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 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 \( \subseteq \text{No } \subseteq \)

Type of action: Registration of a pit or below-grade tank \( \subseteq \) Closure of a pit or below-grade tank \( \subseteq \) Telephone: 505-631-5835 e-mail address: Kenny P.K. dd @conoco shilliss.com Address: HC 60 BOX66 88260-9664 API#:30-025-38/0S Surface Owner: Federal State Private Indian Pit Below-grade tank Type: Drilling Production Disposal \_bbl Type of fluid: \_ Volume: Workover ☐ Emergency ☐ Construction material: Double-walled, with leak detection? Yes If not, explain why not. Lined Unlined Liner type: Synthetic Thickness / mil Clay Pit Volume 3000 bbl Less than 50 feet (20 points) Depth to ground water (vertical distance from bottom of pit to seasonal 50 feet or more, but less than 100 feet (10 points) high water elevation of ground water.) 100 feet or more ( 0 points) (20 points) Wellhead protection area: (Less than 200 feet from a private domestic ( 0 points) water source, or less than 1000 feet from all other water sources.) Less than 200 feet (20 points) Distance to surface water: (horizontal distance to all wetlands, playas, 200 feet or more, but less than 1000 feet (10 points) irrigation canals, ditches, and perennial and ephemeral watercourses.) 1000 feet or more ( 0 points) 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 \_\_\_\_\_\_\_. (3) Attach a general description of remedial action taken including your are burying in place) onsite offsite I If offsite, name of facility 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 according to 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 cribed has been/will be constructed or closed according to NMOCD guidelines [2], a general permit [3], or an (attached) alternative QCD 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. Printed Name/Title GARY W. WINK STAFFMGRignature Lang W. Work Date: 3/2