

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 ☒

Final Report

Operator: <u>Forest Oil Corporation</u> Telephone: <u>575-392-9797</u> e-mail address: <u>rmunoz@forestoil.com</u>		
Address: <u>3504 NW County Road Hobbs, NM 88240</u>		
Facility or well name: <u>Caprock Maljamar Unit #56</u> API #: <u>30-025-01506</u> U/L or Qtr/Qtr <u>G</u> Sec <u>20</u> T <u>17S</u> R <u>33E</u>		
County: <u>Lea</u> Latitude <u>32° 49.203' N</u> Longitude <u>103° 40.589' W</u> NAD: 1927 <input 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 type="checkbox"/> Production <input type="checkbox"/> Disposal <input type="checkbox"/> Workover <input checked="" 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 _____ 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)
	100 feet or more	(0 points) XXX
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) XXX
Distance to surface water: (horizontal distance to all wetlands, playas, irrigation canals, ditches, and perennial and ephemeral watercourses.)	Less than 200 feet	(20 points) XXX
	200 feet or more, but less than 1000 feet	(10 points)
	1000 feet or more	(0 points)
Ranking Score (Total Points)		20 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 you are burying in place) onsite ☐ offsite ☒ If offsite, name of facility CRI Disposal. (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 mud and liner was excavated and hauled to CRI Disposal. The pit bottoms were sampled per NMOCD Guidelines and all contamination below
The pit was excavated and hauled to CRI Disposal. The site was backfilled with clean native soil and contoured to the surrounding area.

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: 5-23-08

Printed Name/Title Logan Anderson - Agent

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 

ENVIRONMENTAL ENGINEER

Date: 7-8-08

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

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8	Final C-144



EVERY®

READY INDEX™

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.

