

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
Department
Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-144 CLEZ
July 21, 2008

For closed-loop systems that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure, submit to the appropriate NMOCD District Office.

Closed-Loop System Permit or Closure Plan Application

(that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure)

Type of action: ☐ Permit ☒ Closure

Instructions: Please submit one application (Form C-144 CLEZ) per individual closed-loop system request. For any application request other than for a closed-loop system that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure, please submit a Form C-144.

Please 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.

1. Operator: COG Operating LLC OGRID #: 229137
Address: 550 West Texas Ave, Suite 1300, Midland, TX 79701
Facility or well name: Continental A State #22
API Number: 30-015-39776 OCD Permit Number: 212302
U/L or Qtr/Qtr E Section 30 Township 17S Range 29E County: Eddy
Center of Proposed Design: Latitude _____ Longitude _____ NAD: ☐ 1927 ☐ 1983
Surface Owner: ☐ Federal ☒ State ☐ Private ☐ Tribal Trust or Indian Allotment

2. ☒ **Closed-loop System:** Subsection H of 19.15.17.11 NMAC
Operation: ☒ Drilling a new well ☐ Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) ☐ P&A
☐ Above Ground Steel Tanks or ☒ Haul-off Bins

RECEIVED

3. **Signs:** Subsection C of 19.15.17.11 NMAC
☐ 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers
☒ Signed in compliance with 19.15.3.103 NMAC

APR 13 2012

NMOCD ARTESIA

4. **Closed-loop Systems Permit Application Attachment Checklist:** Subsection B of 19.15.17.9 NMAC
Instructions: Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are attached.
☐ Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC
☐ Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC
☐ Closure Plan (Please complete Box 5) - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC
☐ Previously Approved Design (attach copy of design) API Number: _____
☐ Previously Approved Operating and Maintenance Plan API Number: _____

5. **Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only:** (19.15.17.13 D NMAC)
Instructions: Please identify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two facilities are required.
Disposal Facility Name: CRI Disposal Facility Permit Number: R1966
Disposal Facility Name: GM INC Disposal Facility Permit Number: 711-019-001
Will any of the proposed closed-loop system operations and associated activities occur on or in areas that will not be used for future service and operations?
☐ Yes (If yes, please provide the information below) ☒ No
Required for impacted areas which will not be used for future service and operations
☐ Soil Backfill and Cover Design Specifications - based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC
☐ Re-vegetation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC
☐ Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC

6. **Operator Application Certification:**
I hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief.
Name (Print): _____ Title: _____
Signature: _____ Date: _____
e-mail address: _____ Telephone: _____

7. **OCD Approval:** ☐ Permit Application (including closure plan) ☒ Closure Plan (only)

OCD Representative Signature: [Signature] Approval Date: 04/16/2022

Title: Dnr R Sykes OCD Permit Number: 212302

8. **Closure Report (required within 60 days of closure completion):** Subsection K of 19.15.17.13 NMAC

Instructions: Operators are required to obtain an approved closure plan prior to implementing any closure activities and submitting the closure report. The closure report is required to be submitted to the division within 60 days of the completion of the closure activities. Please do not complete this section of the form until an approved closure plan has been obtained and the closure activities have been completed.

☒ Closure Completion Date: 2/22/12

9. **Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only:**

Instructions: Please identify the facility or facilities for where the liquids, drilling fluids and drill cuttings were disposed. Use attachment if more than two facilities were utilized.

Disposal Facility Name: CRI Disposal Facility Permit Number: R1966

Disposal Facility Name: GM INC Disposal Facility Permit Number: 711-019-001

Were the closed-loop system operations and associated activities performed on or in areas that *will not* be used for future service and operations?

☐ Yes (If yes, please demonstrate compliance to the items below) ☒ No

Required for impacted areas which will not be used for future service and operations:

☐ Site Reclamation (Photo Documentation)

☐ Soil Backfilling and Cover Installation

☐ Re-vegetation Application Rates and Seeding Technique

10. **Operator Closure Certification:**

I hereby certify that the information and attachments submitted with this closure report is true, accurate and complete to the best of my knowledge and belief. I also certify that the closure complies with all applicable closure requirements and conditions specified in the approved closure plan

Name (Print): Chasity Jackson Title: Regulatory Analyst

Signature: [Signature] Date: 4/10/12

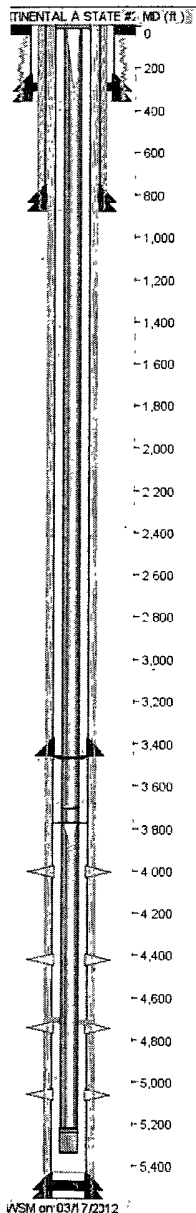
e-mail address: cjackson@concho.com Telephone: 432-686-3087

