<u>District 1</u> 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 <u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico **Energy Minerals and Natural Resources**

For drilling and production facilities, submit to appropriate NMOCD District Office.

For downstream facilities, submit to Santa Fe

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

office

Pit or Below-Grade Tank Registration or Closure

Is pit or below-grade tank covered by a "general plan"? Yes \sum No \otimes

Final Report

Form C-144 June 1, 2004

Type of action: Registration of a pit of	or below-grade tank U Closure of a pit or below-gr	ade tank 🔼
Operator: Forest Oil Corporation Telephone: _5	75-392-9797 e-mail address: <u>rmunoz/d</u>	forestoil.com
Address. 3504 NW County Road Hobbs, NM 88240		
Facility or well name: Caprock Maljamar Unit #56 API #: 30-0)25-01506	Sec 20 T 17S R 33E
County: Lea Latitude		
Surface Owner: Federal State Private Indian		
Pit	Below-grade tank	
Type: Drilling Production Disposal	Volume:bbl Type of fluid:	
Workover ⊠ Emergency □	Construction material	
Lined 🛛 Unlined 🗌	Double-walled, with leak detection? Yes If no	1
Liner type Synthetic ☑ Thickness 12 mil Clay ☐		
Pit Volumebbl		
	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) XXX
	Yes	(20 points)
Wellhead protection area: (Less than 200 feet from a private domestic	No	(0 points) XXX
water source, or less than 1000 feet from all other water sources.)	110	(o points) AAA
Distance to surface water: (horizontal distance to all wetlands, playas,	Less than 200 feet	(20 points) XXX
gation canals, ditches, and perennial and ephemeral watercourses.)	200 feet or more, but less than 1000 feet	(10 points)
ganon canals, and porchina and opnomeral watercoarses.	1000 feet or more	(0 points)
	Ranking Score (Total Points)	20 points
Total:		
If this is a pit closure: (1) Attach a diagram of the facility showing the pit's		
your are burying in place) onsite offsite If offsite, name of facility o		
including remediation start date and end date. (4) Groundwater encountered		irface ft. and attach sample results.
(5) Attach soil sample results and a diagram of sample locations and excavat		
Additional Comments: All mud and liner was excavated and hauled to CR	I Disposal. The pit bottoms were sampled per NMO	CD Guidelines and all contamination below
The pit was excavated and hauled to CRI Dipsosal. The site was backfilled	d with clean native soil and contoured to the surround	ling area.
I hereby certify that the information above is true and complete to the best has been/will be constructed or closed according to NMOCD guideline	of my knowledge and belief. I further certify that s ⊠, a general permit □, or an attached) afterna	Hite above-described pit or below-grade tank
		and a separate plant Co
Date: <u>5-23-08</u>	7/1/	
Printed Name/Title <u>Logan Anderson - Agent</u>	Signature	
Your certification and NMOCD approval of this application/closure does n otherwise endanger public health or the environment. Nor does it relieve the regulations	ot relieve the operator of liability should the contents the operator of its responsibility for compliance with a	s of the pit or tank contaminate ground water or any other federal, state, or local laws and/or
A country of the coun	nan 1	
Printed Name/Fitte	Ohuson	- 40-04
Printed Name/Title	Signature ENVIRONMENTAL ENG	Date: <u>1.8.08</u>

Closure Report

Prepared for Forest Oil Corporation 3504 NW County Road Hobbs, NM 88240

Caprock Maljamar Unit #56 Lea County, NM

32° 49.203' N - 103° 40.589' W

Job Start Date: 3-36-08 Job Ending Date: 5-23-08

Prepared by

Elke Environmental, Inc.

La_elkeenv@yahoo.com P.O. Box 14167 Odessa, TX 79768 Phone (432) 366-0043 Fax (432) 366-0884 Table of Contents

1	Introduction Letter
2	Plat Map of Site
3	List of Water Wells within a ½ Mile Radius
4	Pictures of Site
5	Lab Analysis w/ Chain of Custody
6	One Call
7	Copy of Manifest
8	Final C-144



Elke Environmental, Inc.

P.O. Box 14167 Odessa, TX 79768 Phone (432) 366-0043 Fax (432) 366-0884

May 23, 2008

New Mexico Oil Conservation Division Mr. Larry Johnson 1625 N. French Dr. Hobbs, New Mexico 88240

Re: Forest Oil Corporation – Caprock Maljamar Unit #56

UL 'G' Sec. 20 T17S R33E Lea County, NM

API # 30-025-01506

Mr. Larry Johnson,

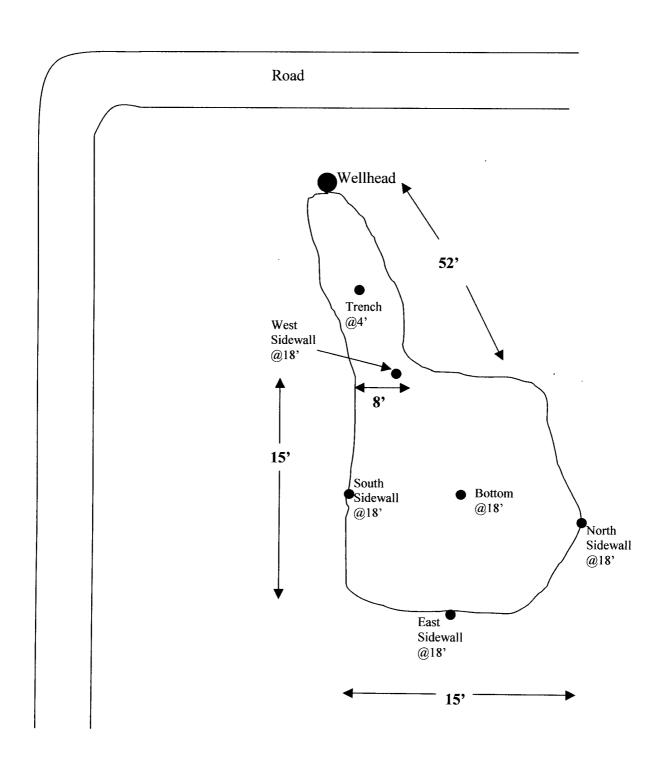
Elke Environmental was contracted by Forest Oil Corporation to complete the closure of the Caprock Maljamar Unit #56 workover pit. The mud and liner was excavated and hauled to CRI Disposal. The pit bottoms were field sampled per NMOCD Guidelines and did not meet NMOCD standards for this site. A delineation was performed and soil met NMOCD standards at 18' bgs. The contaminated soil was hauled to CRI Disposal. A total of 208 cubic yards of contamination was hauled to the Disposal. Caliche was hauled to site and backfilled to 4' bgs, then clean native topsoil was hauled in to complete the backfill of the site. If you have any questions about the enclosed report please contact me at the office.

