Form 3160-5 (August 2007)

# UNITED STATES RECE

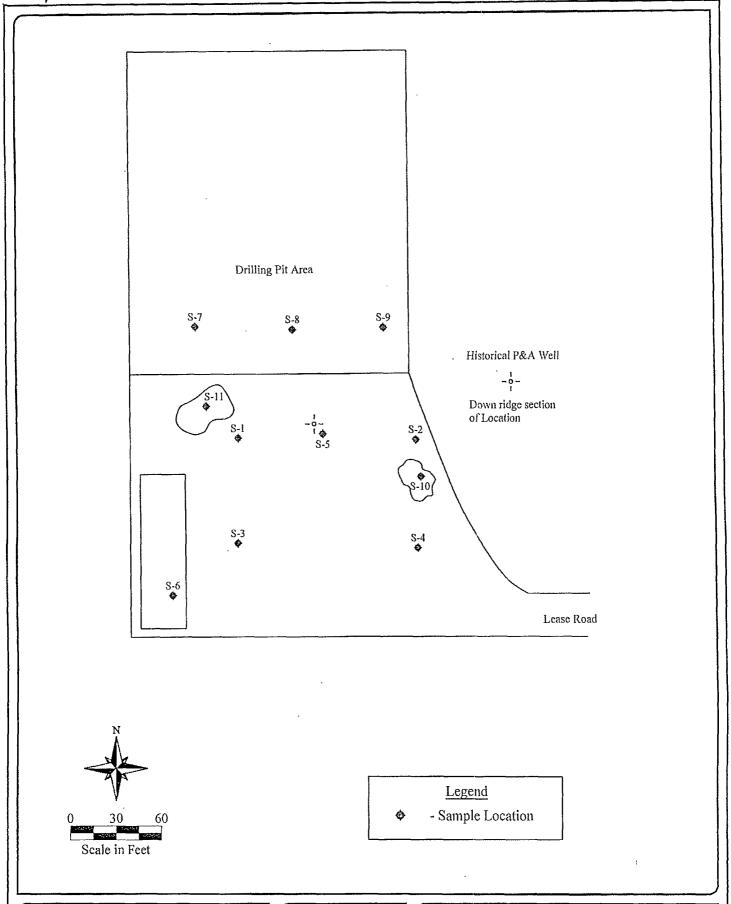
DEPARTMENT OF THE INTERIOR NOV 07 2012

FORM APPROVED OMB No. 1004-0137 Expires: July 31, 2010

5 Lease Serial No. NMNM72123

SUNDRY NOTICES AND REPORTS ON WELLS) ARTES 1/6 If Indian, Allottee or Tribe Name not use this form for proposals to drill-or-to-re-enter an

