

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

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NOV 25 2009

NMOCD ARTESIA

Energy, Minerals and Natural Resources
Department
Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-144
July 21, 2008

For temporary pits, closed-loop systems, and below-grade tanks, submit to the appropriate NMOCD District Office.
For permanent pits and exceptions submit to the Santa Fe Environmental Bureau office and provide a copy to the appropriate NMOCD District Office.

**Pit, Closed-Loop System, Below-Grade Tank, or
Proposed Alternative Method Permit or Closure Plan Application**

Type of action: ☐ Permit of a pit, closed-loop system, below-grade tank, or proposed alternative method
☒ Closure of a pit, closed-loop system, below-grade tank, or proposed alternative method
Final Closure Report pre rule 17 ☐ Modification to an existing permit
☐ Closure plan only submitted for an existing permitted or non-permitted pit, closed-loop system, below-grade tank, or proposed alternative method

Instructions: Please submit one application (Form C-144) per individual pit, closed-loop system, below-grade tank or alternative request

Please be advised that approval of this request does not relieve the operator of liability should operations result in pollution of surface water, ground water or the environment. Nor does approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances.

1.

Operator: **Yates Petroleum Corp.** OGRID #: 025575
Address: **105 South 4th. Artesia N.M. 88210**
Facility or well name: **GlowWorm ALX Fed. 15-H**
API Number: **30-015-36368** OCD Permit Number: _____
U/L or Qtr/Qtr _____ Section **4** Township **23S** Range **31E** County: **Eddy**
Center of Proposed Design: Latitude **N32° 20' 24.76"** Longitude **W 103° 46' 48.66"** NAD: ☐ 1927 ☒ 1983
Surface Owner: ☒ Federal ☐ State ☐ Private ☐ Tribal Trust or Indian Allotment

2.

☐ **Pit:** Subsection F or G of 19.15.17.11 NMAC
Temporary: ☒ Drilling ☐ Workover
☐ Permanent ☐ Emergency ☐ Cavitation ☐ P&A
☒ Lined ☐ Unlined Liner type: Thickness **20** mil ☒ LLDPE ☐ HDPE ☐ PVC ☐ Other _____
☒ String-Reinforced
Liner Seams: ☒ Welded ☐ Factory ☐ Other _____ Volume: **13,000** bbl Dimensions: L **150'** x W **150'** x D **6'**

3.

☐ **Closed-loop System:** Subsection H of 19.15.17.11 NMAC
Type of Operation: ☐ P&A ☐ Drilling a new well ☐ Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent)
☐ Drying Pad ☐ Above Ground Steel Tanks ☐ Haul-off Bins ☐ Other _____
☐ Lined ☐ Unlined Liner type: Thickness _____ mil ☐ LLDPE ☐ HDPE ☐ PVC ☐ Other _____
Liner Seams: ☐ Welded ☐ Factory ☐ Other _____

4.

☐ **Below-grade tank:** Subsection I of 19.15.17.11 NMAC
Volume: _____ bbl Type of fluid: _____
Tank Construction material: _____
☐ Secondary containment with leak detection ☐ Visible sidewalls, liner, 6-inch lift and automatic overflow shut-off
☐ Visible sidewalls and liner ☐ Visible sidewalls only ☐ Other _____
Liner type: Thickness _____ mil ☐ HDPE ☐ PVC ☐ Other _____



5.

☐ **Alternative Method:**
Submittal of an exception request is required. Exceptions must be submitted to the Santa Fe Environmental Bureau office for consideration of approval.

