

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>CHESAPEAKE OPERATING, INC.</u> Telephone: <u>432-687-2992</u> e-mail address: <u>SSTRICKLIN@CHKENERGY.CO</u>		
Address: <u>P. O. BOX 11050 MIDLAND, TEXAS 79702-8050</u>		
Facility or well name: <u>LIVESTOCK 9 FEDERAL WELL 003</u>	API #: <u>30-025-38013</u>	U/L or Qtr/Qtr <u>F</u> Sec <u>9</u> T <u>22S</u> R <u>33E</u>
County: <u>LEA</u>	Latitude _____	Longitude _____ NAD: 1927 <input type="checkbox"/> 1983 <input type="checkbox"/>
Surface Owner: Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> Private <input type="checkbox"/> Indian <input type="checkbox"/>		
<b>Pit</b> 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	<b>Below-grade tank</b> 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>375'</u>	Less than 50 feet 50 feet or more, but less than 100 feet 100 feet or more	(20 points) (10 points) ( 0 points) <u>0</u>
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	(20 points) ( 0 points) <u>0</u>
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	(20 points) (10 points) ( 0 points) <u>0</u>
<b>Ranking Score (Total Points)</b>		<u>0</u>

**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: \_\_\_\_\_. (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
A SIDE DEEP BURIAL TRENCH WAS EXCAVATED NEXT TO THE PIT. THE TRENCH WAS LINED WITH A 20 MIL SYNTHETIC LINER. THE PIT CONTENTS WERE THEN PLACED INTO THE LINED TRENCH. THE SIDES OF THE TRENCH WERE FOLDED OVER THE CONTENTS AND A TOP COVER OF 20 MIL SYNTHETIC LINER WAS SEWED IN PLACE. THREE FEET OF TOP SOIL WAS PLACED ON TOP OF THE LINED TRENCH AND COMPACTED. THE ORIGINAL PIT WAS BACKFILLED WITH CLEAN SOIL, COMPACTED, AND LEVELLED TO GRADE. 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 ☒, a general permit ☐, or an (attached) alternative OCD-approved plan ☐.

Date 7/7/07

CLIFF BRUNSON, PRESIDENT, BBC INTL.

Printed Name/Title \_\_\_\_\_ Signature Cliff P. Brunson 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 CHRIS WILLIAMS / DIST. SUPERVISOR Signature Chris Williams Date 7/16/07



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

Receiving Date: 06/27/07  
Reporting Date: 06/28/07  
Project Owner: NOT GIVEN  
Project Name: LIVESTOCK FED. 3-9  
Project Location: EUNICE, NM

Analysis Date: 06/27/07  
Sampling Date: 06/26/07  
Sample Type: SOIL  
Sample Condition: COOL & INTACT  
Sample Received By: LB  
Analyzed By: HM

LAB NO.	SAMPLE ID	Cl <sup>-</sup> (mg/Kg)
H12818-1	PIT COMPOSITE	16
Quality Control		490
True Value QC		500
% Recovery		98
Relative Percent Difference		1.0

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

Lope L. M. Navarro  
Chemist

06-28-87  
Date

H12818 BBC

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# 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: <u>BBC International, Inc.</u>		BILL TO		ANALYSIS REQUEST																							
Project Manager: <u>Cliff Brunson</u>		P.O. #:																									
Address: <u>P.O. Box 801</u>		Company:																									
City: <u>Hobbs</u> State: <u>NM</u> Zip: <u>88241</u>		Attn: <u>Same</u>																									
Phone #: <u>505-397-6388</u> Fax #: <u>505-397-0397</u>		Address:																									
Project #: _____ Project Owner:		City:																									
Project Name: <u>Livestock Fed. 3-9</u>		State: _____ Zip: _____																									
Project Location: <u>Enrre, NM</u>		Phone #: _____																									
Sampler Name: <u>Cliff Brunson</u>		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
	<u>N12818-1</u>	<u>Pit Composite</u>	<u>C</u>	<u>1</u>			<input checked="" type="checkbox"/>																			<u>6/24/07</u>	<u>11:45am</u>
<small>PLEASE NOTE: Liability and Damages: Cardinal's liability and damages (including for any claim arising whether based in contract or tort, shall be limited to the amount paid by the client for the analysis. 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.</small>																											
Sampler Relinquished:			Date: <u>6/27/07</u>	Received By: <u>[Signature]</u>		Phone Result: <input type="checkbox"/> Yes <input type="checkbox"/> No		Add'l Phone #:																			
Relinquished By: <u>[Signature]</u>			Time: <u>1:20pm</u>	Received By: (Lab Staff)		Fax Result: <input type="checkbox"/> Yes <input type="checkbox"/> No		Add'l Fax #:																			
Date: _____			Time: _____																								
Time: _____																											
Delivered By: (Circle One)				Sample Condition				CHECKED BY:																			
Sampler - UPS - Bus - Other:				Cool Intact				(Initials)																			
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<u>ZB</u>																			

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