

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

Form C-144
June 1, 2004

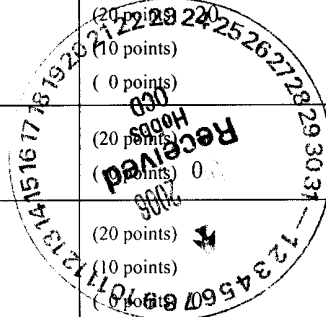
Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

For drilling and production facilities, submit to appropriate NMOCD 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 ☒

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

Operator: <u>CHESAPEAKE OPERATING, INC.</u> Telephone: <u>432-687-2992</u> e-mail address: <u>SSTRICKLIN@CHKENERGY.COM</u>		
Address: <u>P. O. BOX 11050 MIDLAND, TEXAS 79702-8050</u>		
Facility or well name: <u>BRIGHT 2 STATE COM WELL #001</u> API #: <u>30-025-37524</u> U/L or Qtr/Qtr <u>H</u> Sec <u>2</u> T <u>10S</u> R <u>33E</u>		
County: <u>LEA</u> Latitude _____ Longitude _____ NAD: 1927 <input type="checkbox"/> 1983 <input type="checkbox"/>		
Surface Owner: Federal <input type="checkbox"/> State <input type="checkbox"/> Private <input checked="" type="checkbox"/> Indian <input type="checkbox"/>		
Pit Type: Drilling <input checked="" type="checkbox"/> Production <input type="checkbox"/> Disposal <input type="checkbox"/> Workover <input type="checkbox"/> Emergency <input type="checkbox"/> Lined <input checked="" type="checkbox"/> Unlined <input type="checkbox"/> Liner type: Synthetic <input checked="" type="checkbox"/> Thickness <u>12</u> mil Clay <input type="checkbox"/> Pit Volume <u>12,139</u> bbl	Below-grade tank 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.) <u>-50'</u>	Less than 50 feet 50 feet or more, but less than 100 feet 100 feet or more	
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	
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	
Ranking Score (Total Points)		

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 GANDY-MARLEY. (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:
PIT CONTENTS WERE EXCAVATED AND TRANSPORTED TO THE GANDY-MARLEY, INC. NMOCD-APPROVED DISPOSAL FACILITY NEAR CAPROCK, NM. THE PIT WAS THEN BACKFILLED WITH CLEAN SOIL, COMPACTED, AND LEVELLED TO GRADE. THE PIT CLOSURE WAS STARTED ON NOVEMBER 15, 2006 AND COMPLETED ON NOVEMBER 29, 2006. CONFIRMATION SAMPLES WERE TAKEN FROM THE EXCAVATED PIT PRIOR TO BACKFILLING AND ARE ATTACHED.

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 <input checked="" type="checkbox"/> , a general permit <input type="checkbox"/> , or an (attached) alternative OCD-approved plan <input type="checkbox"/> .		
Date: <u>12/2/06</u>	CLIFF BRUNSON, PRESIDENT, BBC INTL.	
Printed Name/Title	Signature <u>Cliff P. Brunson</u>	FOR CHESAPEAKE OPERATING, INC.
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		
Approval:		
Printed Name/Title <u>GARY W. WINK</u>	Signature <u>Gary W. Wink</u>	Date: <u>12/8/06</u>



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

Receiving Date: 11/29/06
Reporting Date: 11/29/06
Project Owner: NOT GIVEN
Project Name: BRIGHT 2 STATE COM WELL #001
Project Location: TATUM, NM

Analysis Date: 11/29/06
Sampling Date: 11/28/06
Sample Type: SOIL
Sample Condition: COOL & INTACT
Sample Received By: LB
Analyzed By: HM

LAB NO.	SAMPLE ID	Cl ⁻ (mg/Kg)
H11856-1	PIT BOTTOM	80
Quality Control		480
True Value QC		500
% Recovery		96
Relative Percent Difference		1.4

NOTE: Analysis performed on a 1:4 w:v aqueous extract.

Date _____

H11856

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 incurred by client, its subsidiaries, 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.



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: BBC International, Inc.		BILL TO		ANALYSIS REQUEST																							
Project Manager: Cliff Brunson		P.O. #:																									
Address: P.O. Box 805		Company:																									
City: Hobbs State: NM Zip: 88241		Attn: Same																									
Phone #: 397-6388 Fax #: 397-0397		Address:																									
Project #: Project Owner:		City:																									
Project Name: Bright 2 State Com Well #001		State: Zip:																									
Project Location: Tatum, NM		Phone #:																									
Sampler Name: Cliff Brunson		Fax #:																									
FOR LAB USE ONLY	Lab I.D.	Sample I.D.	(G)RAB OR (C)OMP.	# CONTAINERS	MATRIX		PRESERV.	SAMPLING		Chloride																	
					GROUNDWATER	WASTEWATER	SOIL	CRUDE OIL	SLUDGE													OTHER :	ACID/BASE:	ICE / COOL	OTHER :	DATE	TIME
	H11856-1	Pit Bottom	G	1			<input checked="" type="checkbox"/>																	<input checked="" type="checkbox"/>		11/18/06	3:20pm

PLEASE NOTE: Liability and Damages: Cardinal's liability and therein exclusive (except for any claim arising whether based in contract or tort, shall be limited to the amount paid by the client for the services. 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, affiliates or successors arising out of or related to the performance of services rendered by Cardinal, regardless of whether such claim is based upon any of the above stated reasons or otherwise.

Terms and Conditions: Interest will be charged on all accounts more than 30 days past due at the rate of 2 1/4% per annum from the original date of invoice, and all costs of collections, including attorney's fees.

Sampler Relinquished:		Date: 11/29/06		Received By:		Phone Result: <input type="checkbox"/> Yes <input type="checkbox"/> No Add'l Phone #:	
Relinquished By: Cliff Brunson		Time: 10:30 AM		Received By: [Signature]		Fax Result: <input type="checkbox"/> Yes <input type="checkbox"/> No Add'l Fax #:	
Delivered By: [Signature]		Date: 11/29/06		Received By: [Signature]		REMARKS:	
Time: 10:44							
Delivered By: (Circle One)		Sample Condition		CHECKED BY:			
Sampler - UPS - Bus - Other:		Cool <input type="checkbox"/> Intact <input type="checkbox"/>		(Initials)			
		Yes <input type="checkbox"/> No <input type="checkbox"/>		[Signature]			

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