

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

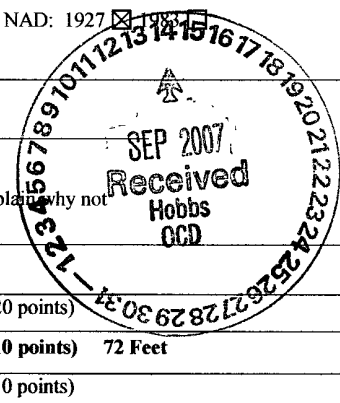
Form C- 144  
June 1, 2004

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>Chevron MidContinent Alaska</u> Telephone: <u>(505) 394-1237</u> e-mail address: <u>BillyAnderson@chevron.com</u>		
Address: <u>Box 1949, Eunice, NM 88231</u>		
Facility or well name: <u>C.P. Falby B Federal #5</u> #: <u>30-025-37938</u> U/L or Qtr/Qtr <u>K</u> Sec <u>8</u> T <u>22S</u> R <u>37E</u>		
County: <u>Lea</u> Latitude <u>N 32 deg 40'54"</u> Longitude <u>W 103 deg 18'16"</u> NAD: 1927 <input checked="" 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>20</u> mil Clay <input type="checkbox"/> Pit Volume <u>7000</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.)	Less than 50 feet (20 points) 50 feet or more, but less than 100 feet (10 points) <u>72 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)	
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)	
<b>Ranking Score (Total Points)</b> <b>10</b>		

**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: <u>All fluids were removed from the pit. The pit liner and all impacted material was hauled to an NMOCD approved disposal facility.</u>
<u>Samples were collected below the liner and results are submitted with this final C144 form.</u>
<u>The excavation will be backfilled with clean soil, graded to surface and re-seeded.</u>

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: August 30, 2007

Printed Name/Title: Billy A. Anderson, HES Specialist

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.

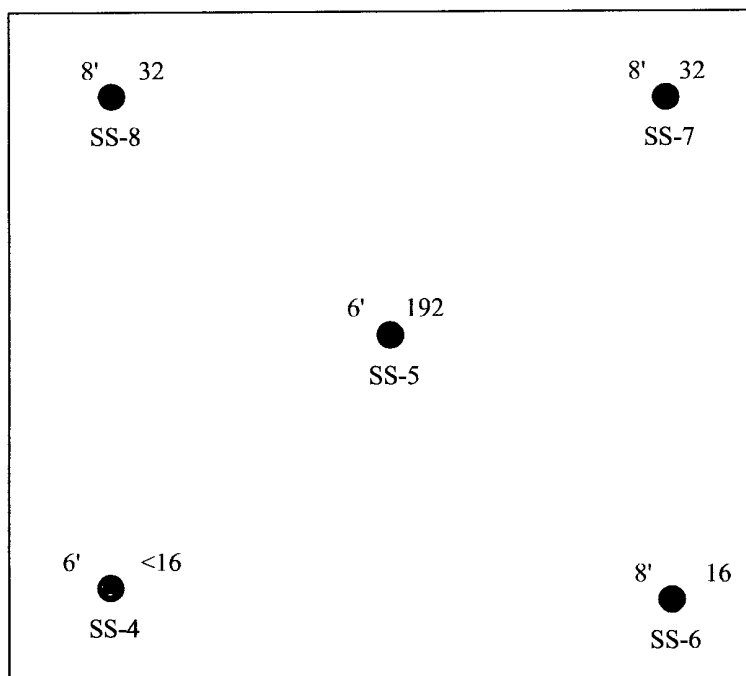
Approval:

Printed Name/Title: \_\_\_\_\_


Signature: 

Date: 9.14.07

ENVIRONMENTAL ENGINEER

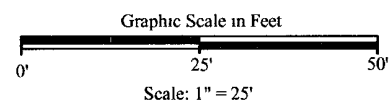


N32°24.327'  
W103°11.173'




Wellhead

Sample Location GPS Coordinates		
SS-4	N32°24.339'	W103°11.192'
SS-5	N32°24.344'	W103°11.183'
SS-6	N32°24.340'	W103°11.175'
SS-7	N32°24.349'	W103°11.176'
SS-8	N32°24.350'	W103°11.196'