Sincerely,

Logan Anderson

Forest Oil CorporationCaprock Maljamar Unit #56

Plat Map



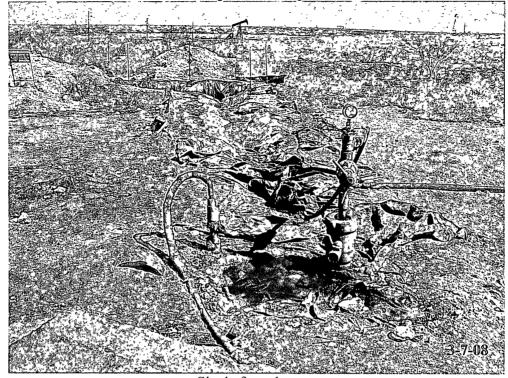
Record Count: 2



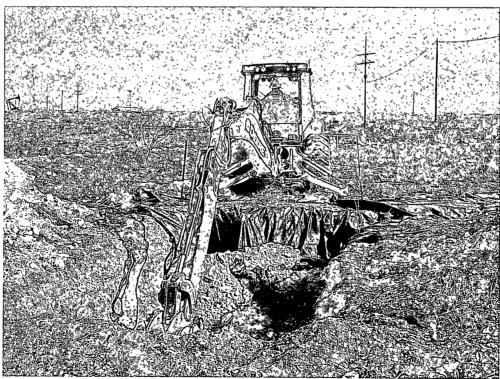
New Mexico Office of the State Engineer POD Reports and Downloads

	Township: 178 Range: 33E Section	ns: 20		
	NAD27 X: Y: Zone:	Search Radius:		
C	ounty: Basin:	Number: Suffix:		
O	wner Name: (First) (Last)	O Non-Domestic O Dor	nestic • All	
	POD / Surface Data Report	Wäter Report Water Colum	n Report	
	Clear Form iWATE	RS Menu Help		
	POD / SURFACE DATA REPORT	(quarters a	are 1=NW 2=NE 3=SW 4=SE)	····
DB File Nbr Us	acre ft per annum) se Diversion Owner RO 3 WARREN & BRADSHAW EXP. &	POD Number Source L 02875 APPRO Shallow	w 17S 33E 20 2 2	X Z

Forest Oil – Caprock Maljamar Unit #56

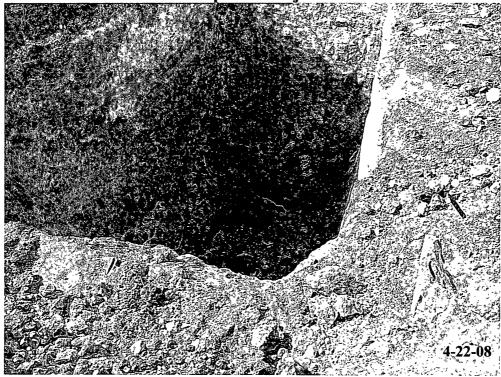


Site before closure.

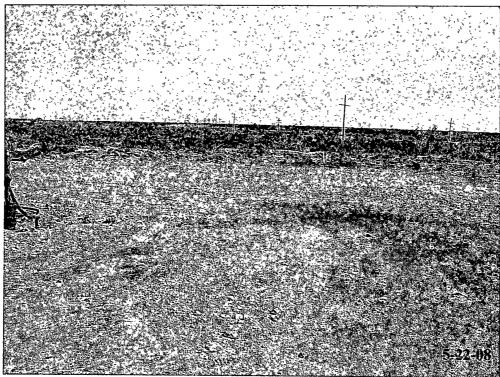


Excavation of mud and liner.

Forest Oil – Caprock Maljamar Unit #56



Site after excavation of mud and contaminated soil @18' bgs.



Site after backfill of clean native soil and contouring to the area.



ANALYTICAL RESULTS FOR ELKE ENVIRONMENTAL, INC.

ATTN: JERRY BRIAN

P.O. BOX 1830 HOBBS, NM 88241 FAX TO: (575) 738-0140

Receiving Date: 04/28/08 Reporting Date: 04/29/08 Project Owner: FOREST OIL Project Name: NOT GIVEN

Project Location: CMU #56

Sampling Date: 04/22/08
Sample Type: SOIL
Sample Condition: INTACT
Sample Received By: ML

Analyzed By: CK/KS GRO DRO

 $(C_6-C_{10}) \quad (>C_{10}-C_{28}) \qquad CI^* \\ \text{LAB NUMBER SAMPLE ID} \qquad (mg/kg) \quad (mg/kg) \quad (mg/kg)$

LAB NUMBE	R SAMPLE ID	(mg/kg)	(mg/kg)	(mg/kg)
ANALYSIS D	ATE	04/28/08	04/28/08	04/28/08
H14716-1	BOTTOM-18' BGS	<10.0	<10.0	32
H14716-2	N-SW-18'BGS	<10.0	<10.0	240
H14716-3	S-SW-18'BGS	<10.0	<10.0	240
H14716-4	E-SW-18'BGS	<10.0	<10.0	224
H14716-5	W-SW-18'BGS	<10.0	25.9	128
H14716-6	TRENCH-4'BGS	<10.0	40.1	32

Quality Contr	ol	441	541	510
True Value Q	С	500	500	500
% Recovery		88.2	108	102
Relative Perc	ent Difference	2.7	<0.1	2.0
		/		·

METHODS: TPH GRO & DRO: EPA SW-846 8015 M; Std. Methods 4500-CIB *Analyses performed on 1:4 w:v aqueous extracts.

