FORM

DISCHARGE PLAN NUMBER: 353

SIC NUMBER: _____

Original DP: X
Renewal: _____
Modification: _____
Date Received: 8/21/84

NAME OF FACILITY: Salty Dog Hobbs #1 28850 30-025-35706

ADDRESS OF FACILITY: Salty Dog Inc./ PO Box 774/ Hobbs NM 88240

ALTERNATE OR PAST NAME OF FACILITY: ---

CITY OR CLOSEST TOWN: Hobbs

COUNTY: Lea TWP: 18S RGE: 38E SEC: 20

CONTACT PERSON: Janica (last), J.T., Jr. P.E. (consultant) (first)

ADDRESS OF CONTACT PERSON: Natural Resources Engineering/ PO Box 2188
Hobbs, NM 88240

TELEPHONE NUMBER: 397-6319

TYPE OF FACILITY: brine extraction well and associated surface facilities

MEANS OF DISCHARGE (lagoon, leach field, other -specify): injection well; lined lagoon.

REVIEWER: Morgan (last), Paige Grant (first)

DATE APPROVED: April 8, 1985 DATE OF EXPIRATION: 4/8/90

MONITORING REQ: (Comment, if necessary, on back)

SAMPLING SITE & ID	STORET CODE	PARAMETER(S)	DATE DUE
injected water		six-month volume	June 30 December 31
extracted brine		" " "	June 30 December 31
lagoon leak detection system		presence of fluids	check monthly; report when fluid encountered
produced brine		Ca, Mg, Na, K, HCO_3, Cl, SO_4, TDS	12/31/85

SEND REPORTS TO: Ground Water Section
EID: Ground Water/Hazardous Waste Bureau
P.O. Box 968
Santa Fe, NM 87504-0968