. IN CASE OF EMERGENCY OR SPILL, CONTACT

NAME

PHONE NO.

24-HOUR EMERGENCY NO.

Kim Slaughter

576-887-4048

15. GENERATOR'S CERTIFICATION: I Herby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, including applicable state regulations, and are the same materials previously approved by LEA LAND, LLC

PRINTED/TYPED NAME

SIGNATURE

DATE

#### 16. TRANSPORTER (1)

NAME: ELKE ENVIRONMENTAL, INC.

TEXAS I.D. NO.

IN CASE OF EMERGENCY CONTACT: Kelton Beard

EMERGENCY PHONE:

#### 17. TRANSPORTER (2)

NAME:

TEXAS I.D. NO.

IN CASE OF EMERGENCY CONTACT:

EMERGENCY PHONE:

18. TRANSPORTER (1): Acknowledgment of receipt of material

PRINTED/TYPED NAME

SIGNATURE

DATE

19. TRANSPORTER (2): Acknowledgment of receipt of material

PRINTED/TYPED NAME

SIGNATURE

DATE

Lea Land, LLC

ADDRESS:

Mile Marker 64, U.S. Hwy 62/180,  
30 Miles East of Carlsbad, NM

PHONE:

505-887-4048

PERMIT NO.

WM-01-035 - New Mexico

20. COMMENTS

21. DISPOSAL FACILITY'S CERTIFICATION: I Herby certify that the above described wastes were delivered to this facility, that the facility is authorized and permitted to receive such wastes.

AUTHORIZED SIGNATURE

CELL NO.

DATE

TIME

3/27/2006 12:30

GENERATOR: COPIES 1 & 6

DISPOSAL SITE: COPIES 2 & 3

TRANSPORTERS: COPIES 4 & 5

ENDV 4

# LEA LAND DISPOSAL SITE NEW MEXICO

MILE MARKER #64 US HWY 62/180 • 30 MILES EAST OF CARLSBAD, NM • PHONE (505) 887-4048

## LEA LAND, LLC

1300 WEST MAIN STREET • OKLAHOMA CITY, OK 73106 • PHONE (405) 236-4257

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0512

### NON-HAZARDOUS WASTE MANIFEST

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#### 3. COMPANY NAME

OXY USA

PHONE NO.

#### 4. ADDRESS

102 S. Main Street

CITY

STATE

ZIP

Carlsbad

NM

88220

#### 5. PICK-UP DATE

3/27/2009

#### 6. TNRCC I.D. NO.

#### 7. NAME OR DESCRIPTION OF WASTE SHIPPED:

a. Non-Regulated, Non-Hazardous Waste

b.

c.

d.

#### 12. COMMENTS OR SPECIAL INSTRUCTIONS:

COVINGTON A FEDERAL #8 BATTERY

#### 13. WASTE PROFILE NO.

752504

#### 14.

#### IN CASE OF EMERGENCY OR SPILL, CONTACT

NAME

PHONE NO

24-HOUR EMERGENCY NO.

Kim Slaughter

575-897-4048

15. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, including applicable state regulations, and are the same materials previously approved by LEA LAND, LLC

PRINTED/TYPED NAME

SIGNATURE

DATE

#### 16. TRANSPORTER (1)

NAME:

ELKE ENVIRONMENTAL, INC.

TEXAS I.D. NO.

IN CASE OF EMERGENCY CONTACT:

KELTON BEARD

EMERGENCY PHONE:

#### 17. TRANSPORTER (2)

NAME:

TEXAS I.D. NO.

IN CASE OF EMERGENCY CONTACT:

EMERGENCY PHONE:

#### 18. TRANSPORTER (1): Acknowledgment of receipt of material

PRINTED/TYPED NAME

Christian Molina

SIGNATURE

DATE

3/27/2009

#### 19. TRANSPORTER (2): Acknowledgment of receipt of material

PRINTED/TYPED NAME

SIGNATURE

DATE

PERMIT NO.

WM-01-035 - New Mexico

ADDRESS:

Mile Marker 64, U.S. Hwy 62/180,  
30 Miles East of Carlsbad, NM

PHONE:

505-887-4048

21. DISPOSAL FACILITY'S CERTIFICATION: I hereby certify that the above described wastes were delivered to this facility, that the facility is authorized and permitted to receive such wastes.

AUTHORIZED SIGNATURE

CELL NO.

DATE

TIME

Christian Molina

\_\_\_\_\_

3/27/2009

2:45

GENERATOR: COPIES 1 & 6

DISPOSAL SITE: COPIES 2 & 3

TRANSPORTERS: COPIES 4 & 5

CDV 4

# LEA LAND DISPOSAL SITE NEW MEXICO

MILE MARKER #64 US HWY 62/180 • 30 MILES EAST OF CARLSBAD, NM • PHONE (505) 887-4048

## LEA LAND, LLC

1300 WEST MAIN STREET • OKLAHOMA CITY, OK 73106 • PHONE (405) 236-4257

Chaps  
0512

NON-HAZARDOUS WASTE MANIFEST

NO 067794

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3. COMPANY NAME

OKY USA

PHONE NO.

4. ADDRESS

102 S. Main Street

CITY

STATE

ZIP

Carlsbad

NM

88220

5. PICK-UP DATE

#

3/30/2000

6. TNRCC I.D. NO.

7. NAME OR DESCRIPTION OF WASTE SHIPPED:

8. CONTAINERS

No.

Type

9. TOTAL

QUANTITY

10. UNIT

Wt/Vol.