|  |  |   |   | =======================================  |   |  |  |  |  |  |  |  |
|--|--|---|---|--|---|--|--|--|--|--|--|--|
| SUBMI  | T IN TRIPLICATE – Olher  | 7. If Unit of CA/Agre   | 7. If Unit of CA/Agreement, Name and/or No.   |  |   |  |  |  |  |  |  |  |
|  | Vell ' Other   | 8. Well Name and No<br>Empire A Federal #   | 8. Well Name and No.<br>Empire A Federal #1   |  |   |  |  |  |  |  |  |  |
| 2. Name of Operator<br>CIMAREX ENERGY CO. OF COLO  | DRADO  |   |   | 9. API Well No.<br>30 015-23266  | ,   |  |  |  |  |  |  |  |
| 3a. Address  |  | 3b. Phone No. (inc  | clude area code)  |  | r Exploratory Area  |  |  |  |  |  |  |  |
|  |  | 432-571-7848  |   | W C Atoka  |   |  |  |  |  |  |  |  |
| •  | · · · · · · · · · · · · · · · · · · ·  | ı)  |   | 11. Country or Parish<br>EDDY  | h, State  |  |  |  |  |  |  |  |
| 12. CHE  | CK THE APPROPRIATE BO  | OX(ES) TO INDICA  | TE NATURE OF  | NOTICE, REPORT OR OTH  | HER DATA  |  |  |  |  |  |  |  |
| TYPE OF SUBMISSION   |  | _   | ТҮРЕ (  | OF ACTION  |   |  |  |  |  |  |  |  |
| Notice of Intent  Subsequent Report  | Acidize Alter Casing Casing Repair Change Plans  | New Cor   | nstruction [  | Production (Start/Resume) Reclamation Recomplete Temporarily Abandon   | Water Shut-Off Well Integrity Other   |  |  |  |  |  |  |  |
| Final Abandonment Notice   | Convert to Injection   | Plug Bac  | k [   | Water Disposal   |   |  |  |  |  |  |  |  |
| 1. Cimarex Energy has contracted 2. On 9/17/2012 Talon/LPE mobiliz collected from the surface of the lo The results for the soil samples are 3. The caliche from the location an and S-11 will be excavated to a de excavated soil will be transported to 4. The location will be contoured to | Talon/LPE to complete re<br>ted personnel to the site to<br>cation. The soll samples we<br>attached. A site plan is a<br>d the lease road will be rer<br>pith of 3-feet deep. The Im<br>o an approved disposal fac<br>o match the surrounding te | clamation of the lo<br>carry out soil samere sent to Cardinaliso attached,<br>moved and placed<br>appacted soil from a<br>cility. | ocation at the Em<br>apling activities for<br>al Laboratories for<br>on the drilling pl<br>round the wellhe | npire A Federal No. 1, a P&<br>or the construction of a wor<br>or analysis of total Chloride<br>it. The impacted soil from s<br>and will be excavated to a d | Accepted for re NMOCD  A location.  Rk plan, Grab soil samples were es via Method SM4500CI-B.  sample points labeled S-10 depth of 3-feet deep. The |  |  |  |  |  |  |  |
| V Inter To   | 1  | CDC 25  | 25  | <i></i>  | 1 21 +  |  |  |  |  |  |  |  |
| 14. I hereby certify that the foregoing is   | true and correct. Name (Print  | led/Typed)  | , 7-370   | 1 prive +  | 0 STATI   |  |  |  |  |  |  |  |
| Ronny Snow   |  | ł .   |   |  |   |  |  |  |  |  |  |  |
| Signature from   |  |   |   |  |   |  |  |  |  |  |  |  |
| 1. Type of Well    Other   |  |   |   |  |   |  |  |  |  |  |  |  |
|  |  | ****  | Title   |  | Date  |  |  |  |  |  |  |  |
| that the applicant holds legal or equitable<br>entitle the applicant to conduct operation  | title to those rights in the subj<br>s thereon.  | ect lease which would   | ify<br>d Office   | ,  |   |  |  |  |  |  |  |  |
| Title 18 U.S.C. Section 1001 and Title 4 fictitious or fraudulent statements or rep  | 3 U.S.C. Section 1212, make it resentations as to any matter w   | a crime for any perso<br>within its jurisdiction.   | on knowingly and v  | willfully to make to any departm   | ment or agency of the United States any fal   |  |  |  |  |  |  |  |
| (Instructions on page 2)   | ····   |   |   |  |   |  |  |  |  |  |  |  |





Date: 10/02/2012

Scale: 1" = 60'

Drawn By: TJS

Empire A Federal No. 1 Cimarex Energy Company Artesia, New Mexico Figure 1 - Site Plan



September 24, 2012

MIKE STUBBLEFIELD

TALON LPE

408 W. TEXAS AVE.

ARTESIA, NM 88210

RE: EMPIRE A FEDERAL COM. NO. 1

Enclosed are the results of analyses for samples received by the laboratory on 09/18/12 14:04.

Cardinal Laboratories is accredited through Texas NELAP under certificate number T104704398-11-3. Accreditation applies to drinking water, non-potable water and solid and chemical materials. All accredited analytes are denoted by an asterisk (\*). For a complete list of accredited analytes and matrices visit the TCEQ website at <a href="https://www.tceq.texas.gov/field/qa/lab\_accred\_certif.html">www.tceq.texas.gov/field/qa/lab\_accred\_certif.html</a>.

