



PHONE (505) 397-6388 • FAX (505) 397-0397 • 1324 W. MARLAND • P.O. BOX 805 • HOBBS, NM 88241-0805  
E-MAIL: [cbrunson@bbcinternational.com](mailto:cbrunson@bbcinternational.com)

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June 18, 2006

RECEIVED

JUN 20 2006

UCC-ARTESIA

Mr. Van Barton  
NMOCD  
1301 W. Grand Ave.  
Artesia, NM 88210

**RE: Chesapeake Operating, Inc. – Teledyne 20 Well #005 – Final C-144**

Dear Mr. Barton:

Please find attached a copy of the final C-144 for the Chesapeake Operating, Inc. Teledyne 20 Well #005 along with analytical results.

As described on the C-144, the reserve pit contents were buried utilizing a series of shallow lined burial trenches per our previous discussion. Please note this well is located in the salt lake northeast of Loving, NM and south of Hwy. 31.

Please let me know if you have any questions.

Sincerely,

Cliff P. Brunson, CEI, CRS  
President

CPB/jg

cc: Brad Blevins – Chesapeake, Hobbs, NM  
Shay Stricklin – Chesapeake, Midland, TX

*Approval granted by Van*

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  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy Minerals and Natural Resources

Form C-144  
June 1, 2004

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

**Pit or Below-Grade Tank Registration or Closure**

Is pit or below-grade tank covered by a "general plan"? Yes ☐ No ☒

Type of action: Registration of a pit or below-grade tank ☐ Closure of a pit or below-grade tank ☒

Operator: <u>CHESAPEAKE OPERATING, INC.</u> Telephone: <u>432-687-2992</u> e-mail address: <u>SSTRICKLAN@CHKENERGY.CO</u>		
Address: <u>P. O. BOX 11050 MIDLAND, TEXAS 79702-8050</u>		
Facility or well name: <u>TELEDYNE 20 WELL#005</u>	API #: <u>30-015-33504</u>	U/L or Qtr/Qtr <u>J</u> Sec <u>20</u> T <u>23S</u> R <u>29E</u>
County: <u>EDDY</u>	Latitude _____	Longitude _____ NAD: 1927 <input type="checkbox"/> 1983 <input type="checkbox"/>
Surface Owner: Federal <input type="checkbox"/> State <input type="checkbox"/> Private <input type="checkbox"/> Indian <input checked="" type="checkbox"/>		
<b>Pit</b> Type: Drilling <input checked="" type="checkbox"/> Production <input type="checkbox"/> Disposal <input type="checkbox"/> Workover <input type="checkbox"/> Emergency <input type="checkbox"/> Lined <input checked="" type="checkbox"/> Unlined <input type="checkbox"/> Liner type: Synthetic <input checked="" type="checkbox"/> Thickness <u>12</u> mil Clay <input type="checkbox"/> Pit Volume <u>12,139</u> bbl	<b>Below-grade tank</b> Volume: _____ bbl Type of fluid: _____ Construction material: _____ Double-walled, with leak detection? Yes <input type="checkbox"/> If not, explain why not. <u>NO</u>	
Depth to ground water (vertical distance from bottom of pit to seasonal high water elevation of ground water.) <u>100' TO FRESH WATER</u>	Less than 50 feet 50 feet or more, but less than 100 feet 100 feet or more	(20 points) (10 points) ( 0 points) 0
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) ( 0 points) 0
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) 0
<b>Ranking Score (Total Points)</b>		0

**If this is a pit closure:** (1) Attach a diagram of the facility showing the pit's relationship to other equipment and tanks. (2) Indicate disposal location: (check the onsite box if you are burying in place) onsite ☒ offsite ☐ If offsite, name of facility \_\_\_\_\_. (3) Attach a general description of remedial action taken including remediation 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 excavations.

Additional Comments: A SERIES OF FIVE DEEP BURIAL TRENCHES WERE EXCAVATED TO A DEPTH OF 4 FEET NEXT TO THE PIT. THE TRENCHES WERE LINED WITH A 20 MIL SYNTETIC LINER. THE PIT CONTENTS WERE THEN PLACED INTO THE LINED TRENCH. THE SIDES OF THE TRENCHES WERE FOLDED OVER THE CONTENTS AND A TOP COVER OF 20 MIL SYNTHETIC LINER WAS SEWED IN PLACE. THREE FEET OF TOP SOIL WAS PLACED ON TOP OF THE LINED TRENCHS AND COMPACTED. THE ORIGINAL PIT WAS BACKFILLED WITH CLEAN SOIL, COMPACTED, AND LEVELLED TO GRADE. CONFIRMATION SAMPLES WERE TAKEN FROM THE EXCAVATED PIT PRIOR TO BACKFILLING AND ARE ATTACHED. THE PIT CLOSURE WAS STARTED ON MAY 10, 2006 AND COMPLETED ON MAY 26, 2006.
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I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that the above-described pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines <input checked="" type="checkbox"/> , a general permit <input type="checkbox"/> , or an (attached) alternative OCD-approved plan <input type="checkbox"/> .		
Date: <u>6/18/06</u>	Signature <u>Cliff P. Brunson</u> FOR CHESAPEAKE OPERATING, INC.	
Printed Name/Title <u>CLIFF BRUNSON, PRESIDENT, BBC INTL.</u>		
Your certification and NMOCD approval of this application/closure does not relieve the operator of liability should the contents of the pit or tank contaminate ground water or otherwise endanger public health or the environment. Nor does it relieve the operator of its responsibility for compliance with any other federal, state, or local laws and/or		
Approval: <u>Gerry Guye</u> Printed Name/Title <u>Deputy Field Inspector</u> <u>District II - Artesia</u>	Signature <u>Gerry Guye</u>	Date: <u>JUN 28 2006</u>