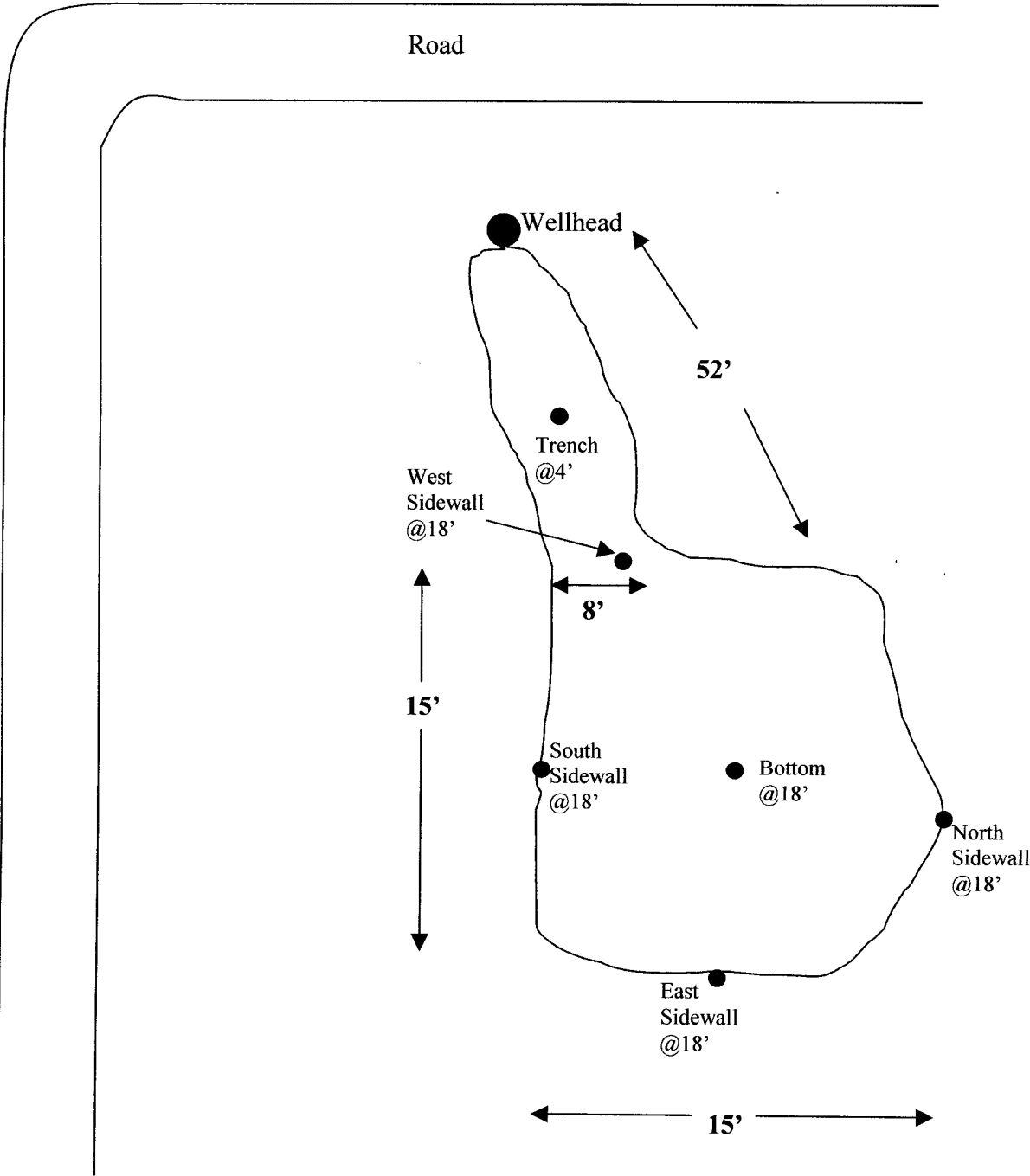
Sincerely,

A handwritten signature in black ink, appearing to be 'LA' with a long horizontal stroke extending to the right.

Logan Anderson

Forest Oil Corporation
Caprock Maljamar Unit #56

Plat Map



**New Mexico Office of the State Engineer
POD Reports and Downloads**

Township: Range: Sections:

NAD27 X: Y: Zone: Search Radius:

County: Basin: Number: Suffix:

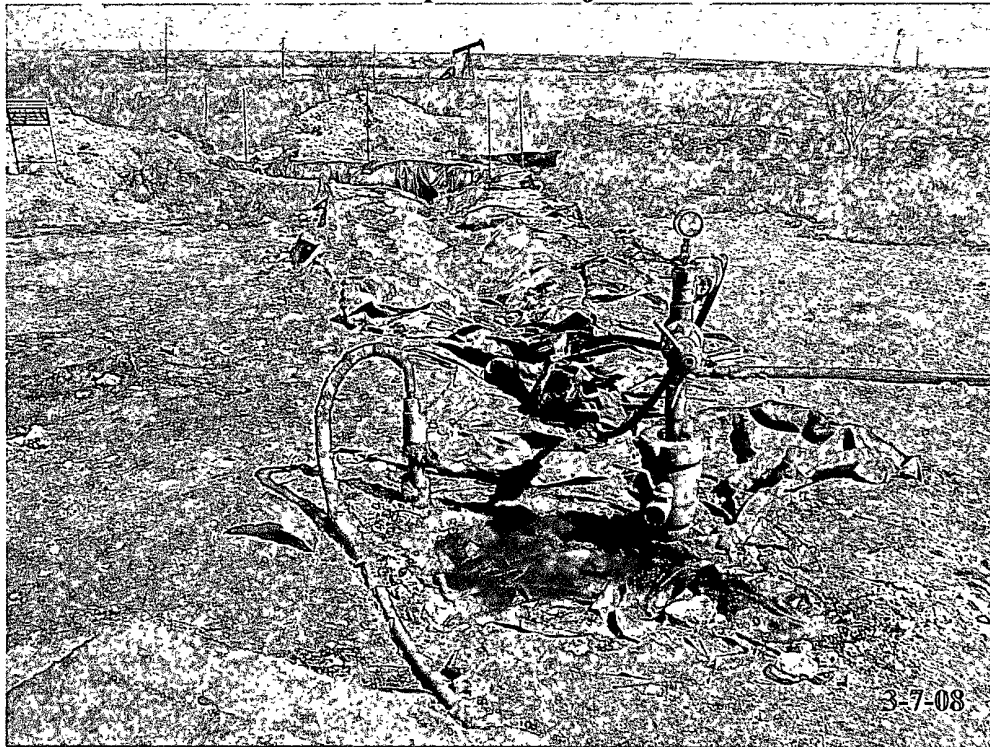
Owner Name: (First) (Last) ☐ Non-Domestic ☐ Domestic ☒ All

