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 op systems that only use above

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 sl environment. Nor does approval relieve the operator of its responsibility to comply with		
I.	any one approache go reminental authority of tures, regulations of oraniamess.	
Operator:Devon Energy Production Co., LP	OGRID #:6137	
Address: 333 W. Sheridan Avenue OKC, OK 73102-8260		
Facility or well name:Antares 23 Federal 1H		
API Number 30 - 015 - 4/10 5 OCD Permit Number:		
U/L or Qtr/Qtr _D Section23 Township19S Range31E County: _Eddy County, NM		
Center of Proposed Design: LatitudeLongi	ıtude NAD: 🔲 1927 🔲 1983	
Surface Owner: 🖾 Federal 🗌 State 🗌 Private 🔲 Tribal Trust or Indian Allotme	ent	
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		
Signs: Subsection C of 19.15.17.11 NMAC	RECEIVED	
12"x 24", 2" lettering, providing Operator's name, site location, and emergence	by telephone numbers JUN 2 5 2012	
☑ Signed in compliance with 19.15.3.103 NMAC	JOIN MY FEETING	
4.	NMOCD ARTESIA	
Closed-loop Systems Permit Application Attachment Checklist: Subsection Instructions: Each of the following items must be attached to the application.		
attached.	·	
Design Plan - based upon the appropriate requirements of 19.15.17.11 NM.		
 Operating and Maintenance Plan - based upon the appropriate requirements Closure Plan (Please complete Box 5) - based upon the appropriate require 		
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 indentify 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:R9166	
Disposal Facility Name:	Disposal Facility Permit Number:	
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 Site Reclamation Plan - based upon the appropriate requirements of Subsection		
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): Judy A. Barnett Title: Regulatory Specialist		
Signature: Date: 06/20/12		
e-mail address: judith harnett@dvn.com Telenhone:	405 228 4248	

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OCD Approval: Permit Application (including closure plan) Closure Plan (only)		
OCD Representative Signature:	Approval Date: A/15/13	
Title: DIST E Sepenser	OCD Permit Number: 213982	
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:		
9. Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: Instructions: Please indentify 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:	Disposal Facility Permit Number:	
Disposal Facility Name:	Disposal Facility Permit Number:	
Were the closed-loop system operations and associated activities performed on or in areas that <i>will not</i> be used for future service and operations? Yes (If yes, please demonstrate compliance to the items below) \(\subseteq \) No		
Required for impacted areas which will not be used for future service and operat Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique	ions:	
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):		
Signature:		
e-mail address:	Telephone:	