

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

Form C-144
June 1, 2004

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>Range Operating New Mexico, Inc</u> Telephone: <u>(505) 631-0926</u> e-mail address: <u>salmager@rangeresources.com</u>		
Address: <u>P.O. Box 2510 Hobbs, NM 88241</u>		
Facility or well name: <u>New Mexico "M" State #53</u> #: <u>30-025-37692</u> U/L or Qtr/Qtr <u>UL-O</u> Sec <u>18</u> T <u>22S</u> R <u>37E</u>		
County: <u>Lea</u> Latitude <u>N 32° 23.136'</u> Longitude <u>W 103° 11.942'</u> NAD: 1927 <input checked="" 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>20</u> mil Clay <input type="checkbox"/> Pit Volume _____ 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.)	Less than 50 feet (20 points) 50 feet or more, but less than 100 feet (10 points) <u>90 feet</u> 100 feet or more (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 (20 points) No (0 points) <u>X</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) 1000 feet or more (0 points) <u>X</u>	
Ranking Score (Total Points) 10		

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 Sundance. (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: All fluids were removed from the pit. The burial pit was constructed adjacent to the drilling pit. The burial pit was lined with a 12 ml liner. Impacted material was placed in the burial pit, completely encapsulated and capped with a 20 ml liner, and covered with 3 feet of topsoil to grade.
Hydrocarbon impacted soil was disposed at an NMOCD approved facility.

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: _____

Printed Name/Title: Steve Almager, Production Supervisor

Signature:

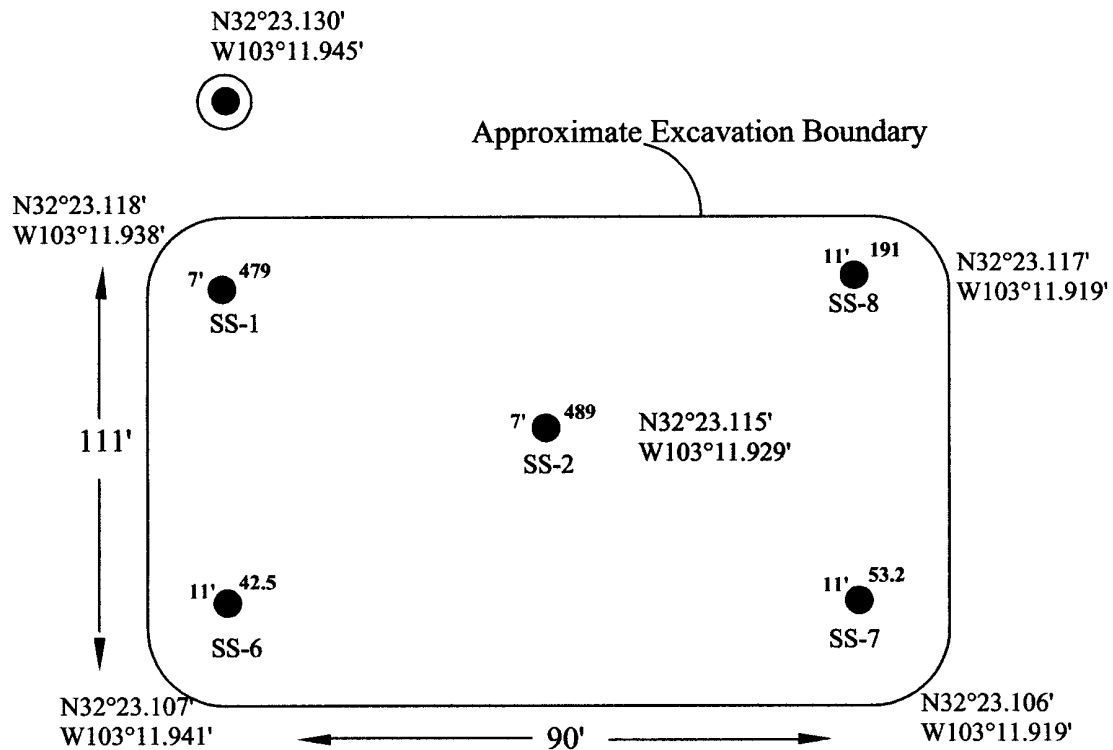
Your certification and NMOCD approval of this application/closure does not relieve the operator of liability should the contents of the pit or tank contaminate ground water or otherwise endanger public health or the environment. Nor does it relieve the operator of its responsibility for compliance with any other federal, state, or local laws and/or regulations.