6.	<p>Fencing: Subsection D of 19.15.17.11 NMAC (<i>Applies to permanent pits, temporary pits, and below-grade tanks</i>)</p> <p><input type="checkbox"/> Chain link, six feet in height, two strands of barbed wire at top (<i>Required if located within 1000 feet of a permanent residence, school, hospital, institution or church</i>)</p> <p><input type="checkbox"/> Four foot height, four strands of barbed wire evenly spaced between one and four feet</p> <p><input type="checkbox"/> Alternate. Please specify _____</p>																				
7.	<p>Netting: Subsection E of 19.15.17.11 NMAC (<i>Applies to permanent pits and permanent open top tanks</i>)</p> <p><input type="checkbox"/> Screen <input type="checkbox"/> Netting <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Monthly inspections (If netting or screening is not physically feasible)</p>																				
8.	<p>Signs: Subsection C of 19.15.17.11 NMAC</p> <p><input type="checkbox"/> 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers</p> <p><input type="checkbox"/> Signed in compliance with 19.15.3.103 NMAC</p>																				
9.	<p>Administrative Approvals and Exceptions:</p> <p>Justifications and/or demonstrations of equivalency are required. Please refer to 19.15.17 NMAC for guidance.</p> <p>Please check a box if one or more of the following is requested, if not leave blank:</p> <p><input type="checkbox"/> Administrative approval(s): Requests must be submitted to the appropriate division district or the Santa Fe Environmental Bureau office for consideration of approval.</p> <p><input type="checkbox"/> Exception(s): Requests must be submitted to the Santa Fe Environmental Bureau office for consideration of approval.</p>																				
10.	<p>Siting Criteria (regarding permitting): 19.15.17.10 NMAC</p> <p>Instructions: <i>The applicant must demonstrate compliance for each siting criteria below in the application. Recommendations of acceptable source material are provided below. Requests regarding changes to certain siting criteria may require administrative approval from the appropriate district office or may be considered an exception which must be submitted to the Santa Fe Environmental Bureau office for consideration of approval. Applicant must attach justification for request. Please refer to 19.15.17.10 NMAC for guidance. Siting criteria does not apply to drying pads or above-grade tanks associated with a closed-loop system.</i></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 85%; vertical-align: top;"> <p>Ground water is less than 50 feet below the bottom of the temporary pit, permanent pit, or below-grade tank.</p> <p style="margin-left: 20px;">- NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells</p> </td> <td style="width: 15%; vertical-align: top; text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td style="vertical-align: top;"> <p>Within 300 feet of a continuously flowing watercourse, or 200 feet of any other significant watercourse or lakebed, sinkhole, or playa lake (measured from the ordinary high-water mark).</p> <p style="margin-left: 20px;">- Topographic map; Visual inspection (certification) of the proposed site</p> </td> <td style="vertical-align: top; text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td style="vertical-align: top;"> <p>Within 300 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application. 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(<i>Applies to permanent pits</i>)</p> <p style="margin-left: 20px;">- Visual inspection (certification) of the proposed site; Aerial photo; Satellite image</p> </td> <td style="vertical-align: top; text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA </td> </tr> <tr> <td style="vertical-align: top;"> <p>Within 500 horizontal feet of a private, domestic fresh water well or spring that less than five households use for domestic or stock watering purposes, or within 1000 horizontal feet of any other fresh water well or spring, in existence at the time of initial application.</p> <p style="margin-left: 20px;">- NM Office of the State Engineer - iWATERS database search; Visual inspection (certification) of the proposed site</p> </td> <td style="vertical-align: top; text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td style="vertical-align: top;"> <p>Within incorporated municipal boundaries or within a defined municipal fresh water well field covered under a municipal ordinance adopted pursuant to NMSA 1978, Section 3-27-3, as amended.</p> <p style="margin-left: 20px;">- Written confirmation or verification from the municipality; Written approval obtained from the municipality</p> </td> <td style="vertical-align: top; text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td style="vertical-align: top;"> <p>Within 500 feet of a wetland.</p> <p style="margin-left: 20px;">- US Fish and Wildlife Wetland Identification map; Topographic map; Visual inspection (certification) of the proposed site</p> </td> <td style="vertical-align: top; text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td style="vertical-align: top;"> <p>Within the area overlying a subsurface mine.</p> <p style="margin-left: 20px;">- Written confirmation or verification or map from the NM EMNRD-Mining and Mineral Division</p> </td> <td style="vertical-align: top; text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td style="vertical-align: top;"> <p>Within an unstable area.</p> <p style="margin-left: 20px;">- Engineering measures incorporated into the design; NM Bureau of Geology & Mineral Resources; USGS; NM Geological Society; Topographic map</p> </td> <td style="vertical-align: top; text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td style="vertical-align: top;"> <p>Within a 100-year floodplain.</p> <p style="margin-left: 20px;">- FEMA map</p> </td> <td style="vertical-align: top; text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </table>	<p>Ground water is less than 50 feet below the bottom of the temporary pit, permanent pit, or below-grade tank.</p> <p style="margin-left: 20px;">- NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Within 300 feet of a continuously flowing watercourse, or 200 feet of any other significant watercourse or lakebed, sinkhole, or playa lake (measured from the ordinary high-water mark).</p> <p style="margin-left: 20px;">- Topographic map; Visual inspection (certification) of the proposed site</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Within 300 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application. 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<p>Within a 100-year floodplain.</p> <p style="margin-left: 20px;">- FEMA map</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No																				

11.