POD / SURFACE DATA REPORT 05/23/2008

DB File Nbr	(acre ft per annum)	Use	Diversion	Owner	POD Number	Source	Tws	Rng	Sec	q	q	q	Z
L 02875	PRO		3	WARREN & BRADSHAW EXP. &	L 02875	Shallow	17S	33E	20	2	2		
					L 02875 APPRO	Shallow	17S	33E	20	2	2		

Record Count: 2

Forest Oil – Caprock Maljamar Unit #56



Site before closure.

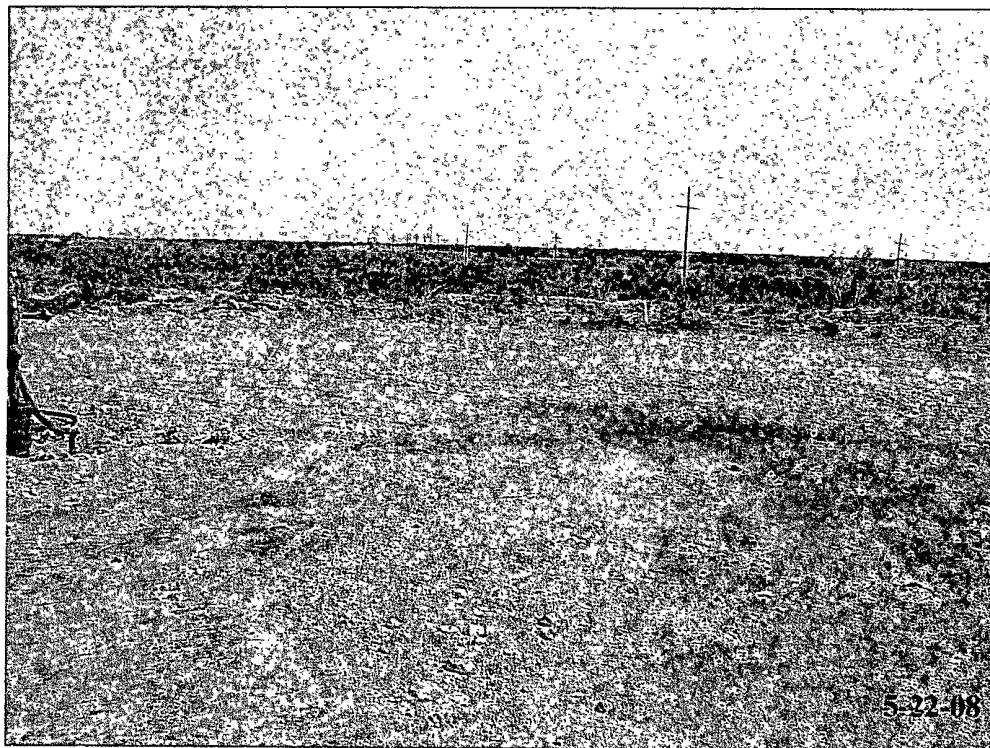


Excavation of mud and liner.

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.