Cardinal Laboratories is accreditated through the State of Colorado Department of Public Health and Environment for:

Method EPA 552.2

Haloacetic Acids (HAA-5)

Method EPA 524.2

Total Trihalomethanes (TTHM)

Method EPA 524.4

Regulated VOCs (V1, V2, V3)

Accreditation applies to public drinking water matrices.

Celey & Keine

This report meets NELAP requirements and is made up of a cover page, analytical results, and a copy of the original chain-of-custody. If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Celey D. Keene

Lab Director/Quality Manager



## Analytical Results For:

TALON LPÉ MIKE STUBBLEFIELD 408 W. TEXAS AVE. ARTESIA NM, 88210

Fax To:

(575) 745-8905

Analyzed By: HM

Received:

Chloride, SM4500CI-B

09/18/2012

Sampling Date:

09/17/2012

Reported:

09/24/2012

Sampling Type:

Soil

Project Name:

EMPIRE A FEDERAL COM. NO. 1

Sampling Condition:

\*\* (See Notes)

Project Number:

701162.024.01

Project Location:

SEC. 27 - T18S - R29E

mg/kg

Sample Received By:

Jodi Henson

### Sample ID: S - 1 0' (H202264-01)

| Analyte                       | Result    | Reporting Limit | Analyzed   | Method Blank | BS  | % Recovery | True Value QC | RPD  | Qualifier |
|-------------------------------|-----------|-----------------|------------|--------------|-----|------------|---------------|------|-----------|
| Chloride                      | 2600      | 15.0            | 09/22/2012 | ND           | 416 | 104        | 400           | 0.00 |           |
| Sample ID: S - 2 0' (H20      | 2264-02)  |                 |            |              |     |            |               |      |           |
| Chloride, SM4500CI-B  Analyte | mg        | /kg             | Analyze    | d By: HM     |     |            |               |      |           |
| Analyte                       | Result    | Reporting Limit | Analyzed   | Method Blank | BS  | % Recovery | True Value QC | RPD  | Qualifier |
| Chloride                      | 1620      | 16.0            | 09/22/2012 | ND           | 416 | 104        | 400           | 0.00 |           |
| Sample ID: S - 3 0' (H20      | -         |                 |            |              |     |            |               |      |           |
| Chloride, SM4500CI-B          | mg        | /kg             | Analyze    | d By; HM     | _   |            |               |      |           |
| Analyte                       | Result    | Reporting Limit | Analyzed   | Method Blank | BS  | % Recovery | True Value QC | RPD  | Qualifler |
| Chloride                      | 208       | 16.0            | 09/22/2012 | ND           | 416 | 104        | 400           | 0.00 |           |
| Sample ID: S - 4 0' (H20      | 02264-04) |                 |            |              |     |            |               |      |           |
| Chloride, SM4500Cl-B          | mg        | /kg             | Analyze    | ed By: HM    |     |            |               |      |           |
| Analyte                       | Result    | Reporting Limit | Analyzed   | Method Blank | BS  | % Recovery | True Value QC | RPD  | Qualifier |
| Chloride                      | 2080      | 16.0            | 09/22/2012 | ND           | 416 | 104        | 400           | 0.00 |           |
|                               |           |                 |            |              |     |            |               |      |           |

### Cardinal Laboratories

\*=Accredited Analyte

PLEASE NOTE: Usbliry and Demayes. Confords similary and clearts exclusive remoty for any dain entiring, whether based in contract or tort, shall be limited to the amount paid by clear for analyses. All cleares, including times for nephyseice and any other cases whethere will be deemed while unless made in riving and resolved by Central within thirty (30) days after completion of the applicable service. In no event shall Control be failed for hoderful or consequential demayes, before, it imposes, because on the control of the performance of the services harmone by Central, regardless of whether such claims be based upon any of the above stated reasons or collaminate. Read-in-relate only to be explain before the control of control in the control of Central and the control of Central Exponentials.

