

PURE RESOURCES LOVINGTON SA UNIT SPILL - WELL #18 Unit L, Sect. 32, T. 16 S., R. 37 E. GPS: 32°52′63″ N 108°17′11″ W



## **CLOSURE**

Prepared by Eddie Seay Consulting September 2005



September 19, 2005

NMOCD Environmental ATTN: Larry Johnson 1625 N. French Drive Hobbs, NM 88240

RE: Pure Resources Pure #18 Spill Site

Mr. Johnson:

Pure has completed the excavation phase of this remediation and testing. We are within guidelines for closing and would like to backfill with clean soil, level, contour and seed.

Pure excavated approximately 2288 cu. yds. of oily dirt and hauled it to Saunders Landfarm, an OCD approved facility. The clean soil will come from a site just West of Lovington.

Whenever we get approval, we will backfill as approved and send a final report.

Find enclosed photos, analytical and map of site. If you have any questions, please call.

Sincerely,

'ldin w Sean

Eddie W. Seay, Agent Eddie Seay Consulting 601 W. Illinois Hobbs, NM 88242 (505)392-2236 seay04@leaco.net



PHONE (325) 673-7001 • 2111 BEECHWOOD • ABILENE, TX 79603

PHONE (505) 393-2326 • 101 E. MARLAND • HOBBS, NM 88240

ANALYTICAL RESULTS FOR EDDIE SEAY CONSULTING ATTN: EDDIE SEAY 601 W. ILLINOIS HOBBS, NM 88240 FAX TO:

Receiving Date: 09/12/05 Reporting Date: 09/14/05 Project Owner: PURE RESOURCES Project Name: PURE LOV. SA #18 SPILL SITE Project Location: S. LOVINGTON, NM Sampling Date: 09/12/05 Sample Type: SOIL Sample Condition: COOL & INTACT Sample Received By: AH Analyzed By: BC/HM

\_ \_ \_

| LAB NUMBER SAMPLE ID        | GRO<br>(C <sub>6</sub> -C <sub>10</sub> )<br>(mg/Kg) | DRO<br>(>C <sub>10</sub> -C <sub>28</sub> )<br>(mg/Kg) | Cl*<br>(mg/Kg) |
|-----------------------------|--|--|----------------|
| ANALYSIS DATE               | 09/13/05   | 09/13/05   | 09/13/05       |
| H10180-1 PURE 18-1          | <10.0  | 26.6   | 16             |
| H10180-2 PURE 18-2          | <10.0  | <10.0  | 128            |
|                             |  |  |                |
| Quality Control             | 761  | 770  | 1000           |
| True Value QC               | 800  | 800  | 1000           |
| % Recovery                  | 95.2   | 96.3   | 100            |
| Relative Percent Difference | 3.3  | 3.9  | 0.0            |

METHODS: TPH GRO & DRO: EPA SW-846 8015 M; CI<sup>-</sup>: Std. Methods 4500-CI<sup>-</sup>B \*Analyses performed on 1:4 w:v aqueous extracts.

Date

H10180.XLS

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 client for 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 thirty (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 incidental or otherwise. affiliates or 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.

