

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

Form C-144
June 1, 2004

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

RECEIVED

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 ☒

SEP 24 2005

Operator: Yates Petroleum Corporation Telephone: 505-748-4500 e-mail address: mikes@ypc.com

OCD-ARTESIA

Address: 105 South 4th Street, Artesia, N.M. 88210

Facility or well name: Thomas LN Federal 1 API #: 30-005-60583 U/L or Qtr/Qtr F Sec 12 T 6S R 25E

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County: Chaves Latitude 33.81122 Longitude 104.35508 NAD: 1927 ☐ 1983 ☒

AUG 17 2005

Surface Owner: Federal ☒ State ☐ Private ☐ Indian ☐

<u>Pit</u>	<u>Below-grade tank</u>
Type: Drilling <input type="checkbox"/> Production <input type="checkbox"/> Disposal <input type="checkbox"/> Work over <input checked="" 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 <input type="checkbox"/> bbl	Volume: <input type="checkbox"/> bbl Type of fluid: <input type="checkbox"/> Construction material: <input type="checkbox"/> Double-walled, with leak detection? Yes <input type="checkbox"/> If not, explain why not: <input type="checkbox"/>
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) XXXX
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) No (0 points) XXXX
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) XXXX
Ranking Score (Total Points) 0 Points	

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) on-site ☒ off-site ☐ If off-site, 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: Work plan for the Closure of workover Pit. A 20 mil synthetic liner will be placed 3' below grade with a min. 3' over lap of the underlaying pit. The workover pit will be backfilled to grade using a minimum of 3' of clean soil and like material.

PIT CLOSURE FINAL

DATE 9/15/2005

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 ☐, a general permit ☒, or an (attached) alternative OCD-approved plan ☐.

Date: 08/09/05

Printed Name/Title Mike Stubblefield / Regulatory Agent

Signature Mike Stubblefield

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 regulations.

Approval:

Printed Name/Title Mike Stubblefield

ASTIE

Signature Mike Stubblefield

Date: AUG 25 2005

Notify OCD 24 hrs. prior to
any work done.

(2)