Celey D. Keena

Celey D. Keene, Lab Director/Quality Manager



# Analytical Results For:

TALON LPF MIKE STUBBLEFIELD 408 W. TEXAS AVE. ARTESIA NM, 88210 Fax To: (575) 745-8905

Received:

09/18/2012

Sampling Date:

09/17/2012

Reported:

09/24/2012

Sampling Type:

Soll

Project Name:

EMPIRE A FEDERAL COM, NO. 1

Sampling Condition:

\*\* (See Notes)

Project Number: Project Location:

Analyte

Analyte

701162.024.01 SEC. 27 - T18S - R29E Sample Received By:

Jodi Henson

Sample ID: S - 5 0' (H202264-05)

| Chloride, | SM4500CI-B |
|-----------|------------|
|-----------|------------|

Chloride

Chloride

Chloride

Chloride

Chloride

| mç | J/K |  |
|----|-----|--|
|    |     |  |

### Analyzed By: HM

Result Reporting Limit

18800

Result

<16.0

80.0

Result

15000

Result

<16.0

16.0

Reporting Limit

16.0

16.0

Reporting Limit

16.0

16.0

09/22/2012

Analyzed

Analyzed

09/22/2012

Method Blank ND

85 416

% Recovery True Value OC RPD

Oualifier

Sample ID: S - 6 0' (H202264-06)

| Chloride, | SM4500Cl-B |
|-----------|------------|
|-----------|------------|

|    | 40  |
|----|-----|
| ma | /kg |

### Analyzed By: HM

Method Blank BS

416

BS

416

% Recovery

104

104

400

True Value QC

400

0.00

Qualifier

Sample ID: S - 7 0' (H202264-07)

Chloride, SM4500Cl-B

mg/kg

# Analyzed By: HM

Analyte

Reporting Limit Result

Analyzed 09/22/2012 Method Blank

ND

ND

% Recovery 104

True Value QC

400

RPD

0.00

RPN

0.00

Qualifier

Sample ID: S - 8 0' (H202264-08)

Chloride, SM4500Cl-B

mg/kg

Analyzed By: HM

Analyte

Analyzed

09/22/2012

Method Blank ND

BS 416 % Recovery 104

True Value QC 400

True Value QC

400

RPD 0.00 Qualifier

Sample ID: S - 9 0' (H202264-09)

Chloride, SM4500Cl-B

mg/kg

Analyzed By: HM

Analyte

Reporting Limit

Analyzed 09/22/2012

Method Blank

ND

BS

416

% Recovery

104

RPD

0.00

Qualifier

Cardinal Laboratories

\*=Accredited Analyte

REASE NOTE: Usbilly and Danages. Continues faithing and chart's exclusive remedy for any clean relating, whether based in compact or but, shall be limited to the amount paid by clean for analysis. All classes, beducing those for negligance and any client classes whethereone while the learned washed unless made in writing and received by Central within thisty (30) days after competition of the applicable service. In no event shall Cardinal be cable for indication or consequential compact, without inhibition, business interruptions, loss of use, or loss of profits fourned by client, as substitutes or successors energy out of or related to the performance of the services hereunded by Central, 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 approach of Central Lebonatories.

Celey D. Keene

Celey D. Keene, Lab Director/Quality Manager



### Analytical Results For:

TALON LPE MIKE STUBBLEFIELD 408 W. TEXAS AVE. ARTESIA NM, 88210 Fax To: (575) 745-8905

09/22/2012

Received:

09/18/2012

09/24/2012

Sampling Date:

09/17/2012

Reported:

Chloride

Sampling Type:

True Value QC

400

Project Name:

EMPIRE A FEDERAL COM, NO. 1

Sampling Condition:

\*\* (See Notes)

RPD

0.00

Qualifier

Project Number:

701162.024.01

Sample Received By:

**B**\$

416

% Recovery

104

Jodi Henson

Project Location:

SEC. 27 - T18S - R29E

Sample ID: S - 10 0' (H202264-10)

Chloride, SM4500Cl-B mg/kg

Analyzed By: HM

Analyte Result Reporting Limit Analyzed Method Blank 16.0

Sample ID: S - 11 0' (H202264-11)

Chloride, SM4500Cl-B mg/kg Analyzed By: HM

16400

Analyte Result Reporting Limit Analyzed Method Blank BS % Recovery True Value QC RPD Qualifier Chloride 4000 16.0 09/22/2012 ND 416 104 400 0.00