Temporary Pits, Emergency Pits, and Below-grade Tanks Permit Application Attachment Checklist: Subsection B of 19.15.17.9 NMAC**Instructions:** Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are attached.

- ☐ Hydrogeologic Report (Below-grade Tanks) - based upon the requirements of Paragraph (4) of Subsection B of 19.15.17.9 NMAC
- ☐ Hydrogeologic Data (Temporary and Emergency Pits) - based upon the requirements of Paragraph (2) of Subsection B of 19.15.17.9 NMAC
- ☐ Siting Criteria Compliance Demonstrations - based upon the appropriate requirements of 19.15.17.10 NMAC
- ☐ Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC
- ☐ Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC
- ☐ Closure Plan (Please complete Boxes 14 through 18, if applicable) - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC
- ☐ Previously Approved Design (attach copy of design) API Number: _____ or Permit Number: _____

12.

Closed-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.9 NMAC**Instructions:** Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are attached.

- ☐ Geologic and Hydrogeologic Data (only for on-site closure) - based upon the requirements of Paragraph (3) of Subsection B of 19.15.17.9
- ☐ Siting Criteria Compliance Demonstrations (only for on-site closure) - based upon the appropriate requirements of 19.15.17.10 NMAC
- ☐ Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC
- ☐ Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC
- ☐ Closure Plan (Please complete Boxes 14 through 18, if applicable) - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC
- ☐ Previously Approved Design (attach copy of design) API Number: _____
- ☐ Previously Approved Operating and Maintenance Plan API Number: _____ (Applies only to closed-loop system that use above ground steel tanks or haul-off bins and propose to implement waste removal for closure)

13.

Permanent Pits Permit Application Checklist: Subsection B of 19.15.17.9 NMAC**Instructions:** Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are attached.

- ☐ Hydrogeologic Report - based upon the requirements of Paragraph (1) of Subsection B of 19.15.17.9 NMAC
- ☐ Siting Criteria Compliance Demonstrations - based upon the appropriate requirements of 19.15.17.10 NMAC
- ☐ Climatological Factors Assessment
- ☐ Certified Engineering Design Plans - based upon the appropriate requirements of 19.15.17.11 NMAC
- ☐ Dike Protection and Structural Integrity Design - based upon the appropriate requirements of 19.15.17.11 NMAC
- ☐ Leak Detection Design - based upon the appropriate requirements of 19.15.17.11 NMAC
- ☐ Liner Specifications and Compatibility Assessment - based upon the appropriate requirements of 19.15.17.11 NMAC
- ☐ Quality Control/Quality Assurance Construction and Installation Plan
- ☐ Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC
- ☐ Freeboard and Overtopping Prevention Plan - based upon the appropriate requirements of 19.15.17.11 NMAC
- ☐ Nuisance or Hazardous Odors, including H₂S, Prevention Plan
- ☐ Emergency Response Plan
- ☐ Oil Field Waste Stream Characterization
- ☐ Monitoring and Inspection Plan
- ☐ Erosion Control Plan
- ☐ Closure Plan - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC

14.

Proposed Closure: 19.15.17.13 NMAC**Instructions:** Please complete the applicable boxes, Boxes 14 through 18, in regards to the proposed closure plan.

- Type: ☐ Drilling ☐ Workover ☐ Emergency ☐ Cavitation ☐ P&A ☐ Permanent Pit ☐ Below-grade Tank ☐ Closed-loop System
- ☐ Alternative
- Proposed Closure Method: ☐ Waste Excavation and Removal
- ☐ Waste Removal (Closed-loop systems only)
- ☐ On-site Closure Method (Only for temporary pits and closed-loop systems)
- ☐ In-place Burial ☐ On-site Trench Burial
- ☐ Alternative Closure Method (Exceptions must be submitted to the Santa Fe Environmental Bureau for consideration)

15.

Waste Excavation and Removal Closure Plan Checklist: (19.15.17.13 NMAC) **Instructions:** Each of the following items must be attached to the closure plan. Please indicate, by a check mark in the box, that the documents are attached.