Chemis

Date

H14716TCL ELKE



ANALYTICAL RESULTS FOR ELKE ENVIRONMENTAL, INC. ATTN: JERRY BRIAN P.O. BOX 1830 HOBBS, NM 88241 FAX TO: (575) 738-0140

Receiving Date: 04/28/08
Reporting Date: 05/02/08
Project Owner: FOREST OIL
Project Name: NOT GIVEN

Project Location: CMU #56

Sampling Date: 04/22/08 Sample Type: SOIL

Sample Condition: INTACT Sample Received By: ML

Analyzed By: BC

LAB NUMBER	SAMPLE ID	BENZENE (mg/kg)	TOLUENE (mg/kg)	ETHYL BENZENE (mg/kg)	TOTAL XYLENES (mg/kg)
ANALYSIS DA	TE	04/29/08	04/29/08	04/29/08	04/29/08
H14716-1	BOTTOM-18' BGS	<0.002	0.002	<0.002	0.009
H14716-2	N-SW-18' BGS	<0.002	<0.002	<0.002	<0.006
H14716-3	S-SW-18' BGS	<0.002	<0.002	<0.002	<0.006
H14716-4	E-SW-18' BGS	<0.002	<0.002	<0.002	<0.006
H14716-5	W-SW-18' BGS	<0.002	<0.002	<0.002	<0.006
H14716-6	TRENCH-4' BGS	<0.002	<0.002	<0.002	<0.006
Quality Control		0.100	0.110	0.103	0.297
True Value QC		0.100	0.100	0.100	0.300
% Recovery		100	110	103	99.0
Relative Percer	nt Difference	5.3	5.0	3.2	1.7

METHOD: EPA SW-846 8260

linst /

CHAIN-OF-CUSTODY AND ANALYSIS REQUEST

ARDINAL LABORATORIES, INC.
2111 Beechwood, Abilene, TX 79603 101 East Mariand, Hobbs, NM 88240 (325) 673-7001 Fax (325) 673-7020 (505) 392 2225 Equ (505) 202 0470

Company Name:	FIKE ENU		000	1 222.	202	o rax	Too	0) 3:	33-4	******	*****			~					Page	or	
Project Manager:	3 Brim					 		200	200		D.	LL TO			,	ANA	YSIS	REQU	JEST		
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City:								Con	npa	пу:											
	State:	ZIp:		-75				Attr	n:			•				İ		:			
Phone #:	Fax#: 7.35	French .						Add	ires	8;					1						
Project #:	Project Owner:	30	بهوا	<u>s</u> +	0	1. 1		City	/ :												
Project Name:	0:07:4							Stat	te:			Zip:	-			ļ					
Project Location:	CM4 #56							Pho	ne	#:											
Sampler Name:	J Boin							Fax	#:			· · · · · · · · · · · · · · · · · · ·		S			1				
FOR LAB USE ONLY					M	ATRIX			PR	ESE	RV.	SAMPL	.ING	-			}			.	
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		₩ S	CONTAINERS	5	WASTEWATER	.	OGE	Н	/BA	Š	ER:			PH	7	1 7					
		(G)RAB OR (C)OMP.	ပ္ န	GROUNDWATER	X 2	등	SLUDGE	OTHER:	ACID/BASE:	ICE / COOL	OTHER:	DATE	TIME	1-	P	0			}		
1-147110-1	Rollon - 18 Bbs	D			X				_	-		4/2208	3'008m	Ϋ́	X	X	 	 	 		
-2	N-SW - 181 Bbs	11			\top							24-72	31.05 PM	1	1			l	-		
	5-5W - 181 BAS				\top								3'.108M	1			<u> </u>		 		
-4	E-5W - 18'BbJ												3.150m	1	1			ļ	 		
5	181 BBJ												3:15pm 3:20pm	1				<u> </u>			
-0	Tranch- 4' Bbs	V			1								3:30 PM	1	1	1	ļ				
																			 		
																	1		 		
PLEASE NOTE: Liability and	Amages (Arzinal/Sighilina)																 				
analyses. All claims including the	amages, Cardinal's liability and client's exclusive remedy for any claim arisin te for negligence and any other cause whatsoever shall be deamed waived unless the facility of the productional or consequently famouse including a light and the light of t	g whether made in w	based riting a	in contri nd receive	act or to	ort, shall erdine) wi	be lim	ited to	the a Gerco	mount	paid b	by the client for the		30.0	ns and Con	ditions: In	erest will b	charged o	on all accour rom the orig	ts more tha	an
sification or successors arrang our Sampler Relinquisi	of or related to the performance of services hereunder by Cardinal, regardless of	ness interi whether s	uptions Lich da	, loss of u im is base	sse, ork solugion	sany of th	fits Inc.	urred by a stated	y citon	d, its au	beidler otherwi	ies,	1	and	all costs of	collections,	including a	ttorney's fe	es.	itiai uate oi	invoice,
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[†] Cardinal cannot accept verbal changes. Please fax written changes to (325) 673-7020.