CHAIN-OF-CUSTODY AND ANALYSIS REQUEST

| AF  | RDINAL LABORATO   |  |            |            |                  |                   |            |               |                    |               |                  |          |                        |                         |            |            | <u></u>      |              |                               |         |             |          |
|---|---|--|------------|------------|------------------|-------------------|------------|---------------|--------------------|---------------|------------------|----------|------------------------|-------------------------|------------|------------|--------------|--------------|-------------------------------|---------|-------------|----------|
|   |   | i, Abliene, TX 7960                    |            |            | East             |                   |            |               |                    |               |                  |          | •                      |                         |            |            |              |              |                               | Page_   |             | .*       |
| Company Name:                                     | (325) 6/3-/001  | 1 Fax (325) 673-702                    | 20 (       | 505        | ) 393            | -232              | 5 Fa       | K (60         | 5) 3:<br>1888      | 93-2          | _                |          | 11. 70                 |                         | · ·        |            | ΔΝΔΙ         | VSIS         | REQL                          |         |             |          |
| Project Manager:                                  | Eddia Sun   | CONSIGNAT                              |            |            |                  |                   |            |               | P.0                | ). #:         |                  |          |                        |                         | <b>.</b>   |            |              | T            |                               |         |             | <b></b>  |
| Address: 60 L W II (MIDS                          |   |  |            |            |                  |                   |            |               | Company            |               |                  |          |                        | 1                       |            | ŀ          |              |              |                               |         |             |          |
| city: Holdon State: NM zip: 85242                 |   |  |            |            |                  |                   |            |               | Attn:              |               |                  |          |                        |                         |            |            |              |              | ŀ                             |         |             |          |
| Phone #: 2 · 2236 Fax #: 2 · 6949                 |   |  |            |            |                  |                   |            |               | Address:           |               |                  |          | 1                      |                         | ł          |            |              |              |                               |         |             |          |
| Project #: Pure 18 Project Owner: Pure Reso undes |   |  |            |            |                  |                   |            | <b>`</b>      | City:              |               |                  |          | 1                      | • •                     |            | ł          |              |              |                               |         |             |          |
| Project Name: 🤗                                   | Lov. SA #   | 18 201                                 | 5.         | 6          |                  |                   |            |               | State: Zip:        |               |                  |          | $\left  \right\rangle$ |                         |            |            |              |              |                               |         |             |          |
| Project Location:                                 | S. Lovingta   | V                                      |            |            |                  |                   |            |               | Phone #:           |               |                  |          | Sis.                   | ١                       |            | ł          |              |              |                               | ŀ       |             |          |
| Sampler Name: 🖞                                   | Ett. ~ Sean   | <u> </u>                               |            |            |                  |                   |            |               | Fax #:             |               |                  |          | N<br>N                 |                         |            |            | <u>}</u> - 1 |              |                               |         |             |          |
| FOR LAB USE ONLY                                  |   |  |            |            | Ľ,               | M                 | ATRIX      | <u>د</u>      | PRESERV. SAMPLING  |               |                  |          | -                      |                         |            | <b>[</b> ] |              |              |                               |         |             |          |
|   |   |  | A          |            | ~                |                   | ł          |               |                    |               |                  |          |                        |                         |            |            | 1            | 1            | <b>.</b>                      |         |             |          |
|   | Somela I D  |  | (C)        | CONTAINERS | GROUNDWATER      | RER               |            | }             |                    | .,            | .                |          |                        |                         |            | <u> </u>   | 5            | 1            |                               | 1       |             |          |
| Lab I.D.  | Sample I.D  | •                                      | B OR       | TAIN       | No.              | WASTEWATER        | ľ          | 1             | ;;                 | ACID/BASE     | ICE / COOL       | ;;       |                        |                         | 6          | a          |              | [            |                               |         |             |          |
|   |   |  | (G)RAB     | CON        | N<br>D<br>D      | WAST              | 5          | studge        | OTHER:             | CID/E         | 5/3              | OTHER    | DATE                   | TIME                    |            | บ          |              |              |                               |         |             |          |
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| -2  | Pun 18-2  |  | J          | 1          |                  | Ī                 | ,†         | †             |                    |               | J                |          | 1 <u>1'a</u>           | 10:00                   | 5          | . /        | <u> </u>     | ╂───         |                               | †       |             | · · · ·  |
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|   |   |  | -          |            |                  |                   | - <b> </b> |               |                    |               |                  | <u> </u> |                        |                         |            |            | <b> </b>     | <b> </b>     | <b> </b>                      | ⊢∔      |             | ·        |
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|   |   |  | <b>  </b>  |            | -+               | +-                | +          |               | $\left  - \right $ |               |                  |          |                        |                         | ·          | ·          |              | · ·          |                               |         |             |          |
|   | Damages, Cardinal's liability and client's excluse  |  |            |            |                  |                   |            |               |                    |               |                  |          |                        |                         |            |            |              |              | e charged or                  |         |             |          |
| service. In no event shell Cardle                 | cee for negligence and any other cause wheteoever<br>all be liable for incidental or consequential demages, | , including without limitation, busing | ese interr | uptione    | , loss of        | Line, or k        | one of pr  | iofits Inc    | arred b            | y clieni      | t, its w         | bider    | les,                   |                         |            |            |              |              | er annum in<br>ittorney's iee |         | nal date of | invoice, |
| Sampler Relinquis                                 | ut of or related to the performance of vervices here<br>hed:  | Date: 9/17                             |            |            | d By             |                   | any of t   | he sbov       | a state            | d rees        | one of (         | therwi   | tee,                   | Phone Result:           |            | C Ye       |              | No           | T                             |         | ·           |          |
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| Sampler - UFS -                                   | bus - other:  |  | •          |            | ,                |                   | -IH        |               |                    | hunn          | HA 18)           |          |                        |                         |            |            |              |              |                               |         |             |          |