- ☐ Protocols and Procedures - based upon the appropriate requirements of 19.15.17.13 NMAC
- ☐ Confirmation Sampling Plan (if applicable) - based upon the appropriate requirements of Subsection F of 19.15.17.13 NMAC
- ☐ Disposal Facility Name and Permit Number (for liquids, drilling fluids and drill cuttings)
- ☐ Soil Backfill and Cover Design Specifications - based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC
- ☐ Re-vegetation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC
- ☐ Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC

16.

Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19.15.17.13.D NMAC)

Instructions: Please identify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two facilities are required.

Disposal Facility Name: _____ Disposal Facility Permit Number: _____

Disposal Facility Name: _____ Disposal Facility Permit Number: _____

Will any of the proposed closed-loop system operations and associated activities occur on or in areas that *will not* be used for future service and operations?

☐ Yes (If yes, please provide the information below) ☐ No

Required for impacted areas which will not be used for future service and operations

☐ Soil Backfill and Cover Design Specifications - based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC

☐ Re-vegetation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC

☐ Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC

17.

Siting Criteria (regarding on-site closure methods only): 19.15.17.10 NMAC

Instructions: Each siting criteria requires a demonstration of compliance in the closure plan. Recommendations of acceptable source material are provided below. Requests regarding changes to certain siting criteria may require administrative approval from the appropriate district office or may be considered an exception which must be submitted to the Santa Fe Environmental Bureau office for consideration of approval. Justifications and/or demonstrations of equivalency are required. Please refer to 19.15.17.10 NMAC for guidance.

Ground water is less than 50 feet below the bottom of the buried waste.

- NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells

☐ Yes ☐ No

☐ NA

Ground water is between 50 and 100 feet below the bottom of the buried waste

- NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells

☐ Yes ☐ No

☐ NA

Ground water is more than 100 feet below the bottom of the buried waste.

- NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells

☐ Yes ☐ No

☐ NA

Within 300 feet of a continuously flowing watercourse, or 200 feet of any other significant watercourse or lakebed, sinkhole, or playa lake (measured from the ordinary high-water mark).

- Topographic map; Visual inspection (certification) of the proposed site

☐ Yes ☐ No

Within 300 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application.

- Visual inspection (certification) of the proposed site; Aerial photo; Satellite image

☐ Yes ☐ No

Within 500 horizontal feet of a private, domestic fresh water well or spring that less than five households use for domestic or stock watering purposes, or within 1000 horizontal feet of any other fresh water well or spring, in existence at the time of initial application.

- NM Office of the State Engineer - iWATERS database; Visual inspection (certification) of the proposed site

☐ Yes ☐ No

Within incorporated municipal boundaries or within a defined municipal fresh water well field covered under a municipal ordinance adopted pursuant to NMSA 1978, Section 3-27-3, as amended.

- Written confirmation or verification from the municipality; Written approval obtained from the municipality

☐ Yes ☐ No

Within 500 feet of a wetland.

- US Fish and Wildlife Wetland Identification map; Topographic map; Visual inspection (certification) of the proposed site

☐ Yes ☐ No

Within the area overlying a subsurface mine.

- Written confirmation or verification or map from the NM EMNRD-Mining and Mineral Division

☐ Yes ☐ No

Within an unstable area.

- Engineering measures incorporated into the design; NM Bureau of Geology & Mineral Resources; USGS; NM Geological Society; Topographic map

☐ Yes ☐ No

Within a 100-year floodplain.

- FEMA map

☐ Yes ☐ No

18.

On-Site Closure Plan Checklist: (19.15.17.13 NMAC) **Instructions:** Each of the following items must be attached to the closure plan. Please indicate, by a check mark in the box, that the documents are attached.

☐ Siting Criteria Compliance Demonstrations - based upon the appropriate requirements of 19.15.17.10 NMAC

☐ Proof of Surface Owner Notice - based upon the appropriate requirements of Subsection F of 19.15.17.13 NMAC

☐ Construction/Design Plan of Burial Trench (if applicable) based upon the appropriate requirements of 19.15.17.11 NMAC

☐ Construction/Design Plan of Temporary Pit (for in-place burial of a drying pad) - based upon the appropriate requirements of 19.15.17.11 NMAC

☐ Protocols and Procedures - based upon the appropriate requirements of 19.15.17.13 NMAC

☐ Confirmation Sampling Plan (if applicable) - based upon the appropriate requirements of Subsection F of 19.15.17.13 NMAC

☐ Waste Material Sampling Plan - based upon the appropriate requirements of Subsection F of 19.15.17.13 NMAC

☐ Disposal Facility Name and Permit Number (for liquids, drilling fluids and drill cuttings or in case on-site closure standards cannot be achieved)

☐ Soil Cover Design - based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC

☐ Re-vegetation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC

☐ Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC

19.