Date: 3/11/2008 Time: 4:13 PM To: 2008111065 @ 915757380140

NMOC P.1/2

NEW MEXICO ONE CALL Locate Request Confirmation

cket #:2008111065

Reason Code: STANDARD LOCATE

Work to Begin Date:

03/13/2008 Time:

08:54:00 AM

CALLER INFORMATION

JERRY BRIAN
ELKE ENVIRONMENTAL, INC

Excavator Type: CONTRACTOR

Tel.: (575) 738-0138

DIG LOCATION

FOREST

City: RURAL LEA Subdivision:

Address :

To:

Street: WELL CMU #56

Nearest Intersecting Street:

Second Intersecting Street :

Additional Dig Information:
EXCAVATION ON PIT CLOSURE]
FROM HOBBS INTERSEC OF W COUNTY RD AND 62/180 GO
W ON 62/180>11.97MI TO HWY 529 TR ON HWY 29 GO
13.45MI TO DOG LEG RD GO N 0.75MI ON DOG LEG RD
CR 125 THEN E 1.08MI TO HUMMING BIRD RD

Remarks: GO N 1.29MI TO LEASE RD W 0.36MI TO LEASE RD N 0.13MI TO LEASE RD W 0.1MI TO LEASE RD N INTO

LOCATION SPOT 300FT RADIUS OF WELL BORE NO HAZARDS

Township: 17S Range: 33E Section 1/4: 20 NE

Type of Work: OIL/GAS-PIPELINE CONSTRUCTION

The following utility owners have been notified of your proposed excavation site:
CENTURION PIPELINE, LP
CHEVRON-HOBBS
CONOCO-PHILLIPS & WESTTEX 66 PIPELINE
DCP MIDSTREAM - LINUM
PLAINS PIPELINE - HOBBS

IMPORTANT CONFIRMATION NOTICE

Your fax request has been received and processed. It is your responsibility to review the information provided on this faxback confirmation ticket and ensure it has been correctly interpreted from your request. Notify us immediately of any corrections or errors. Acceptance of this faxback confirmation ticket means you accept sponsibility for the accuracy of the information contained in the cket and you agree to indemnify New Mexico One Call Systems, Inc. of all liability, claims, fees, or damages, including reasonable attorney fees arising from or resulting from the use of the information provided on this confirmation ticket.

Received Fax : Mar 11 2008 4:15PM Fax Station : ELKE ENVIRONMENTAL, INC.

P.2/2

Date: 3/11/2008 Time: 4:13 PM To: 2008111065 @ 915757380140 NMOC

New Mexico Law requires you to wait two working days from the date and time of this confirmation notice before you begin excavation. This quest is valid for ten working days. Only the facility owners listed this ticket will be notified.

Received Fax :

Date: 4/1/2008 Time: 8:28 AM To: 2008141046 @ 915757380140

NMOC

P.3/4

NEW MEXICO ONE CALL Locate Request Confirmation

icket #:2008141055 Work to Begin Date:

04/03/2008

Reason Code:STANDARD LOCATE

08:20:00 AM

CALLER INFORMATION

JERRY BRIAN

ELKE ENVIRONMENTAL, INC

Excavator Type:CONTRACTOR

Tel.: (575) 738-0138

DIG LOCATION

City: RURAL LEA Subdivision:

Address :

Street: WELL C.M.U. #56

Nearest Intersecting Street:

Second Intersecting Street :

Additional Dig Information:

==PIT CLOSURE==

FROM INTER. OF WEST COUNTY RD AND US-62/180 IN HOBBS, GO W. ON US-62/180 FOR 11.97MI TO NM-529, R. GO 13.45MI TO DOG LEG RD, TURN N. GO 0.75MI TO R-125, TURN E. GO 1.08MI TO HUMMINGBIRD RD, TURN

Remarks: N. GO 1.29MI TO LEASE RD, TURN W. GO 0.36MI, TURN

N. GO 0.13MI, TURN W. GO 0.1MI, TURN N. INTO

LOCATION == SPOT 300FT RADIUS OF WELL BORE.

Township: 17S Range: 33E Section 1/4: 20 NE

Type of Work: OIL/GAS-WELL/PIT REMOVAL

The following utility owners have been notified of your proposed excavation site: CENTURION PIPELINE, LP CONOCO-PHILLIPS & WESTTEX 66 PIPELINE DCP MIDSTREAM - LINUM

IMPORTANT CONFIRMATION NOTICE

Your fax request has been received and processed. It is your responsibility to review the information provided on this faxback confirmation ticket and ensure it has been correctly interpreted from your request. Notify us immediately of any corrections or errors. Acceptance of this faxback confirmation ticket means you accept responsibility for the accuracy of the information contained in the ticket and you agree to indemnify New Mexico One Call Systems, Inc. of l liability, claims, fees, or damages, including reasonable attorney ees arising from or resulting from the use of the information provided on this confirmation ticket.

New Mexico Law requires you to wait two working days from the date and

Received Fax : Apr 01 2008 8:31AM Fax Station ; ELKE ENVIRONMENTAL, INC. D .

P.4/4

Date: 4/1/2008 Time: 8:28 AM To: 2008141046 @ 915757380140 NMOC time of this confirmation notice before you begin excavation. This request is valid for ten working days. Only the facility owners listed on this ticket will be notified.