ND

Cardinal Laboratories

\*=Accredited Analyte

PLEASE NOTE: Libbity and Denneyes. Continues labity and clearly exclusive remaily for any clean wishing whether bessed in contract or text, shall be lamited to the amount paid by clear for enabless. All cleans, including those for negligance and any other course whitescoper shall be desired which the writing and received by Continue within With (30) days after completion of the applicable service. In no never shall be desired which is indicated on management cleans, and continues of the services interpreture, loss of use, or loss of portia incurred by clearly, a subdiction, a successors arising out of or received to the performance of the services interpreture by Continue, regarders of whether such carried by Continue, regarders of whether such

Celay D. Keene

Celey D. Keene, Lab Director/Quality Manager



### **Notes and Definitions**

ND Analyte NOT DETECTED at or above the reporting limit

RPD Relative Percent Difference

\*\* Samples not received at proper temperature of 6°C or below.

\*\*\* Insufficient time to reach temperature.

- Chloride by SN4500CI-B does not require samples be received at or below 6°C

Samples reported on an as received basis (wet) unless otherwise noted on report

Cardinal Laboratories

\*=Accredited Analyte

REASE NOTE: Liability and Danuyes. Contral's leability and dients extraline nemety for any claim arising, whether based in contract or text, shall be limited to the amount paid by Gent for analyses. All claims, beducing those for replication and contract or text, shall be identified in the exposed to the contract shall be deemed network unless made in writing and received by Cardinal within thinty (30) caps after completion of the explication source. In no exact shall control to the text Control to this idea for indications, business (stamptions, less of use, or loss of profits incurred by Cardinal within its subsolution, business (stamptions, less of use, or loss of profits incurred by Cardinal by Cardinal and the reproduced energy in full neigh writing appropriate of Cardinal Information.

