

30-015-04634

YH

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

AUG 27 2008

OCD-ARTESIA

For drilling and production facilities, submit to appropriate NMOCD District Office.  
For downstream facilities, submit to Santa Fe office

Form C-144  
June 1, 2004

### 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>Shackelford Oil Co.</u> Telephone: <u>432-682-9784</u> e-mail address: <u>dg-shack@swbell.net</u>				
Address: <u>3510 N Astor Bldg B Ste 100</u> <u>Midland TX 79705</u>				
Facility or well name <u>Lebanon disposal pit</u> API # <u>I</u> U/L or Qtr/Qtr <u>Sec 25</u> T <u>19S</u> R <u>30E</u>				
County: <u>Eddy</u> Latitude _____ Longitude _____ NAD 1927 <input type="checkbox"/> 1983 <input type="checkbox"/>				
Surface Owner Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> Private <input type="checkbox"/> Indian <input type="checkbox"/>				
<table border="1"> <tr> <td> <b>Pit</b>  Type: Drilling <input type="checkbox"/> Production <input type="checkbox"/> Disposal <input checked="" type="checkbox"/>  Workover <input type="checkbox"/> Emergency <input type="checkbox"/>  Lined <input type="checkbox"/> Unlined <input checked="" type="checkbox"/>  Liner type Synthetic <input type="checkbox"/> Thickness _____ mil Clay <input type="checkbox"/>  Pit Volume _____ bbl </td> <td> <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 _____ </td> </tr> </table>			<b>Pit</b> Type: Drilling <input type="checkbox"/> Production <input type="checkbox"/> Disposal <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Emergency <input type="checkbox"/> Lined <input type="checkbox"/> Unlined <input checked="" type="checkbox"/> Liner type Synthetic <input type="checkbox"/> Thickness _____ mil Clay <input type="checkbox"/> Pit Volume _____ 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 _____
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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) <u>100 feet or more</u> (0 points)	<u>0</u>		
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) <u>No</u> (0 points)	<u>0</u>		
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) <u>1000 feet or more</u> (0 points)	<u>0</u>		
Ranking Score (Total Points)		<u>0</u>		

**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 CRI (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

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: 6-12-08

Printed Name/Title Don Shackelford (owner) Signature [Signature]

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.

Accepted for record  
NMOCD

AUG 28 2008

Printed Name/Title \_\_\_\_\_

Signature [Signature]