PHONE (575) 393-2326 • 101 E. MARLAND • HOBBS, NM 88240

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

LAB NUMBER	SAMPLE ID	GRO	DRO	CI*
		(C ₆ -C ₁₀)	(>C ₁₀ -C ₂₈)	
		(mg/kg)	(mg/kg)	(mg/kg)
ANALYSIS DATE		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 Control		441	541	510
True Value QC		500	500	500
% Recovery		88.2	108	102
Relative Percent Difference		2.7	<0.1	2.0

METHODS: TPH GRO & DRO: EPA SW-846 8015 M; Std. Methods 4500-CFB

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

Chemist

Date

H14716TCL ELKE

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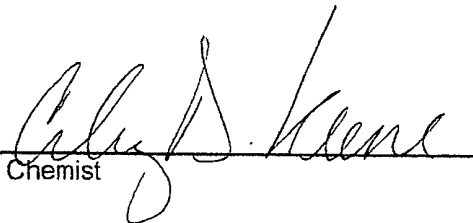
ANALYTICAL RESULTS FOR
ELKE ENVIRONMENTAL, INC.
ATTN: JERRY BRIAN
P.O. BOX 1830
HOBBS, NM 88241
FAX TO: (575) 738-0140

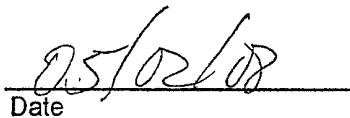
Receiving Date: 04/28/08
Reporting Date: 05/02/08
Project Owner: FOREST OIL
Project Name: NOT GIVEN
Project Location: CMU #56

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 DATE		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 Percent Difference		5.3	5.0	3.2	1.7

METHOD: EPA SW-846 8260


Chemist


Date

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 analyses. 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 the event Cardinal is 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 hereunder by Cardinal, regardless of whether such claim is based upon any of the above-stated reasons or otherwise. Results relate only to the samples identified above. This report shall not be reproduced except in full with written approval of Cardinal Laboratories.

**CARDINAL LABORATORIES, INC.**

2111 Beechwood, Abilene, TX 79603 101 East Marland, Hobbs, NM 88240
(325) 673-7001 Fax (325) 673-7020 (505) 393-2326 Fax (505) 393-2476

CHAIN-OF-CUSTODY AND ANALYSIS REQUEST

Page ____ of ____

Company Name: EKE Env				BILL TO				ANALYSIS REQUEST																	
Project Manager: Q Brim				P.O. #:																					
Address:				Company:																					
City:		State:		Zip:		Attn:																			
Phone #:		Fax #:		735-0140		Address:																			
Project #:		Project Owner:		Forest 01		City:																			
Project Name:				State:		Zip:																			
Project Location: cmu #56				Phone #:																					
Sampler Name: Q Brim				Fax #:																					
FOR LAB USE ONLY																									
Lab I.D.		Sample I.D.		(G)RAB OR (C)OMP.		# CONTAINERS		MATRIX		PRESERV.		SAMPLING													
				GROUNDWATER		WASTEWATER		SOIL		OIL		SLUDGE		OTHER:		ACID/BASE:		ICE / COOL		OTHER:		DATE		TIME	
114710-1		Bottom - 18' Bbs		J				X														4/22/08		3:00 PM	
-2		N-SW - 18' Bbs						X																3:05 PM	
-3		S-SW - 18' Bbs						X																3:10 PM	
-4		E-SW - 18' Bbs						X																3:15 PM	
-5		W-SW - 18' Bbs						X																3:20 PM	
-6		Trench - 4' Bbs						X																3:30 PM	

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Terms and Conditions: Interest will be charged on all accounts more than 30 days past due at the rate of 24% per annum from the original date of invoice, and all costs of collections, including attorney's fees.

Sampler Relinquished: Q Brim		Date: 4/22/08		Received By: Misty LeBut		Phone Result: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relinquished By:		Time: 8:10 AM		Received By: (Lab Staff)		Fax Result: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Delivered By: (Circle One)		Date:		Sample Condition		Checked By:	
Sampler: UPS - Bus - Other:		Time:		Temp, °C Intact?		(Initials) MCLB	
				<input type="checkbox"/> Yes <input type="checkbox"/> No			

† Cardinal cannot accept verbal changes. Please fax written changes to (325) 673-7020.