\*\*Control Control Cardinal Information Control Cardinal Information.\*\*

Celeg D. Keene



# CHAIN-OF-CUSTODY AND ANALYSIS REQUEST

|                              | 101 East Marland, F<br>(575) 393-2326 FAX   |                              |                   |           |                       |              |          |            |                      |             |             |  |                 |       |   |    |              |         |         |     |    |     | i ~ '       | 2 |
|------------------------------|---|------------------------------|-------------------|-----------|-----------------------|--------------|----------|------------|----------------------|-------------|-------------|--|-----------------|-------|---|----|--------------|---------|---------|-----|----|-----|-------------|---|
| Company Nam                  |   | 1 (070) 035-247              | <u></u>           |           |                       |              | Īœ       | āz.        | <i>B</i>             | ILL:        | TO          | . 1, 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, |                 |       |   |    | ANA          | LYSIS   | S RE    | OUE | ST |     | <del></del> |   |
| 1 m                          | mike Stubble  | Gield                        |                   | •         |                       |              |          | 0. #:      |                      |             |             |  | T               |       |   |    |              |         |         |     |    |     |             |   |
| Address:                     | 408 WIT TEXAL   |                              |                   |           |                       |              | Cc       | mpa        | any: 7               | Ta Lon      | Jer         |  | 1               |       |   |    |              |         | )       |     |    |     |             |   |
| City:                        | Actoria   | State: NA                    | Zip:              | 82        | 210                   |              | 4        | tn:        |                      | -           | <i></i>     |  |                 | 1 1   |   |    |              |         |         |     |    | l   |             |   |
| Phone #:                     | 575-441-7254  | Fax#:                        |                   |           | *                     |              | Ac       | idres      | ss:                  |             |             |  |                 |       |   |    |              |         |         |     |    | - 1 |             |   |
|                              | 201162.024.01   | Project Owner                | Cim               | arge      | Fore                  | West.        | Ci       | ty:        |                      |             |             |  |                 |       |   |    |              |         |         |     |    | }   |             |   |
| Project Name:                | Enpire A Fed  | cral Com- Ne                 | - 1               |           | /                     | <i>y</i>     |          | ate:       |                      | Zip:        | :           |  |                 |       |   |    |              |         |         |     |    | 1   |             |   |
| Project Location             | n: sec. 30-Th   | 85-R29E                      |                   |           |                       |              | Ph       | ione       | #:                   |             |             |  |                 |       |   |    |              |         |         |     |    |     |             |   |
| Sampler Name:                |   | j                            |                   |           |                       |              | Fa       | x#:        |                      |             |             |  | رر              |       |   |    |              | 1       |         |     |    | 1   |             |   |
| FOR LAB USE ONLY             |   | -                            |                   |           | MA                    | TRIX         |          | PRE        | SERV                 | s           | AMPL        | ING  | ا څ             |       |   |    |              |         |         |     |    |     |             |   |
| Lab I.D.                     | Sample i  | .D.                          | (G)RAB OR (C)OMP. | DUNDWATER | WASTEWATER            | OIL          | отнек:   | ACID/BASE: | ICE / COOL<br>OTHER: |             |             |  | Total chlorider |       |   |    |              |         |         |     |    |     |             |   |
| 1202564                      |   |                              | (0)               | 1 8       | WAS                   | 등등           | 5        | Ş          | 밀물                   | ם           | ATE         | TIME   | 7               |       |   |    |              |         |         |     |    |     |             |   |
| 1                            | 5.10  |                              | ۲                 | _ _       | 1                     |              |          |            |                      | 1 .         | 2/12        | 1:46 8   |                 |       |   |    |              |         |         |     |    |     |             |   |
| 2                            | 5.20  |                              | 4                 | _ _       |                       |              |          |            | _                    | 9/12        | 1/12_       | 1:426  |                 |       |   |    |              |         |         |     |    |     |             |   |
