

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 NMOC 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 ☒ X

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

Operator: <b>Parallel Petroleum Corporation</b>		Telephone: <b>432-684-3727</b>	e-mail address: <b>ddurham@ppll.com</b>
Address: <b>1004 N. Big Spring Street, Suite 400, Midland, Texas 79701</b>			
Facility or well name: <b>Forego 1525-16 B #1</b>		API #: <b>3000563830</b>	U/L or Qtr/Qtr <b>B Sec 16 T 15S R 25E</b>
County: <b>Chaves</b>		Latitude <b>33° 01' 17.73" N</b>	Longitude <b>104° 26' 42.18" W</b> NAD: 1927 X 1983 <input type="checkbox"/>
Surface Owner: Federal <input type="checkbox"/> State X Private <input type="checkbox"/> Indian <input type="checkbox"/>			
<b>Pit</b> Type: Drilling <input checked="" type="checkbox"/> Production <input type="checkbox"/> Disposal <input type="checkbox"/> Workover <input checked="" type="checkbox"/> X Emergency <input type="checkbox"/> Lined X Unlined <input type="checkbox"/> Liner type: Synthetic X Thickness 12 mil Clay <input type="checkbox"/> Pit Volume 25,000 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. _____	
Depth to ground water (vertical distance from bottom of pit to seasonal high water elevation of ground water.) <b>65'</b>		Less than 50 feet 50 feet or more, but less than 100 feet 100 feet or more	(20 points) (10 points) <b>10</b> ( 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 No	(20 points) ( 0 points) <b>0</b>
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) <b>0</b>
		<b>Ranking Score (Total Points)</b>	<b>10</b>

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: :

See the attached closure plan.

**PIT CLOSED 6-11-07, SAMPLES TAKEN 6-11-07, DEPTH 5 1/2 FT BELOW PLASTIC LINER. AREA HAD BEEN CONTAMINATED BY MIDNIGHT DUMPERS.**

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

Date: 10-30-06

Printed Name/Title **Deane Durham/Engineer**

Signature *Deane Durham*

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 Bratker*

Signature *Mike Bratker*

Date: *6/26/07*

Accepted for record  
NMOCD

*(3)*

### Pit Closure Plan – Drilling Pit

**Operator:** Parallel Petroleum Corporation

**Well Name:** Forego 1525-16 B #1, API # 3000563830

**Location:** Unit B, Section 16, Township 15 S, Range 25 E, Chaves County, NM

1. Any remaining liquids will be removed from the pit.
2. Remaining solid wastes (i.e. buckets, cans, miscellaneous trash, debris, contaminated solids, etc.) will be removed from the pit, except for dried mud and cuttings, cement, and frac materials in drilling and reserve pits which have been approved by the OCD for encapsulation.
3. **This well did not penetrate a salt section and was drilled with less than 9.5 lb/gal brine. Therefore, the drilling pit will be closed by encapsulation:**

Trench burial and capping will be performed for the drilling mud and cuttings. Up to two trenches (approximately 5 feet wide x 10 feet deep x 125 feet length) will be dug next to the pit and the cuttings buried and capped. The trenching and capping will be accomplished by lining the trench with an impervious, reinforced, synthetic or fabricated liner at least 12 mils in thickness; mixing earthen materials with the pit contents, as necessary to stiffen the pit contents sufficiently to provide stability and support for the trench cap; emplacing the stiffened mud and cuttings into the lined trench; capping the trench with a 20 mil minimum thickness impervious, fiber reinforced, synthetic or fabricated liner (the synthetic liner will overlap the trench area by at least 3 feet in all directions); and covering the trench with a minimum of 3 feet of clean soil that is capable of supporting native plant growth.





**CARDINAL LABORATORIES**

101 East Marland, Hobbs, NM 88240 2111 Beechwood, Abilene, TX 79603  
(505) 393-2326 FAX (505) 393-2478 (325) 673-7001 FAX (325) 673-7020

## CHAIN-OF-CUSTODY AND ANALYSIS REQUEST

Company Name: <u>BILLSTATE ENVIRONMENTAL SERVICES</u> Project Manager: <u>DAN DOLAN</u> Address: <u>PO BOX 11322</u> City: <u>MIDLAND</u> State: <u>TX</u> Zip: _____ Phone #: <u>505/748-5567</u> Fax #: <u>505-365-2851</u> Project #: _____ Project Owner: _____ Project Name: <u>PARALLEL FOREGO</u> Project Location: <u>CHAVES COUNTY NM</u> Sampler Name: <u>DAN DOLAN</u>		<b>BILL TO</b> P.O. #: Company: <u>BILLSTATE ENVIRONMENTAL</u> Attn: Address: <u>PO BOX 11322</u> City: <u>MIDLAND</u> State: <u>TX</u> Zip: _____ Phone #: _____ Fax #: _____		<b>ANALYSIS REQUEST</b>																						
FOR LAB USE ONLY																										
Lab I.D.	Sample I.D.	(GRAB OR C/COMP.)	# CONTAINERS	GROUNDWATER	WASTEWATER	SOIL	OIL	SLUDGE	OTHER :	ACID/BASE	ICE / COOL	OTHER	DATE	TIME												
112774-1	F-1	C	1			X							6-11-08	10:00												
-2	F-2	C	1			X							" "	" "												
-3	F-3	C	1			X							" "	" "												
-4	F-4	C	1			X							" "	" "												
-5	F-5	C	1			X							" "	" "												
<small>PLEASE NOTE: Liability and Damages: Cardholder'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 the client for the analysis. All claims, including those for negligence and any other cause whatsoever shall be denied if made in writing and received by Cardco within 30 days after completion of the sample collection. In no event shall Cardco be liable for incidental or consequential damages, including without limitation, business loss, profits, 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 Cardco, regardless of whether such claim is based upon any of the above stated remedies or otherwise.</small>																										
Relinquished By:		Date:	Received By:		Phone Result: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Add'l Phone #:																					
		6-20-07			Fax Result: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Add'l Fax #:																					
Time:		10:00	Time:		REMARKS:																					
Relinquished By:		Date:	Received By:																							
Time:			Time:																							
Delivered By: (Circle One)					Sample Condition Cool Intact					CHECKED BY: (Initials)																
Sampler - UPS - Bus - Other:					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No					 																

† Cardinal cannot accept verbal changes. Please fax written changes to 505-393-2476