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

NMDC P.1/2

NEW MEXICO ONE CALL
Locate Request Confirmation

Ticket #: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
responsibility for the accuracy of the information contained in the
ticket 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.

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

NMOC P.2/2

New Mexico Law requires you to wait two working days from the date and 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: 4/1/2008 Time: 8:28 AM To: 2008141046 @ 915757380140

NMOC P.3/4

NEW MEXICO ONE CALL
Locate Request Confirmation

Ticket #:2008141055 Reason Code:STANDARD LOCATE
Work to Begin Date: 04/03/2008 Time: 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 : To:
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
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.

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

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

NON-HAZARDOUS WASTE MANIFEST

N2 20901

PART I: Generator Forest Oil
Address _____
City/State Hobbs NM

(505) 390-6449
Telephone No.

ORIGIN OF WASTE:

Operations Center _____

Permit No. _____

Property Name Cmu #56
(Well, Tank Battery, Plant, Facility)

WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

Drilling Fluids	_____	Tank Bottoms	_____	Exempt Fluids	_____
Completion Fluids	_____	Gas Plant Waste	_____	C117 No.	_____
Contaminated Soil	<u>X</u>	Other Materials	_____	Pit No.	_____

DESCRIPTION / NOTES

Pit Contained impacted soil

CERTIFICATION:

The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge.

Gay Coleman
Signature of Generator's Authorized Agent

4/18/08
Date and Time of Shipment

PART II: TRANSPORTER: (To be completed in full by Transporter)

Name MCM TRUCKING
Address 221-B ALBERTSON DR
City/State HOBBS NM 88240

602 1646
Telephone No.
1
Truck No.

CERTIFICATION:

I certify that the waste in quantity above was received by me 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
E-mail

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]
Signature of Facility Agent

4-18-08
Date and Time Received

NON-HAZARDOUS WASTE MANIFEST

№ 20271

PART I: Generator Forest Oil
 Address _____
 City/State Hobbs, NM

(505) 390-6149
 Telephone No

ORIGINATION OF WASTE:

Operations Center _____
 Permit No. _____
 Property Name cmu #56
 (Well, Tank Battery, Plant, Facility)

WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)		
Drilling Fluids _____	Tank Bottoms _____	Exempt Fluids _____
Completion Fluids _____	Gas Plant Waste _____	C117 No. _____
Contaminated Soil <u>X</u>	Other Materials _____	Pit No. _____
DESCRIPTION / NOTES		
<u>Pit contents & impacted soil</u>		

CERTIFICATION:

The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge.

[Signature]
 Signature of Generator's Authorized Agent

4/18/08

Date and Time of Shipment

PART II: TRANSPORTER: (To be completed in full by Transporter)

Name mm
 Address 221 E ALBERTSON DR
 City/State Hobbs NM 88240

602-1646
 Telephone No.

1

Truck No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

[Signature]
 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

E-mail

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]
 Signature of Facility Agent

4-18-08

Date and Time Received

NON-HAZARDOUS WASTE MANIFEST

№ 20239

PART I: Generator Forest Oil
Address _____
City/State Hobbs NM

505 393-6149
Telephone No

ORIGINATION OF WASTE:

Operations Center _____

Permit No. _____

Property Name CMU #56
(Well, Tank Battery, Plant, Facility)

WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

Drilling Fluids	_____	Tank Bottoms	_____	Exempt Fluids	_____
Completion Fluids	_____	Gas Plant Waste	_____	C117 No.	_____
Contaminated Soil	<u>X</u>	Other Materials	_____	Pit No.	_____

DESCRIPTION / NOTES

Pit contents + impacted soil

CERTIFICATION:

The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge.

[Signature]

Signature of Generator's Authorized Agent

4/18/08

Date and Time of Shipment

PART II: TRANSPORTER: (To be completed in full by Transporter)

Name mcm Trucking
Address 221 E. ALBERTSON DR
City/State HOBBS N.M. 88240

602-1646
Telephone No.