Approval:

Printed Name/Title: L. JOHNSON ENVIRO ENGR

Signature:

Date: 1-9-07

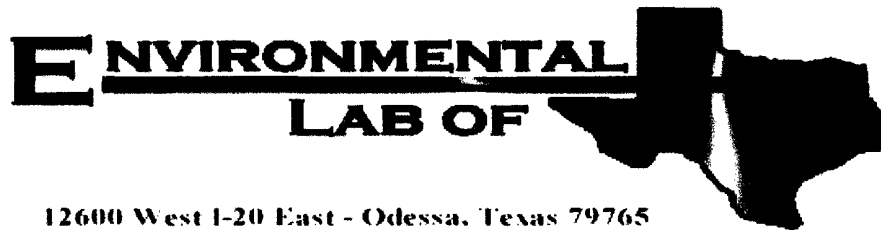


<p>7' 479</p> <p>SS-1</p> <p>Soil sample location taken at a depth bgs, with chloride concentration (mg/kg) on December 19, 2006.</p> <p>Wellhead location</p> <p>N32°23.118' W103°11.938' GPS Coordinates</p>	<p>LEGEND</p>
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DATE: 12-27-06
NAME: CHH
PROJECT NO.: 6-0137

<p>FIGURE # 1</p> <p>LEA COUNTY, NEW MEXICO</p>	
<p>Range Resources</p> <p>New Mexico "M" State #53 U.L.0, Sec.18, T22S, R37E</p>	<p>Site Drawing (Not to Scale)</p>
<p>Ocotillo</p>	



Analytical Report

Prepared for:

Cindy Crain

Ocotillo Environmental

2125 French Dr.

Hobbs, NM 88201

Project: Range- NM M State #53

Project Number: None Given

Location: Eunice, NM

Lab Order Number: 6L21002

Report Date: 12/27/06

Ocotillo Environmental
2125 French Dr.
Hobbs NM, 88201

Project: Range- NM M State #53
Project Number: None Given
Project Manager: Cindy Crain

Fax: (432) 367-6747

ANALYTICAL REPORT FOR SAMPLES

Sample ID	Laboratory ID	Matrix	Date Sampled	Date Received
SS-1	6L21002-01	Soil	12/19/06 12:20	12-21-2006 08:00
SS-2	6L21002-02	Soil	12/19/06 12:30	12-21-2006 08:00
SS-6	6L21002-03	Soil	12/19/06 13:05	12-21-2006 08:00
SS-7	6L21002-04	Soil	12/19/06 13:10	12-21-2006 08:00
SS-8	6L21002-05	Soil	12/19/06 13:15	12-21-2006 08:00

Ocotillo Environmental
2125 French Dr.
Hobbs NM, 88201

Project: Range- NM M State #53
Project Number: None Given
Project Manager: Cindy Crain

Fax: (432) 367-6747

General Chemistry Parameters by EPA / Standard Methods
Environmental Lab of Texas

Analyte	Result	Reporting Limit	Units	Dilution	Batch	Prepared	Analyzed	Method	Notes
SS-1 (6L21002-01) Soil									
Chloride	479	20.0	mg/kg Wet	2	EL62214	12/22/06	12/22/06	SW 846 9253	
SS-2 (6L21002-02) Soil									
Chloride	489	20.0	mg/kg Wet	2	EL62214	12/22/06	12/22/06	SW 846 9253	
SS-6 (6L21002-03) Soil									
Chloride	42.5	20.0	mg/kg Wet	2	EL62214	12/22/06	12/22/06	SW 846 9253	
SS-7 (6L21002-04) Soil									
Chloride	53.2	20.0	mg/kg Wet	2	EL62214	12/22/06	12/22/06	SW 846 9253	
SS-8 (6L21002-05) Soil									
Chloride	191	20.0	mg/kg Wet	2	EL62214	12/22/06	12/22/06	SW 846 9253	

Environmental Lab of Texas

The results in this report apply to the samples analyzed in accordance with the samples received in the laboratory. This analytical report must be reproduced in its entirety, with written approval of Environmental Lab of Texas.