**FIGURE # 2**

LEA COUNTY, NEW MEXICO



C.P. Falby Federal #5 Pit  
Sec.8, T22S, R37E

Site Drawing

Ocotillo  
ENVIRONMENTAL

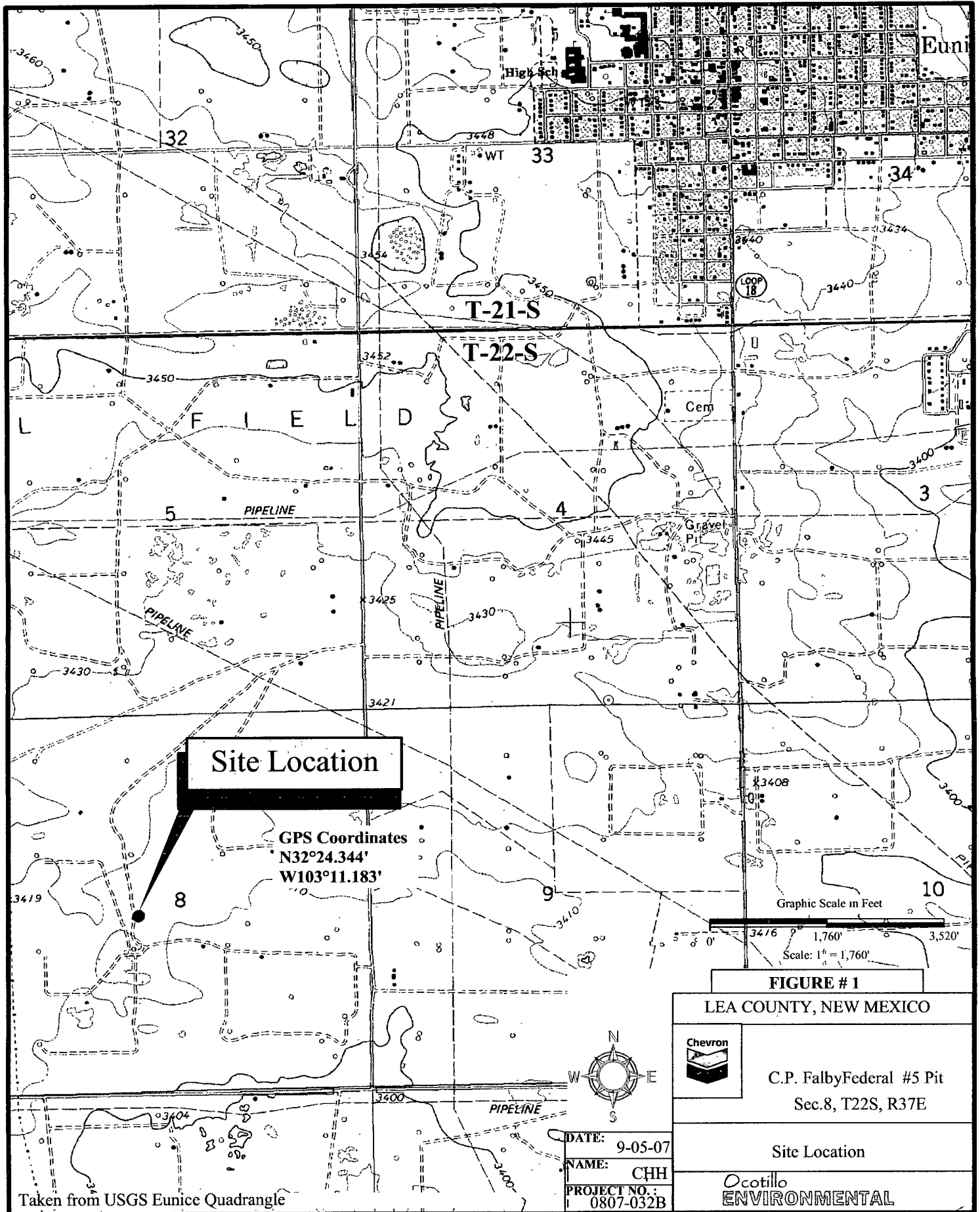


DATE: 9-05-07  
NAME: CHH  
PROJECT NO.: 0807-032B

# LEGEND

6' 96  
●  
SS-4

Soil sample location, taken on 8-28-07 at depth, feet, bgs, with chloride concentration (mg/kg).