1
Truck No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

[Signature]

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
E-mail

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]

Signature of Facility Agent

4-18-08
Date and Time Received

NON-HAZARDOUS WASTE MANIFEST

No 20274

PART I: Generator Fort oil
Address 3504 NW 125th CUT RD
City/State HOBBS NM 88240

(505) 390 614
Telephone No

ORIGINATION OF WASTE:

Operations Center _____

Permit No. _____

Property Name CM 4 #56
(Well, Tank Battery, Plant, Facility)

WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)			
Drilling Fluids	_____	Tank Bottoms	_____
Completion Fluids	_____	Gas Plant Waste	_____
Contaminated Soil	<u>X</u>	Other Materials	_____
Exempt Fluids _____			
C117 No. _____			
Pit No. _____			
DESCRIPTION / NOTES			

CERTIFICATION:

The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge.

[Signature]
Signature of Generator's Authorized Agent

4-23-08
Date and Time of Shipment

PART II: TRANSPORTER: (To be completed in full by Transporter)

Name Alonso's Trucking
Address 327 W 1st
City/State Hobbs NM 88240

631-4786
Telephone No.

105
Truck No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below

[Signature]
Signature of Transporter's Agent

4-23-08
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
E-mail

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]
Signature of Facility Agent

4-23-08
Date and Time Received

NON-HAZARDOUS WASTE MANIFEST

No 20275

PART I: Generator FORST oil
Address 3504 N WEST CT RD (505) 390 6149
City/State HOBBS NM 88240 Telephone No

ORIGIN OF WASTE:

Operations Center _____ Permit No. _____
Property Name EMH #56
(Well, Tank Battery, Plant, Facility)

WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)		
Drilling Fluids	_____	Tank Bottoms _____
Completion Fluids	_____	Gas Plant Waste _____
Contaminated Soil	<u>X</u>	Other Materials _____
Exempt Fluids	_____	C117 No. _____
		Pit No. _____
DESCRIPTION / NOTES		

CERTIFICATION: The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge.

[Signature]
Signature of Generator's Authorized Agent

4-23-08
Date and Time of Shipment

PART II: TRANSPORTER: (To be completed in full by Transporter)

Name ITACO'S TRUCKING
Address 327 W Q1th
City/State HOBBS, NM 88240

631-7786
Telephone No.
105
Truck No.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the destination below.

[Signature]
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
E-mail

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II

[Signature]
Signature of Facility Agent

4-23-08
Date and Time Received

NON-HAZARDOUS WASTE MANIFEST

№ 20273

PART I:

Generator Korstoil
Address 3504 NW 1ST CT RD
City/State HOBBS NM 88240

5051390 6149
Telephone No

ORIGINATION OF WASTE:

Operations Center _____

Permit No. _____

Property Name

CM 4 #56
(Well, Tank Battery, Plant, Facility)

WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

Drilling Fluids	_____	Tank Bottoms	_____	Exempt Fluids	_____
Completion Fluids	_____	Gas Plant Waste	_____	C117 No.	_____
Contaminated Soil	<u>X</u>	Other Materials	_____	Pit No.	_____

DESCRIPTION / NOTES

CERTIFICATION:

The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge

[Signature]
Signature of Generator's Authorized Agent

4-23-08
Date and Time of Shipment

PART II: TRANSPORTER: (To be completed in full by Transporter)

Name Speedy's Trucking
Address 327 W Alto
City/State HOBBS, NM

631-76786
Telephone No
A-5
Truck No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below

[Signature]
Signature of Transporter's Agent

4-23-08
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
E-mail

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II

[Signature]
Signature of Facility Agent

4-23-08
Date and Time Received

NON-HAZARDOUS WASTE MANIFEST

№ 20272

PART I: Generator Forest Oil
Address 3504 N. West City Rd
City/State Hobbs NM 88240

(505) 390-6149
Telephone No

ORIGIN OF WASTE:

Operations Center _____

Permit No. _____

Property Name CMU #56
(Well, Tank Battery, Plant, Facility)

WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

Drilling Fluids	_____	Tank Bottoms	_____	Exempt Fluids	_____
Completion Fluids	_____	Gas Plant Waste	_____	C117 No.	_____
Contaminated Soil	<u>X</u>	Other Materials	_____	Pit No.	_____

DESCRIPTION / NOTES

CERTIFICATION:

The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of Generator's Authorized Agent

4/23/08

Date and Time of Shipment

PART II: TRANSPORTER: (To be completed in full by Transporter)

Name Alfred's Trucking
Address 327 W Alta
City/State Hobbs, NM - 88240

631-7786
Telephone No

15
Truck No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

Signature of Transporter's Agent

4-23-08
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

E-mail

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent

4-23-08
Date and Time Received

NON-HAZARDOUS WASTE MANIFEST

№ 20280

PART I: Generator FIRST oil
Address 3504 NW 82nd CT RD (505) 390 4149
City/State Hobbs, NM 88240 Telephone No

ORIGIN OF WASTE:

Operations Center _____ Permit No. _____

Property Name cm 4 #56
(Well, Tank Battery, Plant, Facility)

WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)			
Drilling Fluids	_____	Tank Bottoms	_____
Completion Fluids	_____	Gas Plant Waste	_____
Contaminated Soil	<u>X</u>	Other Materials	_____
Exempt Fluids _____			
CI17 No. _____			
Pit No. _____			
DESCRIPTION / NOTES			

CERTIFICATION:

The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge.

[Signature]
Signature of Generator's Authorized Agent4-24-08
Date and Time of Shipment

PART II: TRANSPORTER: (To be completed in full by Transporter)

Name Alfredo's Trucking (631) 7786
Address 327 W. 1st Telephone No
City/State Hobbs, N.M. 88240 A-6
Truck No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

[Signature]
Signature of Transporter's Agent_____
Date and Time Received

PART III: DISPOSAL OR RECLAMATION SITE:

Name Controlled Recovery, Inc. (575) 393-1079
Address P.O. Box 388 Telephone No.
City/State Hobbs, N.M. 88241-0388 www.crihobbs.com
E-mail

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]
Signature of Facility Agent4-24-08
Date and Time Received

NON-HAZARDOUS WASTE MANIFEST

№ 20281

PART I:

Generator FORREST OIL
Address 3504 N WEST CUIRD
City/State HOBBS NM 88240

(505) 390 6149
Telephone No

ORIGIN OF WASTE:

Operations Center _____

Permit No. _____

Property Name

CM 4 #56
(Well, Tank Battery, Plant, Facility)

WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

Drilling Fluids	_____	Tank Bottoms	_____	Exempt Fluids	_____
Completion Fluids	_____	Gas Plant Waste	_____	C117 No.	_____
Contaminated Soil	<u>X</u>	Other Materials	_____	Pit No.	_____

DESCRIPTION / NOTES

CERTIFICATION:

The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge

[Signature]
Signature of Generator's Authorized Agent

4-24-08
Date and Time of Shipment

PART II: TRANSPORTER: (To be completed in full by Transporter)

Name Alfredo's
Address 327 W Alto
City/State Hobbs, N.M. 88240

631-7786
Telephone No
A-4
Truck No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below

[Signature]
Signature of Transporter's Agent

4-24-08
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
E-mail

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II

[Signature]
Signature of Facility Agent

4-24-08
Date and Time Received

NON-HAZARDOUS WASTE MANIFEST

No 20279

PART I: Generator Forst oil
Address 3504 NEWST CT RD
City/State HOBBS NM 88240

(505) 380 6149
Telephone No

ORIGINATION OF WASTE:

Operations Center _____

Permit No. _____

Property Name

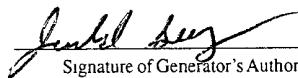
CMH #56

(Well, Tank Battery, Plant, Facility)

WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)					
Drilling Fluids	_____	Tank Bottoms	_____	Exempt Fluids	_____
Completion Fluids	_____	Gas Plant Waste	_____	C117 No.	_____
Contaminated Soil	<u>X</u>	Other Materials	_____	Pit No.	_____
DESCRIPTION / NOTES					

CERTIFICATION:

The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge.