Operator Application Certification:

I hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief.

Name (Print): _____ Title: _____

Signature: _____ Date: _____

e-mail address: _____ Telephone: _____

20.

OCD Approval: ☐ Permit Application (including closure plan) ☐ Closure Plan (only) ☐ OCD Conditions (see attachment)

OCD Representative Signature: _____ **Approval Date:** _____

Title: _____ **OCD Permit Number:** _____

21.

Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC

Instructions: Operators are required to obtain an approved closure plan prior to implementing any closure activities and submitting the closure report. The closure report is required to be submitted to the division within 60 days of the completion of the closure activities. Please do not complete this section of the form until an approved closure plan has been obtained and the closure activities have been completed.

☒ **Closure Completion Date:** 4-29-2009

22.

Closure Method:

☒ Waste Excavation and Removal ☐ On-Site Closure Method ☐ Alternative Closure Method ☐ Waste Removal (Closed-loop systems only)
☐ If different from approved plan, please explain.

23.

Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only:

Instructions: Please indentify the facility or facilities for where the liquids, drilling fluids and drill cuttings were disposed. Use attachment if more than two facilities were utilized.

Disposal Facility Name: _____ Disposal Facility Permit Number: _____

Disposal Facility Name: _____ Disposal Facility Permit Number: _____

Were the closed-loop system operations and associated activities performed on or in areas that *will not* be used for future service and operations?

☐ Yes (If yes, please demonstrate compliance to the items below) ☐ No

Required for impacted areas which will not be used for future service and operations:

- ☐ Site Reclamation (Photo Documentation)
☐ Soil Backfilling and Cover Installation
☐ Re-vegetation Application Rates and Seeding Technique

24.

Closure Report Attachment Checklist: *Instructions: Each of the following items must be attached to the closure report. Please indicate, by a check mark in the box, that the documents are attached.*

- ☐ Proof of Closure Notice (surface owner and division)
☐ Proof of Deed Notice (required for on-site closure)
☐ Plot Plan (for on-site closures and temporary pits)
☒ Confirmation Sampling Analytical Results (if applicable) **Attached**
☐ Waste Material Sampling Analytical Results (required for on-site closure)
☒ Disposal Facility Name and Permit Number **CRI R-9166**
☒ Soil Backfilling and Cover Installation **All Back Fill & Cover onsite**
☒ Re-vegetation Application Rates and Seeding Technique **As Per BLM specs (APD)**
☒ Site Reclamation (Photo Documentation) **Attached**

On-site Closure Location: Latitude _____ Longitude _____ NAD: ☐ 1927 ☐ 1983

25.

Operator Closure Certification:

I hereby certify that the information and attachments submitted with this closure report is true, accurate and complete to the best of my knowledge and belief. I also certify that the closure complies with all applicable closure requirements and conditions specified in the approved closure plan.

Name (Print): Scott Pitts Title: Construction Supervisor

Signature:  Date: 11-24-2009

e-mail address: scottp@yatespetroleum.com Telephone: (575)-365-4716



PHONE (575) 393-2326 • 101 E. MARLAND • HOBBS, NM 88240

ANALYTICAL RESULTS FOR
YATES PETROLEUM CORPORATION
ATTN: SCOTT PITTS
105 SOUTH 4TH
ARTESIA, NM 88210
FAX TO: (575) 748-4229

Receiving Date: 05/05/09
Reporting Date: 05/05/09
Project Number: NOT GIVEN
Project Name: NOT GIVEN
Project Location: NOT GIVEN

Glow Worm IS-H

Analysis Date: 05/05/09
Sampling Date: NOT GIVEN
Sample Type: SOIL
Sample Condition: INTACT
Sample Received By: ML
Analyzed By: HM

LAB NUMBER	SAMPLE ID	Cl ⁻ (mg/kg)
H17351-1	NW 10 FT. BGL	144
H17351-2	NW 11 FT. BGL	16
H17351-3	NW 13 FT. BGL	48
Quality Control		500
True Value QC		500
% Recovery		100
Relative Percent Difference		< 0.1

METHOD: Standard Methods

4500-Cl⁻B

Note: Analyses performed on 1:4 w:v aqueous extracts.