Page 2 of 4

Ocotillo Environmental
2125 French Dr.
Hobbs NM, 88201

Project: Range- NM M State #53
Project Number: None Given
Project Manager: Cindy Crain

Fax: (432) 367-6747

General Chemistry Parameters by EPA / Standard Methods - Quality Control
Environmental Lab of Texas

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
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Batch EL62214 - General Preparation (WetChem)

Blank (EL62214-BLK1)

Prepared & Analyzed: 12/22/06

Chloride ND 20.0 mg/kg Wet

LCS (EL62214-BS1)

Prepared & Analyzed: 12/22/06

Chloride 91.5 5.00 mg/kg Wet 100 91.5 80-120

Matrix Spike (EL62214-MS1)

Source: 6L21003-21

Prepared & Analyzed: 12/22/06

Chloride 585 20.0 mg/kg Wet 500 63.8 104 80-120

Matrix Spike Dup (EL62214-MSD1)

Source: 6L21003-21

Prepared & Analyzed: 12/22/06

Chloride 596 20.0 mg/kg Wet 500 63.8 106 80-120 1.86 20

Reference (EL62214-SRM1)

Prepared & Analyzed: 12/22/06

Chloride 50.0 mg/kg 50.0 100 80-120

Ocotillo Environmental
2125 French Dr.
Hobbs NM, 88201

Project: Range- NM M State #53
Project Number: None Given
Project Manager: Cindy Crain

Fax: (432) 367-6747

Notes and Definitions

DET Analyte DETECTED
ND Analyte NOT DETECTED at or above the reporting limit
NR Not Reported
dry Sample results reported on a dry weight basis
RPD Relative Percent Difference
LCS Laboratory Control Spike
MS Matrix Spike
Dup Duplicate

Report Approved By:

Raland K Tuttle

Date:

12/27/2006

Raland K. Tuttle, Lab Manager
Celey D. Keene, Lab Director, Org. Tech Director
Peggy Allen, QA Officer

Jeanne Mc Murrey, Inorg. Tech Director
LaTasha Cornish, Chemist
Sandra Sanchez, Lab Tech.

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If you have received this material in error, please notify us immediately at 432-563-1800.