11. TEXAS

WASTE ID #

a. Non-Regulated, Non-Hazardous Waste

1

CM

b.

c. ③ 30,880

d. ① 34,820 ② 34,460

12. COMMENTS OR SPECIAL INSTRUCTIONS:

COVINGTON A FEDERAL #9 BATTERY

13. WASTE PROFILE NO.

708594

14.

### IN CASE OF EMERGENCY OR SPILL, CONTACT

NAME

PHONE NO.

24-HOUR EMERGENCY NO.

Ken Slaughter

575-857-4048

15. GENERATOR'S CERTIFICATION: I Herby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, including applicable state regulations, and are the same materials previously approved by LEA LAND, LLC

PRINTED/TYPED NAME

SIGNATURE

DATE

16. TRANSPORTER (1)

NAME:

ELFE ENVIRONMENTAL, INC.

TEXAS I.D. NO.

IN CASE OF EMERGENCY CONTACT:

KELTON BEARD

EMERGENCY PHONE:

17. TRANSPORTER (2)

NAME:

TEXAS I.D. NO.

IN CASE OF EMERGENCY CONTACT:

EMERGENCY PHONE:

18. TRANSPORTER (1): Acknowledgment of receipt of material

19. TRANSPORTER (2): Acknowledgment of receipt of material

PRINTED/TYPED NAME

Christian Liden

PRINTED/TYPED NAME

SIGNATURE

DATE

3/30/2000

SIGNATURE

DATE

Lea Land, LLC

ADDRESS:

Mile Marker 64, U.S. Hwy 62/180,  
30 Miles East of Carlsbad, NM

PHONE:

505-887-4048

PERMIT NO.

WM-01-035 - New Mexico

20. COMMENTS

21. DISPOSAL FACILITY'S CERTIFICATION: I Herby certify that the above described wastes were delivered to this facility, that the facility is authorized and permitted to receive such wastes.

AUTHORIZED SIGNATURE

CELL NO.

DATE

TIME

Corina Lopez

—

3/30/2000

GENERATOR: COPIES 1 & 6

DISPOSAL SITE: COPIES 2 & 3

TRANSPORTERS: COPIES 4 & 5

ENDV 1

# LEA LAND DISPOSAL SITE NEW MEXICO

MILE MARKER #64 US HWY 62/180 • 30 MILES EAST OF CARLSBAD, NM • PHONE (505) 887-4048

## LEA LAND, LLC

1300 WEST MAIN STREET • OKLAHOMA CITY, OK 73106 • PHONE (405) 236-4257

C 6005  
0512

### NON-HAZARDOUS WASTE MANIFEST

NO **067815**

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#### 3. COMPANY NAME

OXY USA

PHONE NO.   

#### 4. ADDRESS

102 S. Main Street

CITY

STATE

ZIP

Carlsbad

NM

88220

#### 5. PICK-UP DATE

3/31/2009

#### 6. TNRCC I.D. NO.

E

#### 7. NAME OR DESCRIPTION OF WASTE SHIPPED:

#### 8. CONTAINERS

No.

Type

#### 9. TOTAL QUANTITY

#### 10. UNIT Wt/Vol.

#### 11. TEXAS WASTE ID #

N

a. Non-Regulated, Non-Hazardous Waste

1

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b.

c.

R

d. ① 37960 ② 39020

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#### 12. COMMENTS OR SPECIAL INSTRUCTIONS:

COMINGTON A FEDERAL #6 BATTERY

#### 13. WASTE PROFILE NO.

708504

T

#### 14.

#### IN CASE OF EMERGENCY OR SPILL, CONTACT

#### NAME

Ken Slaughter

#### PHONE NO.

575-297-4048

#### 24-HOUR EMERGENCY NO.

O

**15. GENERATOR'S CERTIFICATION:** I Herby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, including applicable state regulations, and are the same materials previously approved by LEA LAND, LLC

R

#### PRINTED/TYPED NAME

#### SIGNATURE

#### DATE

T

#### 16.

#### TRANSPORTER (1)

#### NAME:

ELKE ENVIRONMENTAL, INC.

#### TEXAS I.D. NO.

#### IN CASE OF EMERGENCY CONTACT:

#### EMERGENCY PHONE:

#### 18. TRANSPORTER (1): Acknowledgment of receipt of material

#### PRINTED/TYPED NAME

Christian Molina

#### SIGNATURE

#### DATE

3/31/2009

#### 17.

#### TRANSPORTER (2)

#### NAME:

#### TEXAS I.D. NO.

#### IN CASE OF EMERGENCY CONTACT:

#### EMERGENCY PHONE:

#### 19. TRANSPORTER (2): Acknowledgment of receipt of material

#### PRINTED/TYPED NAME

#### SIGNATURE

#### DATE

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Lea Land, LLC

#### ADDRESS:

Mile Marker 64, U.S. Hwy 62/180,  
30 Miles East of Carlsbad, NM

#### PHONE:

505-887-4048

#### PERMIT NO.

WM-01-035 - New Mexico

#### 20. COMMENTS

**21. DISPOSAL FACILITY'S CERTIFICATION:** I Herby certify that the above described wastes were delivered to this facility, that the facility is authorized and permitted to receive such wastes.

#### AUTHORIZED SIGNATURE

[Signature]

#### CELL NO.

#### DATE

3/31/2009

#### TIME

9:30

GENERATOR: COPIES 1 & 6

DISPOSAL SITE: COPIES 2 & 3

TRANSPORTERS: COPIES 4 & 5

COPY 4