Cheryl S. Vane
Chemist

05/05/09
Date

H17351 YATES

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(575) 393-2326 Fax (575) 393-2476

E-mail scottp@yatespetroleum.com

Page of

Company Name: <u>Yates Petroleum Corp</u>				BILL TO				ANALYSIS REQUEST																					
Project Manager: <u>Scott Pitts</u>				P.O. #: <u>103-2542</u>				<div>Chordles 300.1</div>																					
Address: <u>105 S. 4th</u>				Company: <u>Yates Petroleum</u>																									
City: <u>Artesia</u> State: <u>NM</u> Zip: <u>88210</u>				Attn: <u>Scott Pitts</u>																									
Phone #: <u>(575) 385-4718</u> Fax #: <u>575-748-4229</u>				Address:																									
Project #: _____ Project Owner: _____				City:																									
Project Name: _____				State: _____ Zip: _____																									
Project Location: _____				Phone #: _____																									
Sampler Name: _____				Fax #: _____																									
FOR LAB USE ONLY						MATRIX		PRESERV		SAMPLING																			
Lab I.D.			(G/RAB OR C)OMP.	#	CONTAINERS	GROUNDWATER	WASTEWATER	SOIL	OIL	SLUDGE	OTHER	ACIDBASE	ICE/COOL	OTHER	DATE	TIME													
<u>H17351-1</u>	<u>NW 10A BGL</u>							<input checked="" type="checkbox"/>																					
<u>-2</u>	<u>NW 11A BGL</u>							<input checked="" type="checkbox"/>																					
<u>-3</u>	<u>NW 13A BGL</u>							<input checked="" type="checkbox"/>																					
<p>PLEASE NOTE: Liability and Damages: Cardinal'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 analyses. All claims, including those for negligence and any other cause whatsoever shall be deemed waived unless made in writing and received by Cardinal within 30 days after completion of the applicable service. In no event shall Cardinal, be liable for incidental or consequential damages including without limitation business interruptions, loss of use, or loss of profits incurred by client, its subsidiaries, or their successors arising out of or related to the performance of services hereunder by Cardinal regardless of whether such claim is based upon any of the above stated reasons or otherwise.</p>																		<p>Terms and Conditions: Interest will be charged on all accounts more than 30 days past due at the rate of 24% per annum from the original date of invoice and all costs of collections, including attorney's fees</p>											
Sampler Relinquished.				Date: <u>5/4/09</u> Received By: <u>Scott Pitts</u>				5/5/09				Phone Result: <input type="checkbox"/> No Add'l Phone #:																	
Relinquished By: <u>Scott Pitts</u>				Time: <u>3:19 pm</u>				<u>Not Relinquished</u>				10:23				Fax Result: <input type="checkbox"/> No Add'l Fax #:													
Date: _____ Received By: _____				Time: _____				REMARKS:																					
Delivered By: (Circle One)				Temp		Sample Condition		CHECKED BY:																					
Sampler - UPS - Bus - Other: <u>Fedexpress</u>						Cool Intact		(Initials)																					
						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>MCAB</u>																					

† Cardinal cannot accept verbal changes. Please fax written changes to 575-393-2476.



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ANALYTICAL RESULTS FOR
YATES PETROLEUM CORPORATION
ATTN: SCOTT PITTS
105 SOUTH 4TH STREET
ARTESIA, NM 88210
FAX TO: (575) 748-4229

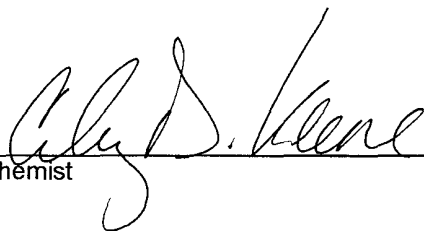
Receiving Date: 04/09/09
Reporting Date: 04/13/09
Project Owner: NOT GIVEN
Project Name: GLOW WORM 15
Project Location: NOT GIVEN

Sampling Date: 04/08/09
Sample Type: SOIL
Sample Condition: INTACT
Sample Received By: ML
Analyzed By: ZL

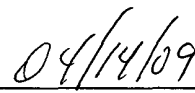
LAB NUMBER	SAMPLE ID	BENZENE	TOLUENE	ETHYL BENZENE	TOTAL XYLENES
		(mg/kg)	(mg/kg)	(mg/kg)	(mg/kg)
ANALYSIS DATE		04/13/09	04/13/09	04/13/09	04/13/09
H17213-1	5-SPOT-COMP.	<0.050	<0.050	<0.050	<0.300
Quality Control		0.059	0.054	0.051	0.163
True Value QC		0.050	0.050	0.050	0.150
% Recovery		118	108	102	109
Relative Percent Difference		3.7	4.0	7.8	10.5

METHOD: EPA SW-846 8021B

TEXAS NELAP ACCREDITATION T104704398-08-TX FOR BENZENE, TOLUENE, ETHYL BENZENE, AND TOTAL XYLENES.