Date and Time Received

NON-HAZARDOUS WASTE MANIFEST

	Addres City/Sta	s ate_ <i>Hobe</i>	est oil	(525) 390 -6149 Telephone No.
ORGINAT				
Operation	s Center			Permit No
Property N	Name		Tank Battery, Plant, Facility)	_
WASTEID	ENTIFICAT	ION AND AMO	DUNT (BARRELS, YARDS, TONS, C	CU.FT., LBS., UNITS, ETC.)
Drilling Flu Completion Contaminat	Fluids		Tank Bottoms Gas Plant Waste Other Materials	Exempt Fluids C117 No Pit No
Comanina			DESCRIPTION / NOTES	
		Dans	certify that the foregoing is true and correct to	the best of my knowledge 4//8/8 Bate and Time of Shipment
PART II:			(To be completed in full by 1 Truck(NG 3 p/hertson pr	602 1646
	Addres City/Sta	s <u>221-1</u> ate <u>4066</u>	Albertson Pr	Telephone No
			19 NM 88240	Truck No.
CERTIFIC	ATION:	I certify that the	waste in quantity above was received by me fo	
CERTIFIC	ATION:		19 NM 88246	
		Signa	waste in quantity above was received by me fo	r shipment to the destination below.
PART III:		SAL OR RI Contro P.O.	waste in quantity above was received by me fo	r shipment to the destination below.

Signature of Facility Agent

PART I:	Generator	(505)390-614
	City/State Hobs, NM	Telephone No
ORGINAT	ION OF WASTE:	
Operations	s Center	Permit No
Property N	Vame (Well, Tank Battery, Plant, Facility)	
WASTEID	ENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS,	CU.FT., LBS., UNITS, ETC.)
Drilling Flu Completion Contaminate	Fluids Gas Plant Waste	Exempt Fluids C117 No Pit No
	DESCRIPTION / NOTES	3
	Dit contents & um	packed son
CERTIFIC	ATION: The waste described above is not hazardous pursuant to 40 CF named below. I certify that the foregoing is true and correct to	
	Signature of Generator's Authorized Agent	Date and Time of Shipment
PART II:	TRANSPORTER: (To be completed in full by	v Transporter)
	Name Address 221-E BlberTS ON Dr City/State Hobbs NM 78240	602.1646
CERTIFIC	•	Truck No. For shipment to the destination below.
	Signature of Transporter's Agent	Date and Time Received
PART III:	DISPOSAL OR RECLAMATION SITE:	
	Name Controlled Recovery, Inc. Address P.O. Box 388 City/State Hobbs, N.M. 88241-0388	(575) 393-1079 Telephone No www.crihobbs.com
CERTIFIC	Λ_{I}	E-mail
	Signature of Facility Agent	4-18-08 Date and Time Received

ORGINATIC	N OF WAS		
•	Center _		
Dummarti (Nia			Permit No.
Property Na	.me _	CM 4 # 56 (Well, Tank Battery, Plant, Facility)	_
WASTE IDEN	NTIFICATION	AND AMOUNT (BARRELS, YARDS, TONS, C	CU.FT., LBS., UNITS, ETC.)
Drilling Fluids Completion F Contaminated	luids	Tank Bottoms Gas Plant Waste Other Materials	Exempt Fluids C117 No Pit No
		DESCRIPTION / NOTES)
	4.9	Contents + imprested	501
		Signature of Generator's Authorized Agent	Date and Time of Shipmen
		ORTER: (To be completed in full by	Transporter)
	Name Address City/State	mcm Trucking 221. F. Albertson. Dr 40665. N. M. 88240	
CERTIFICAT	ΓΙΟΝ: 10 	certify that the waste inquantity above was received by me fo	
PART III:	DISPOSA	Signature of Transporter's Agent L OR RECLAMATION SITE:	Date and Time Received
			(575) 202 1070
	Name Address	Controlled Recovery, Inc. P.O. Box 388	(575) 393-1079 Telephone No.
	Name Address City/State	P.O. Box 388	