Analysis Date: 06/02/06  
Sampling Date: 06/01/06  
Sample Type: SOIL  
Sample Condition: COOL & INTACT  
Sample Received By: HM  
Analyzed By: HM

NOTE: Analysis performed on a 1:4 w:v aqueous extract.

Date \_\_\_\_\_

PLEASE NOTE: **Liability and Damages.** Cardinal's liability and client's exclusive remedy for any claim arising, whether based in contract or tort, shall be limited to the amount paid by client for analyses. All claims, including those for negligence and any other cause whatsoever shall be deemed waived unless made in writing and received by Cardinal within thirty (30) days after completion of the applicable service. In no event shall Cardinal be liable for incidental or consequential damages, including, without limitation, business interruptions, loss of use, or loss of profits incurred by client, its subsidiaries, affiliates or successors arising out of or related to the performance of services hereunder by Cardinal, regardless of whether such claim is based upon any of the above-stated reasons or otherwise.

2111 Beechwood, Apt 101, TX 79663, 101 East Marland, Hobbs, NM 88240  
(915) 673-7001 Fax (915) 673-7020 (505) 393-2326 Fax (505) 393-2476

Project Manager	Curt Tardian	P.O. #:
Address:	P.O. Box 805	Company:

City: 140665	State: Am	Zip: 88241	Attn:
Phone n: 397-6388	Fax n: 397-0397	Address:	<i>Steve</i>

Project #:	Project Owner:	City:	State:	Zip:
Project Name:	Teledyne 20 Well #5			

Project Location:	Living, NW			Phone #:
Sampler Name:	Cliff Davidson			Fax #:
			MATRIX	PRESERV
				SAMPLING

[illegible]

Lab I.D. \_\_\_\_\_  
Sample I.D. \_\_\_\_\_  
DRAWN OR \_\_\_\_\_  
CONTAINER \_\_\_\_\_  
ROUNDWATER \_\_\_\_\_  
WASTEWATER \_\_\_\_\_  
OIL \_\_\_\_\_  
CRUDE OIL \_\_\_\_\_  
SLUDGE \_\_\_\_\_  
OTHER : \_\_\_\_\_  
ACID/BASE : \_\_\_\_\_  
E / CODL \_\_\_\_\_  
OTHER : \_\_\_\_\_  
2  
4  
1  
TUBE

		(G	#	GR	WV	SC	CF	SL	OT	AC	IC	O	DATE	TIME
#111	P.T. Johnson	C 1			X						/		Gd/106	3:00 pm

[illegible][illegible][illegible][illegible]

**Sampler Returned:** \_\_\_\_\_  
**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Received By:** \_\_\_\_\_

Phone Book	
Fax Book	

	FAX NUMBER		
	REMARKS		
Received By: (Lab Staff)	Date:	Time:	Signature
		4:31 pm	Dale Dyer

DATE: 06-01-06	TIME: 4:35	NAME: Lopez, S, M	QUICKED BY: [Signature]
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Delivered by: (Circle one)  
 Sampler - UPS - Bus - Other:

Sample condition  
 Cool ☐ Hot ☒ ~~Impact~~  
☐ Yes ☐ No ☐ Yes ☐ No

Cracked by:  
 (initials)

1. **Change in 1991 year changes.** Please fax written changes to 505-393-2476.

## ANALYSIS REQUEST

Project Manager: Cliff Hansen										P.O. #:	
Address: P.O. Box 805										Company:	
City: Ft. Collins										Attn:	
Phone #: 970-6388										Address: <i>See</i>	
Fax #: 970-0397										City:	
Project #:										State:	
Project Name: Teleadyn 20 Well #5										Zip:	
Project Location: Lovings, NM										Phone #:	
Sampler Name: Cliff Hansen										Fax #:	
For Lab Use Only										Matrix	
Lab I.D.										Sample I.D.	
Sample I.D.										DATE	
Pit Depth										TIME	
C1										DATE	
GROUNDWATER										TIME	
WASTEWATER										TIME	
SOIL										TIME	
CRUDE OIL										TIME	
SLUDGE										TIME	
OTHER :										TIME	
ACID/BASE:										TIME	
ICE / COOL										TIME	
OTHER :										TIME	
DATE										TIME	
6/1/06										3:00pm	
Chloride											

Tariffs and Commissions levied will be charged on all incoming items from 30 days prior to the time of 24% per annum from the original date of purchase, and all costs of collection, including attorney's fees.

Phone Result:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Add'l Phone #:
Fax Result:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Add'l Fax #:
REMARKS:1			

REMARKS:

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Add'l Phone #:	
Add'l Fax #:	

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