Chemist



Date

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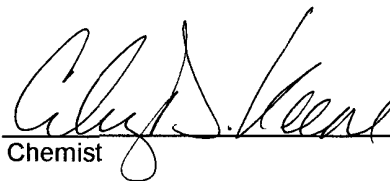
ANALYTICAL RESULTS FOR
YATES PETROLEUM CORPORATION
ATTN: SCOTT PITTS
105 SOUTH 4TH STREET
ARTESIA, NM 88210
FAX TO: (575) 748-4229

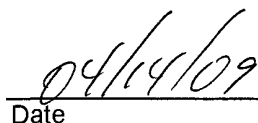
Receiving Date: 04/09/09
Reporting Date: 04/13/09
Project Owner: NOT GIVEN
Project Name: GLOW WORM 15
Project Location: NOT GIVEN

Sampling Date: 04/08/09
Sample Type: SOIL
Sample Condition: INTACT
Sample Received By: ML
Analyzed By: AB

LAB NUMBER SAMPLE ID	GRO	DRO	418.1
	(C ₆ -C ₁₀)	(>C ₁₀ -C ₂₈)	TOTAL
	(mg/kg)	(mg/kg)	TPH
			(mg/kg)
ANALYSIS DATE	04/10/09	04/10/09	04/09/09
H17213-1 5-SPOT COMP.	<10.0	<10.0	<100
Quality Control	554	551	324
True Value QC	500	500	300
% Recovery	111	110	108
Relative Percent Difference	1.7	<0.1	1.2

METHODS: TPH GRO & DRO: EPA SW-846 8015 M; EPA 418.1


Chemist


Date

H17213 TPH2 YATES

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ANALYTICAL RESULTS FOR
YATES PETROLEUM CORPORATION
ATTN: SCOTT PITTS
105 SOUTH 4TH STREET
ARTESIA, NM 88210
FAX TO: (575) 748-4229

Receiving Date: 04/09/09
Reporting Date: 04/09/09
Project Number: NOT GIVEN
Project Name: GLOW WORM 15
Project Location: NOT GIVEN

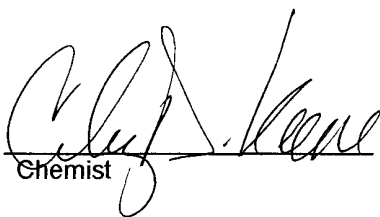
Analysis Date: 04/09/09
Sampling Date: 04/08/09
Sample Type: SOIL
Sample Condition: INTACT
Sample Received By: ML
Analyzed By: TR

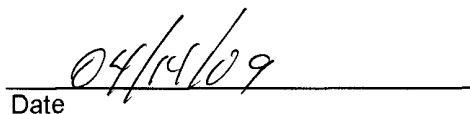
LAB NUMBER	SAMPLE ID	Cl ⁻ (mg/kg)
H17213-1	5-SPOT COMP	1,950
H17213-2	MIDDLE 10' BG2	80
H17213-3	MIDDLE 12'6" BG2	32
H17213-4	NW 7'6" BG2	5,040
H17213-5	SE 8' BG2	96
H17213-6	SW 8'6" BG2	496
H17213-7	NE 7'6" BG2	4,720
H17213-8	NE 9'6" BG2	64
H17213-9	NE 12' BG1	32
Quality Control		500
True Value QC		500
% Recovery		100
Relative Percent Difference		< 0.1

METHOD: Standard Methods

4500-Cl B

Note: Analyses performed on 1:4 w:v aqueous extracts.


