<u>District I</u> 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

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

Form C-144 March 12, 2004

105 South Fourth Street, Artesia, NM 88210

Pit or Below-Grade Tank Registration or Closure

Is pit or below-grade tank covered Type of action: Registration of a pit or below-grade.	d by a "general plan"? Yes CheckBo?	
	e: _505-748-4376 e-mail address:debblec@v	ypcnm.com _9SR_27E
Pit	Below-grade tank	
Type: Drilling ☑ Production ☐ Disposal ☐	Volume:bbl Type of fluid:	
Workover Emergency	Construction material:	
Lined 🖔 Unlined 🗌	Double-walled, with leak detection? Yes If not, explain why not.	
Liner type: Synthetic Thickness 12 mil Clay Volume bbl		
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)
Wellhead protection area: (Less than 200 feet from a private domestic water source, or less than 1000 feet from all other water sources.)	Yes No	(20 points)
Distance to surface water: (horizontal distance to all wetlands, playas, irrigation canals, ditches, and perennial and ephemeral watercourses.)	Less than 200 feet 200 feet or more, but less than 1000 feet 1000 feet or more	(20 points) (10 points) (0 points)
	Ranking Score (Total Points)	10
If this is a pit closure: (1) attach a diagram of the facility showing the pit's onsite offsite I foffsite, name of facility date. (4) Groundwater encountered: No Yes If yes, show depth belo diagram of sample locations and excavations.	(3) Attach a general description of remedial	action taken including remediation start date and end
I hereby certify that the information above is true and complete to the best of been/will be constructed or closed according to NMOCD guidelines , a Date: 10/18/2004 Printed Name/Title Robert Asher/Regulatory Agent Your certification and NMOCD approval of this application/closure does not otherwise endanger public health or the environment. Nor does it relieve the regulations. Approval: 18/2004 Printed Name/Title	general permit M, or an (attached) alternative Signature relieve the operator of liability should the contents	OCD-approved plan