PART I:	Generator Address City/State	10805 Mm 88240	(505) 390 614 Telephone No
ORGINATI	ON OF WASTI	E:	
Operations	s Center		Permit No
Property N	lame <u></u>	(Well, Tank Battery, Plant, Facility)	
WASTE IDI	ENTIFICATION AN	ND AMOUNT (BARRELS, YARDS, TONS, CU.FT.,	LBS., UNITS, ETC.)
Drilling Flui	ids	Tank Bottoms	Exempt Fluids
Completion	Fluids	Gas Plant Waste Other Materials	C117 No
Contaminate	ed Soil	Other Materials	Pit No.
		DESCRIPTION/NOTES	
	,		
CERTIFIC		vaste described above is not hazardous pursuant to 40 CFR Part 26 d below. I certify that the foregoing is true and correct to the best of	
CENTIFIC		vaste described above is not hazardous pursuant to 40 CFR Part 26 d below. I certify that the foregoing is true and correct to the best of	of my knowledge.
CENTIFIC	named		
	named	d below I certify that the foregoing is true and correct to the best of the be	of my knowledge. $\frac{4 - 23 - 07}{\text{Date and Time of Shipment}}$
PART II:	named	d below I certify that the foregoing is true and correct to the best of	of my knowledge. $\frac{4 - 23 - 07}{\text{Date and Time of Shipment}}$
	TRANSPOR	d below I certify that the foregoing is true and correct to the best of the be	Date and Time of Shipment Sporter) 631-7786
	TRANSPOR Name	Signature of Generator's Authorized Agent TER: (To be completed in full by Tran	of my knowledge. $\frac{49-23-03}{\text{Date and Time of Shipment}}$
	TRANSPOR Name	Signature of Generator's Authorized Agent TER: (To be completed in full by Tran	Date and Time of Shipment Sporter) 631-7786
	TRANSPOR Name Address City/State	Signature of Generator's Authorized Agent TER: (To be completed in full by Tran	Date and Time of Shipment Sporter) 631-7786 Telephone No. Truck No.
PART II:	TRANSPOR Name Address City/State	Signature of Generator's Authorized Agent STER: (To be completed in full by Tran Line Co. S. Thuck 198 Below I certify that the foregoing is true and correct to the best of the signature of Generator's Authorized Agent TER: (To be completed in full by Tran Line Co. S. Thuck 198 Below S. Line Co. S.	Date and Time of Shipment Sporter) 631-7784 Telephone No. Truck No. ent to the destination below $4-23-08$
PART II:	TRANSPOR Name Address City/State	Signature of Generator's Authorized Agent TER: (To be completed in full by Tran 1. 1. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1.	Date and Time of Shipment Sporter) 631-7786 Telephone No. Truck No.
PART II:	TRANSPOR Name Address City/State ATION:	Signature of Generator's Authorized Agent STER: (To be completed in full by Tran Line Co. S. Thuck 198 Below I certify that the foregoing is true and correct to the best of the signature of Generator's Authorized Agent TER: (To be completed in full by Tran Line Co. S. Thuck 198 Below S. Line Co. S.	Date and Time of Shipment Sporter) 631-7784 Telephone No. Truck No. ent to the destination below $4-23-08$
PART II:	TRANSPOR Name Address City/State ATION: 1 certi	Signature of Generator's Authorized Agent STER: (To be completed in full by Tran John Son Bezilo fy that the waste quantity above was received by me for shipme Signature of Transporter's Agent	Date and Time of Shipment Sporter) 631-7784 Telephone No. Truck No. ent to the destination below $4-23-08$
PART II:	TRANSPOR Name Address City/State ATION: 1 certs	Signature of Generator's Authorized Agent TER: (To be completed in full by Transporter's Agent Signature of Transporter's Agent OR RECLAMATION SITE: Controlled Recovery, Inc. P.O. Box 388	Date and Time of Shipment Sporter) 631-7786 Telephone No. Truck No. Date and Time Received (575) 393-1079 Telephone No.
PART II:	TRANSPOR Name Address City/State ATION: DISPOSAL O Name	Signature of Generator's Authorized Agent STER: (To be completed in full by Transporter's Agent Signature of Transporter's Agent OR RECLAMATION SITE: Controlled Recovery, Inc.	Date and Time of Shipment sporter) 631-7786 Telephone No. Truck No. Date and Time Received (575) 393-1079 Telephone No. www.crihobbs.com
PART II: CERTIFICA PART III:	TRANSPOR Name Address City/State DISPOSAL Name Address City/State City/State	Signature of Generator's Authorized Agent TER: (To be completed in full by Transporter's Agent Signature of Generator's Authorized Agent TER: (To be completed in full by Transporter's Agent Signature of Generator's Authorized Agent TER: (To be completed in full by Transporter's Agent Signature of Generator's Authorized Agent TER: (To be completed in full by Transporter's Agent Signature of Generator's Authorized Agent TER: (To be completed in full by Transporter's Agent Signature of Generator's Authorized Agent TER: (To be completed in full by Transporter's Agent Signature of Generator's Authorized Agent TER: (To be completed in full by Transporter's Agent Signature of Generator's Authorized Agent TER: (To be completed in full by Transporter's Agent Signature of Generator's Authorized Agent TER: (To be completed in full by Transporter's Agent Signature of Generator's Authorized Agent TER: (To be completed in full by Transporter's Agent Signature of Generator's Authorized Agent TER: (To be completed in full by Transporter's Agent Signature of Generator's Authorized Agent TER: (To be completed in full by Transporter's Agent Signature of Generator's Authorized Agent TER: (To be completed in full by Transporter's Agent Signature of Generator's Authorized Agent TER: (To be completed in full by Transporter's Agent Signature of Generator's Authorized Agent TER: (To be completed in full by Transporter's Agent Signature of Generator's Authorized Agent Signature of Generator's Authorized Agent TER: (To be completed in full by Transporter's Agent Signature of Transporter's Agent TER: (To be completed in full by Transporter's Agent Signature of Transporter's Agent TER: (To be completed in full by Transporter's Agent Signature of Transporter's Agent TER: (To be completed in full by Transporter's Agent TER: (To be completed in full by Transporter's Agent TER: (To be completed in full by Transporter's Agent TER: (To be completed in full by Transporter's Agent TER: (To be completed in	Date and Time of Shipment Sporter) 631-7786 Telephone No. Truck No. Date and Time Received (575) 393-1079 Telephone No. www.crihobbs.com E-mail
PART II:	TRANSPOR Name Address City/State DISPOSAL Name Address City/State City/State	Signature of Generator's Authorized Agent TER: (To be completed in full by Transporter's Agent Signature of Transporter's Agent Signature of Transporter's Agent OR RECLAMATION SITE: Controlled Recovery, Inc. P.O. Box 388 Hobbs, N.M. 88241-0388	Date and Time of Shipment Sporter) 631-7786 Telephone No. Truck No. Date and Time Received (575) 393-1079 Telephone No. www.crihobbs.com E-mail

PART I:	Generato Address City/State	FORST OIL 3504 NWRSTCUTRD HOBBS NM 88240	(505) 390 <u>(149</u> Telephone No
ORGINATI			
Operations	Center .		Permit No
Property N	ame .	(Well, Tank Battery, Plant, Facility)	
WASTE IDE	ENTIFICATIO	NANDAMOUNT (BARRELS, YARDS, TONS, CU.FT.,	LBS., UNITS, ETC.)
Drilling Flui Completion Contaminate	Fluids	Tank Bottoms Gas Plant Waste Other Materials	Exempt Fluids C117 No Pit No
		DESCRIPTION / NOTES	
CERTIFIC		The waste described above is not hazardous pursuant to 40 CFR Part 261 named below. I certify that the foregoing is true and correct to the best of th	
Part II:	TRANSP Name (ORTER: (To be completed in full by Trans	Sporter) <u>SJ-71</u> 86 Telephone No.
CERTIFIC	City/State		Truck No.
PART III:	DISPOS	AL OR RECLAMATION SITE:	Date and Time Received
	Name Address City/State	Controlled Recovery, Inc. P.O. Box 388 Hobbs, N.M. 88241-0388	(575) 393-1079 Telephone No www.crihobbs.com E-mail
CERTIFIC	ATION:	I certify that the waste described to an I was received by me via the tran	asporter described in Part II 4-23-08 Date and Time Received