Chemist


Date

H17213 YATES

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CARDINAL LABORATORIES

101 East Marland, Hobbs, NM 88240
(575) 393-2326 Fax (575) 393-2476

E-Mail scottp@yatespetroleum.com

Page ____ of ____

Company Name: <u>Yates Petroleum Corp</u>		BILL TO		ANALYSIS REQUEST											
Project Manager: <u>Scott Pitts</u>		P.O. #: <u>103-2542</u>		<div style="display: flex; flex-direction: column; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Chlorides 300.1</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">TPH 8015 M</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">TPH 418.1</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">B-Tex 8021 B</div> </div>											
Address: <u>105 S. 4th</u>		Company: <u>Yates Petroleum</u>													
City: <u>Artesia</u> State: <u>NM</u> Zip: <u>88210</u>		Attn: <u>Scott Pitts</u>													
Phone #: <u>(575) 385-4718</u> Fax #: <u>575-748-4229</u>		Address:													
Project #: _____ Project Owner: _____		City:													
Project Name: <u>Glow Worm 15</u>		State: _____ Zip: _____													
Project Location: _____		Phone #: _____													
Sampler Name: _____		Fax #: _____													

FOR LAB USE ONLY		Lab I.D.	Sample I.D.	(G)RAB OR (C)OMP	# CONTAINERS	MATRIX					PRESERV			SAMPLING	
GROUNDWATER	WASTEWATER					SOIL	OIL	SLUDGE	OTHER	ACID/BASE	ICE / COOL	OTHER	DATE	TIME	
H17213-1	(Jar) 5-Spot Comp.														
-2	Middle 10" BGL														
-3	Middle 12" "														
-4	NW 7'6" "														
-5	SE 8' BGL														
-6	SW 8'6" BGL														
-7	NE 7'6" "														
-8	NE 9'6" "														
-9	NE 12' BGL														

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Terms and Conditions: Interest will be charged on all accounts more than 30 days past due at the rate of 24% per annum from the original date of invoice, and all costs of collections including attorney's fees.

Sampler Relinquished: <u>Scott Pitts</u>		Date: <u>4-8-09</u>	Received By: <u>Steven Bentley</u>	Phone Result: <input type="checkbox"/> No	Add'l Phone #: _____
		Time: <u>4:00</u>	<u>Ocotillo</u>	Fax Result: <input type="checkbox"/> No	Add'l Fax #: _____
Relinquished By: _____		Date: <u>4-9-09</u>	Received By: <u>Marty LeBut</u>	REMARKS: _____	
		Time: <u>8:00</u>			
Delivered By: (Circle One)		Temp: <u>13°C</u>	Sample Condition	CHECKED BY: (Initials)	
Sampler - UPS - Bus - Other: _____			Cool Intact		
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>MCAB</u>	

† Cardinal cannot accept verbal changes. Please fax written changes to 575-393-2476.

Scott Pitts

To: Mike Bratcher (mbratcher@state.nm.us)
Cc: Tendayi Thorson; Tim Bussell; Mike Goodloe
Subject: Extension Request

Mr. Bratcher,

I would like to request an extension, on two reserve pit closures, I am ready to start on both of them I just don't have all my paperwork ready.
But can start as soon as I have OCD approval.

Tombstone BMB Dt. #1 660' FNL- 330' FWL- Sec. 12 T25S- R29E- Eddy co.- API 30-015-36315 – Rig release 7/12/08

Glow Worm ALX Fed. 15H – 220'FNL- 1830'FEL- Sec. 4- T23S- R31E- Eddy co. API # 30-015-36368 Rig release 7/21/08

Thank you
Scott Pitts
Construction Supervisor
Yates Petroleum Corp.

11/24/2009

Scott Pitts

From: Scott Pitts
Sent: Friday, May 08, 2009 8:26 AM
To: 'Mike Bratcher (mbratcher@state.nm.us)'
Subject: Glowworm 15-H

Mike,

As per our conversation on 5-8-09. I would like to complete the closure on this reserve pit . I will install a 20 mill liner on the North end of the pit, then backfill, and reseed.

Glow Worm 15-H sec. 4- T23S- R31E- 200' FNL- 1830' FEL- eddy co.

Thank you
Scott Pitts
Construction Supervisor
Yates Petroleum Corp.

11/24/2009





**YATES
PETROLEUM
CORPORATION**

(505) 748-1471

GLOW WORM "ALX" Federal #15H

200' FNL & 1830' FEL - NE/NE

Sec. 4 - T 23 S - R 31 E - Unit B

Eddy Co. New Mexico

2009/08/11 12:47

Lease # NM 91057



2009/08/11 12:48

Eddy Co., NM

got rain last night in pit