† Cardinal cannot accept verbal changes. Please fax written changes to (325) 673-7020.

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PURE RESOURCES

|   | Dalaas |
|---|--------|
| 1220 S. St. Francis Dr., Santa Fe, NM 87505             |        |
| 0 Rio Brazos Road, Azicc, NM 87410                      |        |
| 130) W. Grand Avenue, Artesia, NM 58210<br>District III |        |
| District II<br>District II                              | J      |
| District I  |        |

## State of New Mexico Energy Minerals and Natural Resources

Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505

Form C-141 Revised October 10, 2003

Submit 2 Copies to appropriate District Office in accordance with Rule 116 on back side of form

| · · ·   |   |  | Re   | leas                        | e Notifi                         | catio                               | n and Co   | orrective A  | ction                                 |   |  |                                |                                  |  |  |  |
|---|---|--|--|-----------------------------|----------------------------------|-------------------------------------|--|--|---------------------------------------|---|--|--------------------------------|----------------------------------|--|--|--|
|   |   |  |  | <i>,</i>                    | $\sim$                           |                                     | OFERA'   | ror  |                                       | 🛛 Initia                                  | il Report                                  |                                | Final Report                     |  |  |  |
| Name of Co  | papany Pu                                     | re Resource  | es (   | 216                         | 387                              |                                     |  | ryl Ruthardt   |                                       |   |  |                                |                                  |  |  |  |
| Address P.C                                       | ). Box 609                                    | Lovington  | , NM 88  |                             |                                  |                                     | Telephone No. Off 505-393-7503 Cell - 505-390-8418                 |  |                                       |   |  |                                |                                  |  |  |  |
| Facility Na                                       | me Loving                                     | ton Sai Adi  | res Unit   |                             |                                  |                                     | Facility Type - Oil and Gas Production with Water Flood Operations |  |                                       |   |  |                                |                                  |  |  |  |
| Surface Ow  | ner - City                                    | of Lovingto  | n NM   |                             | Mineral (                        | Owner -                             | State  |  |                                       | Lease N                                   | lo. B-1527                                 |                                |                                  |  |  |  |
|   |   |  |  | • .                         | LOC                              | ATIO                                | N OF REI   | LEASE  | ······                                |   |  |                                |                                  |  |  |  |
| Unit Letter<br>L                                  | Section<br>32                                 | Township<br>16S  | Range<br>37E   | 1                           | et from the                      | North<br>South                      | South Line   | Feet from the<br>330   | East/W<br>West                        | est Line                                  | County<br>Lea                              |                                |                                  |  |  |  |
|   |   |  | Latitudo   | e - N:                      | -                                |                                     | Longitud<br>OF RELI  | e - W103 degn  | ees 17,1                              | 11'                                       |  |                                |                                  |  |  |  |
| Type of Rele                                      | ne - Produ                                    | end Water w  | ith Iron S   | ulfide                      |                                  | UNE                                 |  | Release - Est. 15  | bbis                                  | Volume N                                  | ecovered -                                 | 5 bbls                         |                                  |  |  |  |
| Source of Re                                      |   |  |  |                             |                                  |                                     | Date and H<br>8-5-05 9:00  | our of Occurrenc   |                                       |   | Hour of Disc                               |                                |                                  |  |  |  |
| Was Immedi  | nte Notice (                                  |  | Yes [  |                             | o 🔲 Not R                        | .cyvired                            | If <b>YES</b> , To<br>Syliva Dicl                                  |  |                                       |   |  |                                |                                  |  |  |  |