ID: 30-015-39776

Well Name: CONTINENTAL A STATE #22

Event#: 3 00

Report Dates: 03/17/2012



PIPE SPECIFICATION

STRING NAME	SECTION NAME	JOINT COUNT	START DEPTH	END DEPTH	LENGTH	OD SIZE	ID SIZE	WT GRDNT	GRD	CONN
CONDUCTOR	CASING		0.00	40 00	40 00	20.00				
SURFACE	GUIDE SHOE		354 92	356 00	1.08					
SURFACE	CASING	1	311 97	354 92	42 95	13.38	12.71	48 0	H-40	STC
SURFACE	INSERT FLOAT		311 97	311.97	0.00					
SURFACE	CASING	7	-3 80	311 97	315.77	13 38	12.71	48 0	H-40	STC
PRODUCTION	FLOOR SHOE		5556 66	5558.14	1.48	6 50				LTC
PRODUCTION	CASING	1	5515 45	5556 66	41.21	5 50	4 89	17.0	J55	LTC
PRODUCTION	FLOOR COLLAR		5514 08	5515 45	1.37	6.50				LTC
PRODUCTION	CASING	47	3473.65	5514 08	2040 43	5 50	4 89	17 0	J55	LTC
PRODUCTION	MARKER JOINT	1	3459.11	3473.65	14 54	5.50	4 89	17.0	J55	LTC
PRODUCTION	CASING	81	13.20	3459.11	3445.91	5.50	4 89	17.0	J55	LTC
PRODUCTION	LANDING JOINT		-7 50	13.20	20.70	5 50	4 89	17 0	J55	LTC
TUBING	BULL PLUG		5340 86	5341.61	0 75	2 88	2 44	6.5	BULL	8-RD
TUBING	MUD ANCHOR	3	5246 15	5340.86	94.71	2.88	2.44	6 5	J-55	8-RD
TUBING	DESANDER		5226 85	5246 15	19.30	2.88	2.44	6 5	DESAND	8-RD
TUBING	SEAT NIPPLE		5225 75	5226 85	1.10	2.88	0 25	6.5	SEAT	8-RD
TUBING	TUBING	46	3773.53	5225.75	1452.22	2.88	2 44	6 5	J-55 TBG	8-RD
TUBING	TUBING ANCHOR		3770 83	3773 53	2 70	5 50	2 44	6.5	TBG	8-RD
TUBING	TUBING	2	3707 69	3770 83	63 14	2.88	2 44	6.5	J-55 TBG	8-RD
TUBING	MARKER JOINT		3705.69	3707.69	2 00	2.88	2.44	6 5	J-55 MJ	8-RD
TUBING	TUBING	117	12.00	3705.69	3693.69	2.88	2 44	6 5	J-55 TBG	8-RD
TUBING	KB CORRECTION		0 00	12 00	12 00					
INTERMEDIATE	FLOOR SHOE		878.89	880 00	1 11					STC
INTERMEDIATE	CASING	1	837 07	878 89	41.82	8 63	8 10	24 0	J-55	STC
INTERMEDIATE	FLOOR COLLAR		835.62	837 07	1 45					STC
INTERMEDIATE	CASING	20	-3.76	835 62	839.38	8 63	8 10	24.0	J-55	STC

CEMENTING

STRING NAME	STAGE #	LEAD TOP (est) (ft)	LEAD TOP (ver) (ft)	TAIL TOP (est) (ft)	TAIL TOP (ver) (ft)
SURFACE	1	0 0	0 0		
PRODUCTION	1	0.0	0 0	2418 0	
INTERMEDIATE	1	0 0	0 0	70 0	

BHA STRING

DRILL EQUIP CODE	DESCRIPTION	LENGTH	OD SIZE	ID SIZE
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PERFORATION

ZONE	JOB REPORT DATE	ZONE NAME	TOP DEPTH	BOTTOM DEPTH	HOLE SIZE	PEN SIZE	SQUEEZED
1	02/15/2012	LOWER BLINBRY	4940.00	5190.00	0 41	25 00	N

ID: 30-015-39776**Well Name:** CONTINENTAL A STATE #22**Event#:** 3.00**Report Dates:** 03/17/2012

PERFORATION							
ZONE	JOB REPORT DATE	ZONE NAME	TOP DEPTH	BOTTOM DEPTH	HOLE SIZE	PEN SIZE	SQUEEZED
2	02/16/2012	MIDDLE BLINBRY	4620.00	4870 00	0.41	25 00	N
3	02/16/2012	UPPER BLINBRY	4300.00	4550 00	0.41	25 00	N
4	02/16/2012	PADDOCK	3880 00	4130.00	0.41	25 00	N