| 3                            | 5-3 0   |                              | 4                 | _ _       | _/                    |              | <u> </u> |            | _                    | 7/12        | 2/12        | 1:50 P   | /               |       |   |    | <u> </u>     |         |         |     |    |     |             |   |
| 4                            | 5.40  |                              | حا                | _ _       |                       |              | 1_       |            |                      | 5/12        | 2/12        | 2:00 8   | /_              |       |   |    | <u> </u>     |         |         |     |    |     |             |   |
| J5.                          | 5.50  | ,                            | 6                 | 1.        |                       | -            |          |            |                      | 9)11        | 9 / (Z      | 5-106  |                 |       |   |    |              |         |         |     |    | ļ   | İ           |   |
| 6                            | 5-60  |                              | 4                 | _         | 1-1/                  |              | -        | <b>-</b>   |                      | 3)1         | 2/12        | 7:35P  | 4               |       |   |    | <u> </u>     |         |         |     |    |     |             |   |
| 7                            | 2.30  |                              | ے                 | -         |                       | <del> </del> | -        |            | - -                  | 13/1        | 17/12       | 2. N.b   |                 |       | İ |    | <del> </del> |         |         | [   |    |     |             |   |
| 2                            | 5.80  |                              | 4                 | - -       | 1-1/                  |              | -        |            | - -                  | 5/17        | <u> </u>    | 32008  | 1               |       |   |    | <del> </del> |         |         |     |    | -   |             |   |
| - In                         | 5-100   |                              | <u>د</u>          | -         | -                     |              | +-       | <b>-</b>   |                      | 13/         | 0/17        | 3,201  |                 |       |   |    | <del> </del> |         |         |     |    |     |             |   |
|                              | nd Danuges. Commute liability and cit   |                              | y clamat          |           |                       |              |          |            |                      |             |             |  |                 | 1     |   |    | <u> </u>     | نسسسا   | <u></u> |     |    |     | l           |   |
| service. In no event shall C | ng Brose for negligence and any either<br>Lucinal to Bable for incidental or come | truental damages, meluding s | dinou! Lm         | utation,  | hainess mi            | enuptions,   | lors o   | funct. of  | r locs of p          | orofile inc | curred by i | aleni, lis subcidia                            | nes.            | Ac.   |   |    |              |         |         |     |    |     |             |   |
| Relinguished B               | na out af or related to the porformation<br>V2                                    | Oate: 12/12                  |                   | ived      |                       | such claim   | is bm    | ed imor    | לו לם עווה           | ne above    | cinied re   | Phone Res                                      |                 | ☐ Yes |   | No | Addʻl        | Phone : | #:      |     |    |     |             |   |
|                              |   | 77 0'U                       | 2/                | W         |                       | M            | Vi       | J.         |                      | In          |             | Fax Resul                                      | t:              | □ Yes |   |    | Add'l        |         |         |     |    |     |             |   |
| ModSLOG<br>Relinquished B    | y: (  | Dato:                        | Beco              | ived      | By:                   | <i>3</i>     |          |            |                      |             |             |  |                 |       |   |    |              |         |         |     |    |     |             |   |
|                              | •   | Time:                        |                   |           |                       |              |          |            |                      |             |             |  |                 |       |   |    |              |         |         |     |    |     |             |   |
| •                            | : (Circle One)<br>- Bus - Other:  |                              | 19 2              |           | Sample<br>Cool<br>Yes | Intact/      | '        |            | HECH                 |             | Y:<br>      |  |                 |       | • |    |              |         |         |     |    |     |             |   |
| I                            |   |                              |                   |           | - NO                  | I N          | <u> </u> | Ц          | (J.                  | ·           |             |  |                 |       |   |    |              | -       | -       |     |    | -   | -           |   |



