Form C-147 Revised April 3, 2017

## **Recycling Facility Only**

## Type of action: Permit Registration Modification Closure Other (explain)

Be advised that approval of this request does not relieve the operator of liability should operations result in pollution of surface water, ground water or the environment. Nor does approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances.

L. Operator: Cimarex Energy Co. (For mult	tiple operators attach page with information) OGRID #:215099_
Address: 220 S. Cheyenne Ave Ste 1000 Tulsa, OK 74103	The operators attach page with information) OOKID #.213033
Facility or well name (include API# if associated with a well): DaVinci 718Fe	deral Battery
OCD Permit Number: 2RF-132 (For new facilities the p	
U/L or Qtr/Qtr <u>NE/NW</u> Section 7 Township 25S	
Surface Owner: Sector State Private Tribal Trust or Indian Allot	
2.	
Recycling Facility:	
Location of recycling facility (if applicable): Latitude <u>32.148537</u> Longitude -	104.2 3240 NAD83
Proposed Use: Drilling* 🛛 Completion* D Production* D Plugging *	
*The re-use of produced water may NOT be used until fresh water zones are cased and cemented	
Other, requires permit for other uses. Describe use, process, testing, volume of produced water and ensure there will be no adverse impact on	
groundwater or surface water.	
Fluid Storage	
Above ground tanks Activity permitted under 19.15.17 NMAC explain type	
Activity permitted under 19.15.36 NMAC explain type:	Other explain
Closure Report (required within 60 days of closure completion): Recycling Facility Closure Completion Date:	
3.	
Variances:	
Justifications and/or demonstrations that the proposed variance will afford reasonable protection against contamination of fresh water, human health, and the	
environment.	
Check the below box only if a variance is requested: Variance(s): Requests must be submitted to the appropriate division district for consideration of approval. If a Variance is requested, include the	
variance information on a separate page and attach it to the C-147 as part of the application.	
If a Variance is requested, it must be approved prior to implementat	
Operator Application Certification:	
I hereby certify that the information and attachments submitted with this application are true, accurate and complete to the best of my knowledge and belief.	
Name (Print): Robert Huizenga	Title: Water Resource Manager: Engineering
Signature: 1 Ch-	Date: July 17, 2017
e-mail address: rhuizenga@cimarex.com	Telephone: <u>918-295-1700</u>
5. OCD Representative Signature: Rich Brown	Approval/Registration Date: 8/16/18
Title: <u>AO/I</u>	
	OCD Permit Number ZKF-13Z
	OCD Permit Number: 2RF-132
OCD Conditions Additional OCD Conditions on Attachment	OCD Permit Number: 2RF-132 fAB1822756025