



ALAMO ANALYTICAL LABORATORIES, LTD.

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www.alamoanalytical.com; (800) 572-6955

LABORATORY ANALYTICAL RESULTS

Client Name: Quimica del Desierto
Project Manager: Erich Wolf
Phone: (614) 473-0390

Report Date: 12/20/2018
Order No.: 1812006
Analysis Date: 12/06/2018

GC FID Analysis - Units in ppm

Analyst: SS

Lab ID: 1812006-01 Sample ID: Biograss/Hyreocarbos, Sample Collection Date: 11/30/2018

Sampling Time	100 mL Crude oil + 100 mL Biograss ExtraR (agitate)	100 mL Crude oil + 100 mL Biograss ExtraR (shake)	100 mL Crude oil + 100 mL Biograss ExtraR (agitate) heat at 80 C
After 5 minutes	360,000	411,700	365,100
After 15 minutes	272,000	404,700	312,800
After 30 minutes	201,500	373,900	279,700
After 60 minutes	154,000	292,300	209,700
Oil Without Biograss Extra R- 746,000 ppm			

Reviewed by:

Reddy Gosala, Ph.D
Laboratory Director

Report of Laboratory Analysis

Note: The analysis contained in this report applies only to the samples tested and for the exclusive use of the addressed client. Reproduction of this report wholly or in part requires written permission of the client.



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**CHAIN OF CUSTODY
RECORD**

COC#: 026598

MUST BE COMPLETED BY CLIENT

Alamo's Client: <i>Quimica del Desierto</i>	Client's PO. #:
Project Manager: <i>Erich R. Wolf</i>	Phone #: <i>614 473 0390</i>
Address: <i>Madrid 2006</i>	Email: <i>erich.wolf@biograssextra.com</i>
Project Number:	Project Name: <i>THE COAT</i>
Project Location:	Sampler Signature:

Turnaround time: Standard (7) (in working days)
 RUSH: 1 2 3-5 Days (additional charges)
 TRRP 13 Report: Yes No (additional charges)
 Analysis for Permit Compliance: Yes No
 DMR Form Required: Yes No

Main Office: 10526 Gulfdale
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LAB ID# (Do not use)	Sampling		Composite	Grab	Matrix	FIELD ID#	FIELD DESCRIPTION	No. of Containers	ANALYSIS						REMARKS (Preservation, Size/Amount, Etc.)	
	Date	Time							Hydrocarbon							
<i>E1811056-01</i>	<i>11-30-18</i>	<i>N/A</i>					<i>biogras5/Hydrocarbon</i>	<i>2</i>	<i>X</i>							

181200601

Relinquished by: (Signature / Print Name) <i>X</i> <i>[Signature]</i>	Date <i>11-30-18</i>	Time <i>1612</i>	Received by: (Signature) <i>[Signature]</i>	Headspace <input type="checkbox"/> <input type="checkbox"/> If Yes, Amt. _____ Properly Sealed <input type="checkbox"/> <input type="checkbox"/> If No, Explain _____ Chilled ≤4° C <input type="checkbox"/> <input type="checkbox"/> If No; Temp. _____ Comments: <i>erich.wolf@biograssextra.com</i> <i>Hydrocarbon E1811056 Temp: 3.1/3.11</i>
Relinquished by: (Signature / Print Name)	Date	Time	Received by: (Signature)	
Relinquished by: (Signature / Print Name)	Date	Time	Received by: (Signature)	
Relinquished by: (Signature / Print Name)	Date <i>12/3/18</i>	Time <i>940</i>	Received by: (Signature) <i>[Signature]</i>	



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Sample Log-In Checklist

DATE: 11/30/2018 TIME: 1630 INITIALS: AA

CLIENT: Quinn de Oesirant PROJECT: W.O# E1811056

1. Is a Chain of Custody present? Yes No
2. Is a Chain of Custody properly completed? Yes No
3. Are custody seals present?
If yes, are they intact? Yes No
Are they on: Sample _____ or on Shipping Container _____
4. Are all samples tagged or labeled?
If yes, do the labels match the Chain of Custody? Yes No
5. Do all shipping documents agree (i.e., number of coolers arrived vs. on tickets)
If not, describe below. Yes No NA
6. Are samples preserved properly? If not, describe below. Yes No
7. Are all samples within holding times on arrival?
If not, describe below. Yes No
8. Condition of shipping container: Intact or _____
9. Condition of samples: Intact _____ or _____
10. Temperature of samples: Temp. (°C): N/A Corrected Temp. (°C): N/A Thermometer ID: DT1 or L2
11. pH strip lot#: N/A Samples out of pH range: N/A
12. Delivery agent: Client UPS Fed-Ex Lone Star Alamo P/U Other _____
13. Sample disposal: Return to client Alamo Analytical Disposal _____

Comments: (Reference checklist item number from above, or for comments on resolution below):

STD, in, Subcontract
46 for Testing purposes

Record of contacting client for resolution of sample discrepancies (first and retry contact)
Contacted How?

Name: _____ Phone _____ Fax _____ Date: _____ / _____ / _____ Time: _____
Name: _____ Phone _____ Fax _____ Date: _____ / _____ / _____ Time: _____



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