## Tobbs, NM 88240 1301 W. Grand Avenue, Artesia, NM 88210 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 appropriate NMOCD District Office.
For dewnstream facilities, submit to Santa Pe office

105 South Fourth Street, Artesia, NM 88210

## Pit or Below-Grade Tank Registration or Closure

CheckBoxi

SEP - 9 70°.

RECEIVE

Form C-1

March 12, 2

Is pit or below-grade tank covered	•	OCD-AFITESIN
Type of action: Registration of a pit or b	elow-grade tank . Closure of a pit or below-g	rade tank
Address: 104 South 4th Street, Artesia, New Mexico 88210 Pacility or well name: Sorenson IB Federal #5 API #:	### 1927   1983   Surface Owner: F	R 26E
County: Calaves Daniage Longitude		CONT. Same I was E
Pit  Type: Drilling Production Disposal Workover Benergency Lined Unlined Liner type: Synthetic Thickness 12 mil Clay Volume	Below-grade tank	-
Depth to ground water (vertical distance from bottom of pit to seasonal high water elevation of ground water.)	Less than 50 feet 50 feet or more, but less than 100 feet 100 feet or more	(20 points) (10 points) ( 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)
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)
	Ranking Score (Total Points)	0
If this is a pit closure: (1) attach a diagram of the facility showing the pit's onsite offsite If offsite, name of facility date. (4) Groundwater encountered: No Yes If yes, show depth belo diagram of sample locations and excavations.	. (3) Attach a general description of remedial acrow ground surface ft. and attach samp	tion taken including remediation start date and ole results. (5) Attach soil sample results and
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 [], a Date: 10/26/2004  Printed Name/Title Robert Asher/Regulatory Agent  Your certification and NMOCD approval of this application/closure does not otherwise endanger public health or the environment. Nor does it relieve the regulations.	s general permit 2, or an (attached) alternative C Signature relieve the operator of liability should the contents of	OCD-approved plan
ApproSiEP 13 2005 Field Supervi	isor /00	
Printed Name/Title	Signature_	
	-	