Signature of Generator's Authorized Agent

4-24-08

Date and Time of Shipment

PART II: TRANSPORTER: (To be completed in full by Transporter)

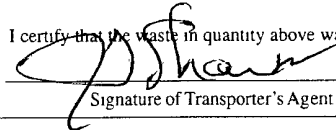
Name Alfredo's Trucking
Address 327 W. Alto
City/State HOBBS, NM. 88240

631-7786
Telephone No.

A-6
Truck No.

CERTIFICATION:

I certify that the waste in quantity above was received by me 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

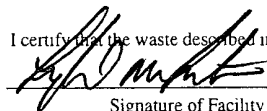
Telephone No.

www.crihobbs.com

E-mail

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II



Signature of Facility Agent

4-24-08

Date and Time Received

NON-HAZARDOUS WASTE MANIFEST

No 20278

PART I: Generator Forst Oil
Address 3504 N WESL CUT RD
City/State HOBBS NM, 88240

(505) 390 6149
Telephone No

ORIGINATION OF WASTE:

Operations Center _____

Permit No. _____

Property Name

cm 4 # 56
(Well, Tank Battery, Plant, Facility)

WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

Drilling Fluids	_____	Tank Bottoms	_____	Exempt Fluids	_____
Completion Fluids	_____	Gas Plant Waste	_____	C117 No.	_____
Contaminated Soil	<u>X</u>	Other Materials	_____	Pit No.	_____

DESCRIPTION / NOTES

CERTIFICATION:

The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge.

[Signature]
Signature of Generator's Authorized Agent

4-28-08
Date and Time of Shipment

PART II: TRANSPORTER: (To be completed in full by Transporter)

Name Alfredo's Trucking
Address 327 W Arto
City/State Hobbs, NM. 88240

631-7786
Telephone No

A-6
Truck No.

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below.

[Signature]
Signature of Transporter's Agent

4-24-08
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
E-mail

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]
Signature of Facility Agent

4-24-08
Date and Time Received

NON-HAZARDOUS WASTE MANIFEST

No 20277

PART I:

Generator FIRST OIL
Address 3504 NW 1ST CTR RD
City/State HOBBS NM 88240

(505) 390 6149
Telephone No.

ORIGIN OF WASTE:

Operations Center _____

Permit No. _____

Property Name cm 4 H 56
(Well, Tank Battery, Plant, Facility)

WASTE IDENTIFICATION AND AMOUNT (BARRELS, YARDS, TONS, CU.FT., LBS., UNITS, ETC.)

Drilling Fluids	_____	Tank Bottoms	_____	Exempt Fluids	_____
Completion Fluids	_____	Gas Plant Waste	_____	C117 No.	_____
Contaminated Soil	<u>X</u>	Other Materials	_____	Pit No.	_____

DESCRIPTION / NOTES

CERTIFICATION:

The waste described above is not hazardous pursuant to 40 CFR Part 261 and was consigned to the transporter named below. I certify that the foregoing is true and correct to the best of my knowledge.

[Signature]
Signature of Generator's Authorized Agent

4-24-08
Date and Time of Shipment

PART II: TRANSPORTER: (To be completed in full by Transporter)

Name Alfredo's Trucking
Address 327 W Auto
City/State Hobbs, nm. 88240

631-7786
Telephone No.
A-6
Truck No

CERTIFICATION:

I certify that the waste in quantity above was received by me for shipment to the destination below

[Signature]
Signature of Transporter's Agent

4-24-08
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
E-mail

CERTIFICATION:

I certify that the waste described in Part I was received by me via the transporter described in Part II.

[Signature]
Signature of Facility Agent

4-24-08
Date and Time Received