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

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

Form C-144

March 12, 2004

Pit or Below-Grade Tank Registration or Closure

	c covered by a "general plan"? Yes XX No		
	:: (505) 748-1471 e-mail address: debbiec@ypc		
Address: 105 South 4th Street, Artesia, New Mexico 88210			
Facility or well name: Pecos River Deep Unit #10	API #:30-015-32863 U/L or Qtr/Qtr_0	Sec 28 T 19S	R 27E
County: <u>Eddv</u> Latitude Longitude			
<u>Pit</u>	Below-grade tank		
Type: Drilling XX Production Disposal D	Volume:bbl Type of fluid:		RECEIVED
Workover			
Lined XX Unlined	Double-walled, with leak detection? Yes  If not, explain why not.		JUN 1 0 7004
Liner type: Synthetic XX Thickness 20 mil	OOD:ADTESIA		
Clay Volumebbl			A
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)	N/A
Wellhead protection area: (Less than 200 feet from a private domestic	Yes	(20 points)	
water source, or less than 1000 feet from all other water sources.)	No	( 0 points)	N/A
water source, or iess than 1000 feet from an other water sources.			
Distance to surface water: (horizontal distance to all wetlands, playas,	Less than 200 feet	(20 points)	
irrigation canals, ditches, and perennial and ephemeral watercourses.)	200 feet or more, but less than 1000 feet	(10 points)	
	1000 feet or more	( 0 points)	N/A
	Ranking Score (Total Points)	N/A	
If this is a pit closure: (1) attach a diagram of the facility showing the pit's	relationship to other equipment and tanks. (2) Indicat	te disposal location:	
onsite Offsite I f offsite, name of facility		•	ediation start date and end
date. (4) Groundwater encountered: No 🗌 Yes 🔲 If yes, show depth belo			
diagram of sample locations and excavations.	w ground surface	results. (3) Ittach so	in sample results and a
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 , ,	my knowledge and belief. I further certify that the	above-described pit	or below-grade tank has
plan .	Series in Personal First	res approved	
	$\mathcal{A}_{\mathcal{A}}$	1-000	200
Date: June 9, 2004 Printed Name/Title Debbie L. Caffall / Regulatory		0000 (0)	Mary .
Your certification and NMOCD approval of this application/closure does not otherwise endanger public health or the environment. Nor does it relieve the			
regulations.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Appropriate 4 1 0001			
Date UN 1 1 2004 A - / / / / / / / / / / / / / / / / / /	<b>/0</b> 0		
Printed Name/Title Signature Signature			
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