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

Receiving Date: 08/28/07  
Reporting Date: 08/29/07  
Project Number: 0807-032B  
Project Name: C.P. FALBY FEDERAL #5  
Project Location: LEA COUNTY, NM

Analysis Date: 08/28/07  
Sampling Date: 08/28/07  
Sample Type: SOIL  
Sample Condition: INTACT  
Sample Received By: NF  
Analyzed By: HM

LAB NO.	SAMPLE ID	Cl <sup>-</sup> (mg/Kg)
H13183-1	SS - 4	<16
H13183-2	SS - 5	192
H13183-3	SS - 6	16
H13183-4	SS - 7	32
H13183-5	SS - 8	32
Quality Control		500
True Value QC		500
% Recovery		100
Relative Percent Difference		< 0.1

**4500-CI-B**

**Note:** Analyses performed on 1:4 w:v aqueous extracts.

*Joseph L. Marino*  
Chemist

08-29-07  
Date

**H13183 OCO**

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 any 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 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 profit 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.



**(505) 393-2326 FAX (505) 393-2476 (325) 673-7001 FAX (325) 673-7020**

### CHAIN-OF-CUSTODY AND ANALYSIS REQUEST

Company Name: <b>Ocotillo Environmental LLC</b>						<b>BILL TO</b>						<b>ANALYSIS REQUEST</b>																	
Project Manager: <b>Cindy Crain</b>						P.O. #:						<b>Chloride</b>																	
Address: <b>2125 French Drive</b>						Company: <b>Ocotillo</b>																							
City: <b>Hobbes</b> State: <b>NM</b> Zip: <b>88240</b>						Attn:																							
Phone #: <b>505-441-7244</b> Fax #: <b>432-272-0304</b>						Address:																							
Project #: <b>0807-032B</b> Project Owner: <b>CHUGEN</b>						City:																							
Project Name: <b>CRF Esby Federal # 5</b>						State:      Zip:																							
Project Location: <b>Lea County NM</b>						Phone #:																							
Sampler Name: <b>Steve Cannon</b>						Fax #:																							
FOR LAB USE ONLY				(G)RAB OR (C)OMP.		# CONTAINERS		MATRIX				PRESERV				SAMPLING													
Lab I.D.	Sample I.D.			GROUNDWATER	WASTEWATER	SOIL	OIL	SLUDGE	OTHER	ACID/BASE	ICE / COOL	OTHER	DATE	TIME															
<b>H13183-1</b>	<b>SS-4</b>	<b>G</b>	<b>1</b>			<input checked="" type="checkbox"/>							<b>8-28-07</b>	<b>8:59</b>	<input checked="" type="checkbox"/>														
<b>-2</b>	<b>SS-5</b>	<b>G</b>	<b>1</b>			<input checked="" type="checkbox"/>							"	<b>9:07</b>	<input checked="" type="checkbox"/>														
<b>-3</b>	<b>SS-6</b>	<b>G</b>	<b>1</b>			<input checked="" type="checkbox"/>							"	<b>10:48</b>	<input checked="" type="checkbox"/>														
<b>-4</b>	<b>SS-7</b>	<b>G</b>	<b>1</b>			<input checked="" type="checkbox"/>							"	<b>10:48</b>	<input checked="" type="checkbox"/>														
<b>-5</b>	<b>SS-8</b>	<b>G</b>	<b>1</b>			<input checked="" type="checkbox"/>							"	<b>10:50</b>	<input checked="" type="checkbox"/>														
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Relinquished By: <b>[Signature]</b> Date: <b>8/28/07</b> Time: <b>1:20pm</b>						Received By: <b>[Signature]</b>						Phone Result: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Add'l Phone #: Fax Result: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Add'l Fax #: REMARKS: <b>432-272-0304</b>																	
Relinquished By:						Received By:																							
Delivered By: (Circle One) <b>Sampler - UPS - Bus - Other:</b>						Sample Condition Cool Intact <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No						CHECKED BY: ((Initial)) <b>JJ</b>																	

† Cardinal cannot accept verbal changes. Please fax written changes to 505-393-2478