Environmental Lab of Texas

CHAIN OF CUSTODY RECORD AND ANALYSIS REQUEST

12800 West I-20 East
Odessa, Texas 79766

Phone: 432-563-1800
Fax: 432-563-1713

Project Manager: Cindy Crain

Project Name: Range - NM M State #53

Company Name: Ocotillo Environmental, LLC

Project #: _____

Company Address: 2125 French Drive, P.O. Box 1818

Project Loc: EVILLE, NM

City/State/Zip: Hobbs, NM 88241

PO #: _____

Telephone No: (505) 441-7244

Fax No: (432) 367-6747

Report Format: ☒ Standard ☐ TRRP ☐ NPDES

Sampler Signature: Cassie Hobbs

e-mail: cindy.crain@gmail.com

(lab use only)
ORDER #: 6121062

LAB # (lab use only)		FIELD CODE	Beginning Depth	Ending Depth	Date Sampled	Time Sampled	Field Filled	Total # of Containers	Ice	HNO ₃	HCl	H ₂ SO ₄	NaOH	Na ₂ S ₂ O ₃	None	Other (Specify)	DW=Drinking Water SL=Sludge GW=Groundwater S=Soil/Solid NP=Non-Potable Specify Other	TPH: 418.1 8015M 801615M	TPH: TX 1005 TX 1008	Calcium (Ca, Mg, Na, K)	Anions (3) SO ₄ , Alkalinity	SAR / ESP / CEC	Metals: As Ag Ba Cd Cr Pb Hg S	Volatiles	Semivolatiles	BTX 80219/6030 or BTX 8260	RCI	NORM	RUSH TAT (Per-Schedule) 24, 48, 72 hrs	Standard TAT	
01	02								03	04	05	Ice	HNO ₃	HCl	H ₂ SO ₄	NaOH	Na ₂ S ₂ O ₃	None	Other (Specify)	DW=Drinking Water SL=Sludge GW=Groundwater S=Soil/Solid NP=Non-Potable Specify Other	TPH: 418.1 8015M 801615M	TPH: TX 1005 TX 1008	Calcium (Ca, Mg, Na, K)	Anions (3) SO ₄ , Alkalinity	SAR / ESP / CEC	Metals: As Ag Ba Cd Cr Pb Hg S	Volatiles	Semivolatiles	BTX 80219/6030 or BTX 8260	RCI	NORM
01		SS-1	7'	7'	12/19/06	12:20									✓		S				✓										
02		SS-2	7'	7'		12:30									✓		S				✓										
03		SS-6	17'	17'		13:05									✓		S				✓										
04		SS-7	11'	11'		13:40									✓		S				✓										
05		SS-8	11	11	✓	13:15									✓		S				✓										

Special Instructions:

Relinquished by:	Date	Time	Received by:	Date	Time
<u>Cassie Hobbs</u>	<u>12/21/06</u>	<u>7:30</u>			
Relinquished by:	Date	Time	Received by:	Date	Time
Relinquished by:	Date	Time	Received by: ELOI	Date	Time
<u>Drop Box</u>	<u>12/21/06</u>	<u>8:00</u>	<u>Cassie Kelly</u>	<u>12/21/06</u>	<u>8:00</u>

Laboratory Comments:

Sample Containers Intact? Y N
 VOCs Free of Headpace? Y N
 Labels on container(s)? Y N
 Custody seals on container(s)? Y N
 Custody seals on cooler(s)? Y N
 Sample Hand Delivered by Sampler/Client Rep.? Y N
 by Courier? Y N UPS Y N DHL Y N FedEx Y N Lone Star Y N
 Temperature Upon Receipt: 12.5 °C

Environmental Lab of Texas

Variance/ Corrective Action Report- Sample Log-In

Client: Ocotillo
 Date/ Time: 12/21/04 8:00
 Lab ID #: 6121002
 Initials: CE

Sample Receipt Checklist

				Client Initials
#1	Temperature of container/ cooler?	Yes	No	12.5 °C
#2	Shipping container in good condition?	Yes	No	
#3	Custody Seals intact on shipping container/ cooler?	Yes	No	Not Present
#4	Custody Seals intact on sample bottles/ container?	Yes	No	Not Present
#5	Chain of Custody present?	Yes	No	
#6	Sample instructions complete of Chain of Custody?	Yes	No	
#7	Chain of Custody signed when relinquished/ received?	Yes	No	
#8	Chain of Custody agrees with sample label(s)?	Yes	No	ID written on Cont./ Lid
#9	Container label(s) legible and intact?	Yes	No	Not Applicable
#10	Sample matrix/ properties agree with Chain of Custody?	Yes	No	
#11	Containers supplied by ELOT?	Yes	No	
#12	Samples in proper container/ bottle?	Yes	No	See Below
#13	Samples properly preserved?	Yes	No	See Below
#14	Sample bottles intact?	Yes	No	
#15	Preservations documented on Chain of Custody?	Yes	No	
#16	Containers documented on Chain of Custody?	Yes	No	
#17	Sufficient sample amount for indicated test(s)?	Yes	No	See Below
#18	All samples received within sufficient hold time?	Yes	No	See Below
#19	Subcontract of sample(s)?	Yes	No	Not Applicable
#20	VOC samples have zero headspace?	Yes	No	Not Applicable

Variance Documentation

Contact: _____ Contacted by: _____ Date/ Time: _____

Regarding: _____

Corrective Action Taken: _____

Check all that Apply:

☐
☐
☐

See attached e-mail/ fax
 Client understands and would like to proceed with analysis
 Cooling process had begun shortly after sampling event