Date \_\_\_\_\_

Final Closure

# **Closure of Lebow Disposal Pit in**

## **Sec. 25**

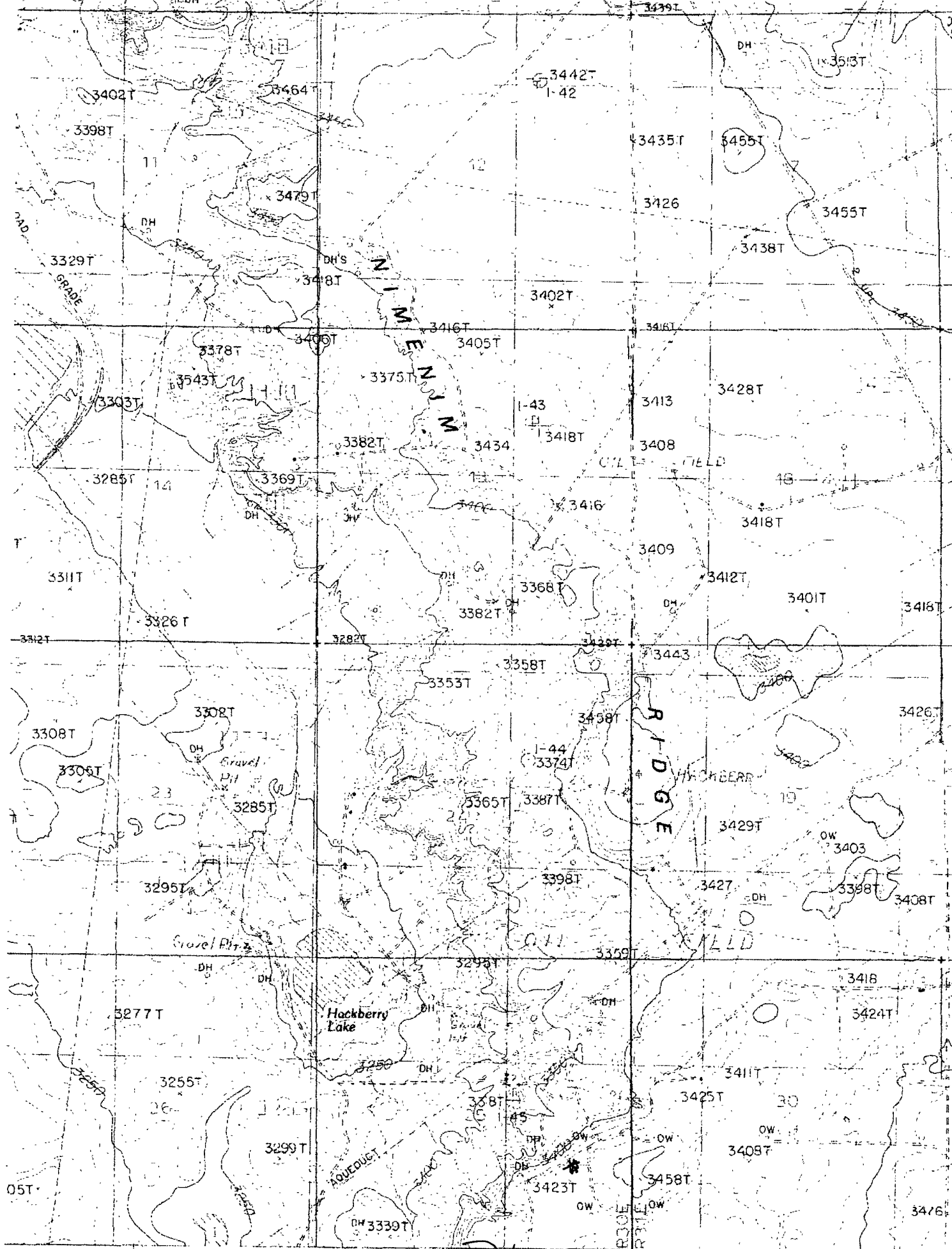
### **T19 S R30 E**

We began excavating this disposal pit on May 1, 2008, on May 6, 2008 at approximately 25 ft. vertical depth; four samples were taken by Cardinal Lab. After receiving the sample analysis, Mike Bratcher with the OCD was contacted to determine the next step to be taken. He suggested we deepen the pit an additional 3 ft. and take additional samples. On May 14, 2008 we took five additional samples and reported those finding to Mike Bratcher and after his review he indicated we could close the pit with clean material and put a cap on it. At that time we filled the pit and put a 20 mil. plastic cap at 4 ft. and finished closing the pit and contoured to the original surface contour.

The soil removed from this pit was taken to CRI.

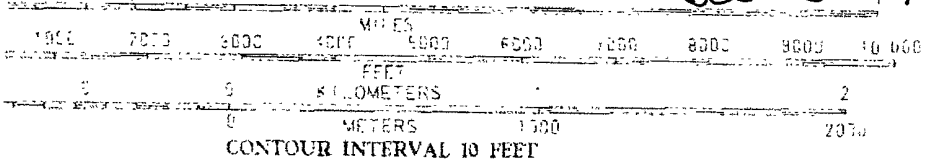
## Attachments

1. Topo map Hackberry Lake
2. Schematic of pit area
3. Samples and analyses on May 6, 2008
4. Samples and analyses on May 14, 2008
5. New Mexico office of the State Engineer Avg. depth of water report T 19S R 30E



SCALE 1:24 000

*Pit location*  
 Sec. 25 T19N R30E



QUADRANGLE LOCATION

1	2	3	1 Red Lake SE
			2 Loon Hills
			3 Maljamar
4		5	4 Illinois Camp NE
			5 Greenwood Lake
			6 Illinois Camp SE
6	7	8	7 Tower Hill North
			8 Williams Sink

ADJOINING 7.5' QUADRANGLE NAMES

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS  
 FOR SALE BY U.S. GEOLOGICAL SURVEY, DENVER, COLORADO 80225  
 OR RESTON, VIRGINIA 22092

South Sample (2)

Southwest Sample (1)

East Sample (1) (2)

Center Sample (1) (2)

West (2) 40 ft

40 ft North Sample (1) (2)

Road

- (1) First samples taken on May 6, 2008
- (2) Second sample taken on May 16, 2008

N

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## CHAIN-OF-CUSTODY AND ANALYSIS REQUEST

† Cardinal cannot accept verbal changes. Please fax written changes to 506-393-2478

RECEIVED 05/15/2008 21:30

5053970397

BBC INTERNATIONAL

**CARDINAL  
LABORATORIES**

PHONE (575) 383-2328 • 101 E. MARLAND • HOBBS, NM 88240

ANALYTICAL RESULTS FOR  
BBC INTERNATIONAL, INC.  
ATTN: CLIFF BRUNSON  
P.O. BOX 805  
HOBBS, NM 88241  
FAX TO: (575) 387-0397

Receiving Date: 05/15/08  
Reporting Date: 05/16/08  
Project Owner: SHACKELFORD  
Project Name: LEBOW  
Project Location: CARLSBAD, NM

Sampling Date: 05/14/08  
Sample Type: SOIL  
Sample Condition: COOL & INTACT  
Sample Received By: ML  
Analyzed By: AB/CK