	Generato Address City/State	or 10/5/01/ 3504 NWBSICTRO e 140803 NM 88240	(505) 330 6149 Telephone No
ORGINAT	ION OF WA		
Operation	s Center		Permit No
Property N	Name	(Well, Tank Battery, Plant, Facility)	
WASTE ID	ENTIFICATIO	ON AND AMOUNT (BARRELS, YARDS, TONS, CU.FT.,	,LBS.,UNITS,ETC.)
Drilling Flu Completion Contaminat	Fluids	Tank Bottoms Gas Plant Waste Other Materials	Exempt Fluids C117 No Pit No
		DESCRIPTION/NOTES	
CERTIFIC	CATION:	The waste described above is not hazardous pursuant to 40 CFR Part 26 named below. I certify that the foregoing is true and correct to the best of	
CERTIFIC		named below. I certify that the foregoing is true and correct to the best of Mary Signature of Generator's Authorized Agent	of my knowledge 4 - 73 - 0 8 Date and Time of Shipment
	TRANSF Name (Address	named below. I certify that the foregoing is true and correct to the best of Signature of Generator's Authorized Agent PORTER: (To be completed in full by Tran	Date and Time of Shipment Sporter) 631 76786 Telephone No
Part II:	TRANSF Name (Address City/Stat	named below. I certify that the foregoing is true and correct to the best of Signature of Generator's Authorized Agent PORTER: (To be completed in full by Transcolo's Thick, Agent Signature of Generator's Authorized Agent Albarrans Agent Signature of Generator's Authorized Agent Signature of Generator's Agent Signature of Generator's Agent Signature of Generator's Agent Signature of Generator's Agent Sig	Date and Time of Shipment Sporter) Sporter Telephone No Truck No.
PART II: CERTIFIC	TRANSF Name C Address City/Stat	PORTER: (To be completed in full by Tran	Date and Time of Shipment Sporter) Control Co
CERTIFIC PART II:	TRANSF Name C Address City/Stat	PORTER: (To be completed in full by Transporter of Transporter's Agent I certify that the water inquantity above has received by me for shipme Signature of Transporter's Agent AL OR RECLAMATION SITE: Controlled Recovery, Inc. P.O. Box 388	Date and Time of Shipment Sporter) Control Co

Generator 3000 Porest Oil Address 3504 N. West Cut RD City/State Hobbs Nm 88240	(505) 390 -6149 Telephone No		
ON OF WASTE:			
Center CMU # 56 (Well, Tank Battery, Plant, Facility)	Permit No.		
ENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., L	LBS., UNITS, ETC.)		
ds Tank Bottoms Fluids Gas Plant Waste d Soil	Exempt Fluids C117 No Pit No		
ATION: The waste described above is not hazardous pursuant to 40 CFR Part 261 a named below. I certify that the foregoing is true and correct to the best of Signature of Generator's Authorized Agent.			
PART II: TRANSPORTER: (To be completed in full by Transporter) Name Address City/State Homos x122 - EE 2 43 CERTIFICATION: (I certify that the waste in quantity above we received by me for shipment to the desernation below			
Signature of Transporter's Agent	Date and Time Received		
DISPOSAL OR RECLAMATION SITE: Name Controlled Recovery, Inc. P.O. Box 388 City/State Hobbs, N.M. 88241-0388 ATION: I certify the waste described in Part I was received by me via the trans	(575) 393-1079 Telephone No. www.crihobbs.com E-mail sporter described in Part II 4-23-05		
	Address Story N. West Cate V. On OF WASTE: Center ame CMU # 56 (Well, Tank Battery, Plant, Facility) ENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., 1) ds Tank Bottoms Gas Plant Waste Other Materials DESCRIPTION/NOTES ATION: The waste described above is not hazardous pursuant to 40 CFR Part 261 named below 1 certify that the foregoing is true and correct to the best of Signature of Generator's Authorized Agent TRANSPORTER: To be completed in full by Trans Name Address City/State Hobbs, Signature of Signat		

PART I:	Generate Address City/Stat	or FURST OIL 3504 NWEST CUTRO 18 140BBS NM 88240	(5057 390 414) Telephone No
ORGINATIO			
Operations	Center	14	Permit No
Property Na	ame	(Well, Tank Battery, Plant, Facility)	
WASTE IDE	NTIFICATIO	ON AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., L	LBS., UNITS, ETC.)
Drilling Fluid Completion I Contaminated	Fluids	Tank Bottoms Gas Plant Waste Other Materials	Exempt Fluids C117 No Pit No
		DESCRIPTION/NOTES	
CERTIFICA	ATION:	The waste described above is not hazardous pursuant to 40 CFR Part 261 a named below. I certify that the foregoing is true and correct to the best of Signature of Generator's authorized Agent.	
PART II:	Name Address	PORTER: (To be completed in full by Trans Alfredo's Truckin's 327 w auto 10 Holobs sim. 82200	
CERTIFICA	ATION:	I certify that the waste in prantity above was received by me for shipment signature of Transporter's Agent	
PART III:	DISPOS	SAL OR RECLAMATION SITE:	
•	Name Address City/Stat	11 11 11 11 11 11 11 11 11 11 11 11 11	(575) 393-1079 Telephone No. www.crihobbs.com E-mail
CERTIFICA	ATION:	I certify havine waste described in Part I was received by me via the trans	porter described in Part II. 4 24-08 Date and Time Received

