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State of New Mexico Oil Conservation Division

Closure Report Attachment Checklist: Each of the following items must be included in the closure report.

Incident ID	
District RP	
Facility ID	
Application ID	

Closure

The responsible party must attach information demonstrating they have complied with all applicable closure requirements and any conditions or directives of the OCD. This demonstration should be in the form of a comprehensive report (electronic submittals in .pdf format are preferred) including a scaled site map, sampling diagrams, relevant field notes, photographs of any excavation prior to backfilling, laboratory data including chain of custody documents of final sampling, and a narrative of the remedial activities. Refer to 19.15.29.12 NMAC.

A scaled site and sampling diagram as described in 19.15.29.11 NMAC		
Photographs of the remediated site prior to backfill or photos of the liner integrity if applicable (Note: appropriate OCD District office must be notified 2 days prior to liner inspection)		
Laboratory analyses of final sampling (Note: appropriate ODC District office must be notified 2 days prior to final sampling)		
☐ Description of remediation activities		
and regulations all operators are required to report and/or file certain may endanger public health or the environment. The acceptance of should their operations have failed to adequately investigate and rehuman health or the environment. In addition, OCD acceptance of compliance with any other federal, state, or local laws and/or regular restore, reclaim, and re-vegetate the impacted surface area to the coaccordance with 19.15.29.13 NMAC including notification with 19.15	ations. The responsible party acknowledges they must substantially unditions that existed prior to the release or their final land use in OCD when reclamation and re-vegetation are complete.	
Printed Name:	Title:	
Printed Name: Signature: Dearn Open	Date:	
email:	Telephone:	
OCD Only		
Received by:	Date:	
remediate contamination that poses a threat to groundwater, surface party of compliance with any other federal, state, or local laws and		
Closure Approved by:	Date:	
Printed Name:	Title:	