| By Whom?  |   |  |  |                             |                                  |                                     | Date and H   |  |                                       |   |  | ~~~~                           |                                  |  |  |  |
| Was a Water                                       | course Read                                   |  | ] Yes  | Ø N                         | D                                |                                     | If YES, Vo   | lume Impacting t   | he Wate;                              | Course.                                   |  |                                |                                  |  |  |  |
| If a Wateroou                                     | use was Ita                                   | pacted Desci   | rib: Fully   |                             |                                  | *                                   | 1  |  |                                       |   |  |                                |                                  |  |  |  |
| Describe Cau<br>Hole in 2" Fi                     | se of Proble<br>berglass lin                  | em and Reme<br>e releasing pr                                      | edial Actions for the second s | on Ta<br>water f            | ken.<br>from pressuri            | zed wate                            | r injection lin  | e servicing LSA  | J#18. Ci                              | avse is unk                               | nown at tim                                | e of re                        | port.                            |  |  |  |
| Surface area.                                     | ter and Iron<br>Source of le                  | ı sulfide resid<br>ak was isolat                                   | lual spray<br>ted. Free  | on pe<br>stand              | asture land an<br>ling fluid was | recover                             | ed by vacuum   | to leak location of<br>truck and hauled<br>led synergy wrap  | l to dispo                            | isal Augus                                | tely 7172 so<br>t 5, 2005. Sp              | quare (a<br>bill site          | eet of<br>will be                |  |  |  |
| regulations al<br>public health<br>should their o | or the envir<br>perations have<br>ment. In ad | are required to<br>connect. The<br>ave failed to a<br>idition, NMC | to report a<br>acceptan<br>adequatel<br>CD acce  | und/or<br>uce of<br>by invo | file certain n<br>a C-141 repo   | elease no<br>ort by the<br>emediate | ntifications and<br>NMOCD main<br>contamination                    | cnowledge and us<br>d perform correct<br>rked as "Final Re-<br>ta that pose a three<br>the operator of r | tive actio<br>sport" do<br>sat to gro | ns for rele<br>es not relie<br>und water, | ases which i<br>we the open<br>surface wat | nay en<br>stor of i<br>er, hun | danger<br>Hability<br>uan health |  |  |  |
| Signature;  |   | - <u></u>  |  |                             |                                  |                                     |  | OIL CONS   | SERV/                                 | TION                                      | DIVISIO                                    | N                              |                                  |  |  |  |
| Printed Name                                      | : Darry Ru                                    | thardt   |  |                             |                                  | /                                   | Approved by District Supervisor:                                   |  |                                       |   |  |                                |                                  |  |  |  |
| Title: East An                                    |   |  |  |                             |                                  |                                     | pproval Date   |  | E                                     | piration D                                | )ate:                                      | e:                             |                                  |  |  |  |
| E-mail Address: druthardy@pureresouces.com        |   |  |  |                             |                                  |                                     | Conditions of Approval:  |  |                                       |   |  |                                |                                  |  |  |  |

Phone: 505-396-7503

8/5/05 ate: Attach Additional Sheets If Necessary

## Saunders Land Farm Waste Manifest **Generators/Originating Site** Location: Pure Resources LASU TRUNKline # 2 Site Pure 18 Section: 31 Township: 165 Range: 37E Trucking Company: ED Legalton Drivers Signature: Type of internan Oil conteminated Sail Quantity: 2288 I gads By \_\_\_\_\_yd Dump Truck \_\_\_\_\_ Total yds Cell Number material was placed in land farm: FARM Attendant (on duty) Signature: Date: <u>9/15/05</u>

As a condition of acceptance for disposal, I hereby certify that this waste is exempt waste as defined by the EPA. The waste listed above was generated as a result of oil and gas operations and is exempt from RCRA Sub-Title C Regulations and not mixed with non-exempt waste.

Signature:





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References and the second s