PART I:		or FORREST DIL 3504 NWRST CURD e HOBBS NM 88249	(5 & 5) 350 G/49 Telephone No
ORGINATIO	ON OF W	ASTE:	
Operations	Center		Permit No
Property N	ame	(Well, Tank Battery, Plant, Facility)	
WASTE IDE	ENTIFICATIO	ON AND AMOUNT (BARRELS, YARDS, TONS, CU.FT.	,LBS.,UNITS,ETC.)
Drilling Flui Completion Contaminate	Fluids	Tank Bottoms Gas Plant Waste Other Materials	Exempt Fluids C117 No Pit No
		DESCRIPTION / NOTES	
CERTIFICA	ATION:	The waste described above is not hazardous pursuant to 40 CFR Part 26 named below. I certify that the foregoing is true and correct to the best Signature of Generator's Authorized Agent	
PART II:	Name Address City/Sta	te Monts elm. 88240	Telephone No Truck No.
CERTIFIC	AHON:	I certify that the waste uninequal above was received by me for shipme	ent to the destination below $4-24-08$ Date and Time Received
PART III:	DISPOS	SAL OR RECLAMATION SITE:	
	Name Address City/Sta	11 11 11 11 11 00044 0000	(575) 393-1079 Telephone No www.crihobbs.com E-mail
CERTIFIC	ATION:	I certify that he waste described in Part I was received by me via the tra	ansporter described in Part II 4-24-8 Date and Time Received

PART I:	Generator FORSI OI Address 3504 NEWEST CVI K City/State HOBBS NM 88 240	(505) 390 6149 Telephone No
ORGINATI	ON OF WASTE:	
Operations	S Center	Permit No
Property N	Iame Cm H #56 (Well, Tank Battery, Plant, Facility)	
WASTE IDI	ENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU	J.FT., LBS., UNITS, ETC.)
Drilling Flui Completion Contaminate	Fluids Gas Plant Waste	Exempt Fluids C117 No Pit No
	DESCRIPTION / NOTES	
CERTIFIC PART II:	ATION: The waste described above is not hazardous pursuant to 40 CFR F named below. I certify that the foregoing is true and correct to the Signature of Generator's Authorized Agent. TRANSPORTER: (To be completed in full by	e best of my knowledge 4-24+08 Date and Time of Shipment
	Name Alfredo's Tructling Address 327 w. Alto City/State Hobbs Rm. 88240	Telephone No. A - 6 Truck No.
CERTIFIC	ATION: I certify that the waste in quantity above was received by me for s	shipment to the destination below. Date and Time Received
PART III:	DISPOSAL OR RECLAMATION SITE:	
	Name Address City/State Controlled Recovery, Inc. P.O. Box 388 Hobbs, N.M. 88241-0388	(575) 393-1079 Telephone No. www.crihobbs.com E-mail
CERTIFIC	ATION: I certify that the waste described in Part I was received by me via Signature of Facility Agent	the transporter described in Part II Y-24-08 Date and Time Received

PART I:	Generat Address	or FORST OIL 3504 NUES CUTRO	(SOST 390 6149
	City/Sta	te <u>HOBB 5 NM, 88 240</u>	Telephone No
ORGINATI	ON OF W	ASTE:	
Operations	Center		Permit No
Property N	ame	CM 4 56 (Well, Tank Battery, Plant, Facility)	
WASTE IDE	ENTIFICATION OF THE PROPERTY O	ON AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., L	.BS., UNITS, ETC.)
Drilling Flui Completion Contaminate	Fluids	Tank Bottoms Gas Plant Waste Other Materials	Exempt Fluids C117 No Pit No
		DESCRIPTION/NOTES	
CERTIFICA	ATION:	The waste described above is not hazardous pursuant to 40 CFR Part 261 a named below. I certify that the foregoing is true and correct to the best of its light of the section of the best	
PART II:	TRANS	PORTER: (To be completed in full by Trans	porter)
	Name Address City/Sta	Alfredo's Trucking 327 w Arto te Hopols, RIM. 88240	631-7786 Telephone No Truck No.
CERTIFICA	ATION:	I certify that the vaste in quantity above was received by me for shipment signature of Transporter's Agent	to the destination below. $ \frac{4 - 24 - 03}{\text{Date and Time Received}} $
PART III:	DISPOS	SAL OR RECLAMATION SITE:	
	Name	Controlled Recovery, Inc.	(575) 393-1079
	Address		Telephone No
	City/Sta	teHobbs, N.M. 88241-0388	www.crihobbs.com E-mail
CERTIFICATION: I certify the the waste described in Part II was received by me via the transporter described in Part II.			
4 W MULL F			
		Signature of Facility Agent	Date and Time Received

PART I:	Generator Address City/State _	FORST OIL 3504 NWRST CUTRD HOBBS NM 84240	(SO5) 390 6149 Telephone No.
ORGINAT	ION OF WAS	TE:	
Operations	s Center _		Permit No.
Property N	lame	CM 4 # 56 (Well, Tank Battery, Plant, Facility)	v
WASTEID	ENTIFICATION.	AND AMOUNT (BARRELS, YARDS, TONS, CU.FT.,	LBS., UNITS, ETC.)
Drilling Flu Completion Contaminate	Fluids	Tank Bottoms Gas Plant Waste Other Materials	Exempt Fluids C117 No Pit No
		DESCRIPTION/NOTES	
CERTIFIC		ne waste described above is not hazardous pursuant to 40 CFR Part 261 med below. I certify that the foregoing is true and correct to the best of	f my knowledge.
PART II:	Name Address City/State	Signature of Generator's Authorized Agent ORTER: (To be completed in full by Trans Alfaedo' & Trucking 327 w Auto Hobbs, Rim. 88240 ertify thanke was received by me for shipmen	131 - 7786 Telephone No. A-6 Truck No
		Signature of Transporter's Agent	Date and Time Received
PART III:	DISPOSAL	OR RECLAMATION SITE:	
	Name Address City/State	P.O. Box 388 Hobbs, N.M. 88241-0388	(575) 393-1079 Telephone No. www.crihobbs.com E-mail
CERTIFIC	CATION: 1c	ertify that the waste described in Part I was received by me via the tran	nsporter described in Part II.