# CHAIN-OF-CUSTODY AND ANALYSIS REQUEST

101 East Marland, Hobbs, NM 88240 (575) 392-2326 EAY (575) 393-2476

|   | (575) 393-2326 FAX (575) 393-2  | 476                     |                                 |                         |                      |                    |                     |  |                   |                   |                                      |  |                        |                  |          |   |          |              |          |    |   |              |                | 5.           | 2            |
|---|---|-------------------------|---------------------------------|-------------------------|----------------------|--------------------|---------------------|--|-------------------|-------------------|--------------------------------------|--|------------------------|------------------|----------|---|----------|--------------|----------|----|---|--------------|----------------|--------------|--------------|
| Company Name: TSlos LPE                                     |   |                         |                                 |                         |                      |                    |                     | :::::::::::::::::::::::::::::::::::::: | F.                | BI                | LL TO                                | 4 <u>44</u> 1                          | , <u></u>              | ANALYSIS REQUEST |          |   |          |              |          |    |   |              |                |              |              |
| Project Manage  | er mir stubbleheld  |                         |                                 |                         |                      |                    | ۶                   | .0.                                    | #:                |                   |                                      |  |                        |                  |          |   |          |              |          |    | 1 | T            |                |              |              |
| Address:  | 408 WIT Togar Ave.  |                         |                                 |                         |                      |                    | c                   | Company:                               |                   |                   |                                      |  |                        |                  |          |   |          |              |          |    |   |              | 1              |              | 1            |
| City:   | Action State: NA Zip: 88210   |                         |                                 |                         |                      |                    | Ā                   | ttn:                                   |                   |                   |                                      |  |                        |                  |          |   |          |              |          |    |   |              |                |              |              |
| Phono #:  | 505-441-7254 Fax#:<br>201162,024.01 Project Owner: Cimacol Focially<br>Empiric A Federal Com. No. 1   |                         |                                 |                         |                      |                    |                     | Address:                               |                   |                   |                                      |  |                        |                  |          |   |          |              | -        |    | ŧ | -            | 1              | ļ            |              |
| Project #:  | 201162.024.0/ Project Owner: Cimarol Encry  |                         |                                 |                         |                      |                    | c                   | ity:                                   |                   |                   |                                      |  |                        |                  |          |   |          |              |          |    |   |              |                |              |              |
| Project Name: Empire A Federal Com. No. 1                   |   |                         |                                 |                         |                      | <u>s</u>           | tate                | :                                      |                   | Zip:              |                                      | _]                                     |                        |                  |          |   |          |              | }        | 1  | 1 |              |                |              |              |
| Project Locatio<br>Sampler Name:                            | n: sec  |                         |                                 |                         |                      |                    | _ I · ·             | hon<br>ax#                             |                   |                   |                                      |  | ارتو                   |                  |          |   |          |              |          |    |   |              |                |              |              |
| FOR LAB USE ONLY  |   | $\top$                  |                                 |                         | MAT                  | TRIX               |                     | PF                                     | ESE               | RV                | SAMPL                                | ING                                    | ] }                    |                  |          |   |          |              |          |    |   |              |                |              |              |
| Lab I.D.  | Sample I.D.   | (G)RAB OR (C)OMP.       | # CONTAINERS                    | GROUNDWATER             | )[r                  |                    | SLUDGE              | ACID/BASE:                             | E/COOL            | OTHER:            | ,                                    |  | Total chlouder         | 1                |          |   |          |              |          |    |   |              |                |              |              |
| H202564   |   |                         | #                               | ઉં ≷                    | 8                    | ㅎ                  | 희                   | <u> </u>                               | 인                 | 5                 | DATE                                 | TIME                                   | <u> </u>               | ┼                | 4        |   |          |              |          |    |   |              | <del> </del>   | <del> </del> |              |
|   | 5-11  | <u> </u> c              |                                 |                         | 1                    | $\dashv$           | -                   | - -                                    | /                 | $\vdash$          | 2/12/12                              | 4300P                                  | -[                     | -                | - -      |   |          | <del> </del> |          | -  |   | ╁            | <del> </del>   | ļ            | ļ            |
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|   |   | - -                     |                                 |                         | $\vdash$             | +                  | -                   | -                                      | $\dot{\top}$      |                   |                                      | <del> </del>                           |                        | 1—               | - -      | - |          |              | -        | -  |   | <del> </del> | 1              |              |              |
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|   |   |                         |                                 |                         |                      |                    |                     | ]_                                     |                   |                   |                                      |  |                        |                  |          |   |          |              |          |    |   |              |                |              |              |
|   |   |                         |                                 |                         |                      | $\perp$            | _                   | _                                      |                   |                   |                                      |  | .                      | .                | _ _      | _ |          | <u> </u>     |          | _  |   | .            |                |              |              |
| - <del></del>   |   | _ i                     |                                 |                         | $\vdash$             |                    |                     | _                                      |                   |                   |                                      |  |                        | ļ                | _        | _ |          |              |          | -  |   |              | <u> </u>       |              | <b> </b>     |
| LEASE NOTE: LIDSON A  | nd Damagra Cardinal's liability and client's exclusive remedy   | ar nav chale            | D DEPAIR                        | in whather              | Dozect 1             | in cont            | net er t            |  | n berk            | nutori t          | an January and a                     | of by the class to                     | or 10er                | <u></u>          |          |   |          | <u> </u>     | <u> </u> |    |   | <u> </u>     | <u> </u>       |              | L            |
| natyses. All cloims includir<br>orvice. In no ovent shall G | ng those for neptigence and any other cause whotsoever shall<br>ard and be limble for incidental or consequental damages, inclu-<br>ing out of or related to the performance of services harmsyler. | be deemod<br>Eng withou | f warr <del>o</del><br>f Umita! | d unima r<br>Yon, busin | rri som<br>estal aza | willing<br>auplion | and too<br>15, loss | alved l                                | y Care<br>or los: | ino) v<br>s of pn | nthin 30 days off<br>ogts insured by | er completen of<br>client, its pubelel | l'to applica<br>arios, | abkr             |          |   |          |              |          |    |   |              |                |              |              |
| Relinquished By   | y: 999811   | 7 Re                    | COIN                            | ed By<br>اہر            | ;                    | 6                  | ]                   |  |                   | <u> </u>          |                                      | Phone Re<br>Fax Resu                   |                        | <u> </u>         |          |   | No<br>No | Add'l        |          |    |   |              |                |              |              |
| ٥٠٠٠ ١٤٥٥   | etall graj  | 6/                      | Q                               | Ne                      | <u>_</u>             | 1                  | 2                   | <u>U</u>                               | <u>M</u>          | 97                |                                      | REMARK                                 |                        |                  |          |   |          |              |          |    |   |              |                |              |              |
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| Delivered By:<br>Sampler - UPS                              | : (Circle One)<br>- Bus - Other:  | }(                      | 99                              | _                       | nple (               |                    |                     | T                                      |                   |                   | BD BY:                               |  |                        |                  |          |   |          |              |          |    |   |              |                |              |              |