Hobbs, NM 88240 venue, Artesia, NM 88210 os Road, Aztec, NM 87410

Francis Dr., Santa Fe, NM 87505

Printed Name/Title_

State of New Mexico Energy Minerals and Natural Resources

Oil Conservation Division

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

Form C-144

June 1, 2004

1220 South St. Francis Dr. Santa Fe, NM 87505 Pit or Relow-Grade Tank Registration or Closure

Is pit or below-grade tank covered	d by a "general plan"? Yes ⊠ No ☐ Sul or below-grade tank ⊠ Closure of a pit or below-	bmitted 4/16/04
Operator: MCKAY OIL CORPORATION Teleph	none: 505-623-4795 e-mail address: april@mcka	yoil.com
Address: PO Box 2014 Roswell NM 88202-2014		
Facility or well name: <u>Inexco Federal #6</u> API # 30-005	-63740 U/L or Qtr/Qtr M Sec 19 T	5S R 22E
County: CHAVES Latitude Longitude	NAD: 1927 🗌 1983 🔲 Surfac	ce Owner Federal 🛭 State 🗌 Private 🗍 Indian 🧍
<u>Pit</u>	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 mil Clay		
Pit Volumebbl		
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	(20 points)
	<u>No</u>	(0 points)
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)
	Ranking Score (Total Points)	0
f this is a pit closure: (1) attach a diagram of the facility showing the pit's	s relationship to other equipment and tanks. (2) Inc	dicate disposal location: (check the onsite box if
our are burying in place) onsite 🛛 offsite 🔲 If offsite, name of facility_	. (3) Attach a gener	ral description of remedial action taken including
emediation 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 excavation	ns.	
Additional Comments:		-
	194 (444) 14 (444)	
I hereby certify that the information above is true and complete to the best been/will be constructed or closed according to NMOCD guidelines \(\subseteq \text{Date:} \) \(\frac{10/11/04}{\text{10}} \)		
Printed Name/Title_James L. Schultz, Agent	Signature Gallilla	
Your certification and NMOCD approval of this application/closure does otherwise endanger public health or the environment. Nor does it relieve regulations.	not relieve the operator of liability should the conte	
Approval:	delo	MAR 4 2005