LAB NUMBER	SAMPLE ID	BENZENE (mg/kg)	TOLUENE (mg/kg)	ETHYL BENZENE (mg/kg)	TOTAL XYLENES (mg/kg)
ANALYSIS DATE		05/15/08	05/15/08	05/15/08	05/15/08
H14811-1	CENTER	<0.010	0.018	0.013	0.036
H14811-2	EAST	<0.010	0.015	0.010	<0.030
H14811-3	SOUTH	<0.010	<0.010	<0.010	<0.030
H14811-4	NORTH	<0.010	<0.010	<0.010	<0.030
H14811-5	WEST	<0.010	<0.010	<0.010	<0.030
Quality Control		0.100	0.107	0.110	0.314
True Value QC		0.100	0.100	0.100	0.300
% Recovery		100	107	110	105
Relative Percent Difference		13.1	8.9	10.5	10.7

METHOD: EPA SW-846 8260

Chemist

Date

H14811B BBC

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BBC INTERNATIONAL


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ANALYTICAL RESULTS FOR  
BBC INTERNATIONAL, INC.  
ATTN: CLIFF BRUNSON  
P.O. BOX 805  
HOBBS, NM 88241  
FAX TO: (575) 397-0397

Receiving Date: 05/15/08  
Reporting Date: 05/16/08  
Project Owner: SHACKELFORD  
Project Name: LEBOW  
Project Location: CARLSBAD, NM

Sampling Date: 05/14/08  
Sample Type: SOIL  
Sample Condition: COOL & INTACT  
Sample Received By: ML  
Analyzed By: CK/AB/KS

LAB NUMBER	SAMPLE ID	GRO (C <sub>6</sub> -C <sub>10</sub> ) (mg/kg)	DRO (>C <sub>10</sub> -C <sub>28</sub> ) (mg/kg)	Cr* (mg/kg)
		05/16/08	05/16/08	05/15/08
H14811-1	CENTER	<10.0	<10.0	880
H14811-2	EAST	<10.0	<10.0	800
H14811-3	SOUTH	<10.0	<10.0	896
H14811-4	NORTH	<10.0	<10.0	672
H14811-5	WEST	<10.0	<10.0	800
Quality Control		599	419	500
True Value QC		500	500	500
% Recovery		120	83.8	100
Relative Percent Difference		1.8	3.5	<0.1

METHODS: TPH GRO &amp; DRO: EPA SW-846 8015 M; Std. Methods 4500-CrB

\*Analyses performed on 1:4 w/v aqueous extracts.

*Cliff Brunson*  
Chemist

*05/16/08*  
Date

H14811TCL BBC

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# CARDINAL LABORATORIES, INC.

2111 Beechwood, Abilene, TX 79603 101 East Marland, Hobbs, NM 88240  
(915) 673-7001 Fax (915) 673-7020 (505) 393-2326 Fax (505) 393-2476

## CHAIN-OF-CUSTODY AND ANALYSIS REQUEST

Page 1 of 1

Company Name: <b>BBC International Inc.</b>		P.O. #		ANALYSIS REQUEST	
Project Manager: <b>Cliff Brunson</b>		Company:			
Address: <b>P.O. Box 805</b>		Attn:			
City: <b>Hobbs</b> State: <b>NM</b> Zip: <b>88241</b>		Address:			
Phone #: <b>575-397-6388</b> Fax #: <b>575-397-0397</b>		City: <b>GAME</b>			
Project #: <b>Shackelford</b>		State: <b>7</b> Zip:			
Project Name: <b>Lebanon</b>		Phone #:			
Project Location: <b>Carlsbad, NM</b>		Fax #:			
Sampler Name: <b>Amy Ruth</b>					

Lab I.D.	Sample I.D.	GRAB OR COMPOUND CONTAINERS	MATRIX					PRESERV.			SAMPLING		DATE	TIME	Chloride	TPH (GRO/DRO) 8015 M	BT EX
			GROUNDWATER	WASTEWATER	SOIL	SLUDGE	OTHER	ACIDBASE	ICE / COOL	OTHER							
H14811-1	Center	G 1											5-14-08	940			
-2	East	G 1											5-14-08	950			
-3	South	G 1											5-14-08	1000			
-4	North	G 1											5-14-08	1005			
-5	West	G 1											5-14-08	1010			

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Terms and Conditions: Cardinal will be charged an additional fee for 30 days past due at the rate of 20% per month from the original date of invoice, and at such rate, including attorney's fees.

Sampler Relinquished: <b>Amy Ruth</b>	Date: <b>5-15-08</b>	Received By: <b>Nity LeBut</b>	Phone Result: <input type="checkbox"/> Yes <input type="checkbox"/> No	Add'l Phone #:
Relinquished By: <b>Amy Ruth</b>	Date: <b>5-15-08</b>	Received By: <b>Lab Staff</b>	Fax Result: <input type="checkbox"/> Yes <input type="checkbox"/> No	Add'l Fax #:
Delivered By: (Circle One) Sampler - UPS - Bus - Other:			REMARKS: <b>Rush</b>	
Sample Condition Cool Intact <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			CHECKED BY: (Initials) <b>MCBB</b>	

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