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Interst In Tables, NM 8820       Energy Minerals and Natural Resources       Aug 1, 20         Sill Wood Acces, Acresi, NM 8810       Department       Department         Sill Wood Acces, Acresi, NM 8810       Department       For depad-layer system that only access and the system syst	1531 H. Prend Pr. Lukes, NM 8200     Encryty Minorals and Natural Resources     July 31. 20       1531 W. Cond Assem, Attain, NM 8200     Department     Prend Minorals and Minorals and Propending States States and Propending States a		State of New Mexico	Form C-144 CLE
To: Wide and Areas, NM 8210     To: Wide and Areas, NM 8210     To: Wide and Areas, NM 8210     To: Case Areas, NM 8740     To: Case Areas, NM 8740     To: Case Areas, NM 8740     Case Areas, NM 200     Case Areas, NM	TSII W. Grad Avana, Asteis, MM 8210       Department on Light Section 10 (1998)         TSII W. Stand Avana, Asteis, MM 8210       Dif Conservation Division         Table Stand R. Stand R., MM 8700       Statt Re, NM 8700         T223 S. R. Funcic D., Soar R., MM 8700       Statt Re, NM 8700         Closed-Loop System Permit or Closure Plan Application       Glosed-Loop System Permit or Closure Plan Application         Closed-Loop System Permit or Closure Plan Application (is closere)       Type of action:: "Preve subort and explore and tool for approxement water remark [in closere)         Prevented advised for a percent set for and graph on and grappes to implement water remark [in closere)       Type of action:: "Prevented at approxement to implement water remark [in closere)         Prevented advised for a percent set for and grappes to implement water remark [in closere)       Type of action:: "Prevented at approxement in the opplet and the opplet	1625 N. French Dr., Hobbs, NM 88240 End		July 21, 200
1000 beginners (264, ABC), MR 1950       1220 S of Provet Dr. Some Te, FM 87905         1220 S of Provet Dr. Some Te, FM 87905       201 S of Provet Dr. Some Te, FM 87905         201 S of Provet Dr. Some Te, FM 87905       201 S of Provet Dr. Some Te, FM 87905         202 S of Provet Dr. Some Te, FM 87905       201 S of Provet Dr. Some Te, FM 87905         202 S of Provet Dr. Some Te, FM 87905       201 S of Provet Dr. Some Te, FM 87905         202 S of Provet Dr. Some Te, FM 87905       201 S of Provet Dr. Some Te, FM 87905         202 S of Provet Dr. Some Te, FM 87905       201 S of Provet Dr. Some Te, FM 87905         202 S of Provet Dr. Some Te, FM 87905       201 S of Provet Dr. Some Te, FM 87905         203 S of Provet Dr. Some Te, FM 87905       201 S of Provet Dr. Some Te, FM 87905         204 D response Te Dr. Some Te, FM 87905       201 S of Provet Dr. Some Te, FM 87905         205 S of Provet Dr. Some Te, FM 87905       201 S of Provet Dr. Some Te, FM 87905         205 S of Provet Dr. Some Te, FM 87905       201 S of Provet Dr. Some Te, FM 87905         205 S OF S O	1000 brack (264, ABC), MR 2410       1220 S (20 much (26, ABC), MR 2400         1220 S (20 much (26, ABC), MR 2400       1220 S (20 much (26, ABC), MR 2400         1220 S (20 much (26, ABC), MR 2400       1220 S (20 much (26, ABC), MR 2400         1220 S (20 much (26, ABC), MR 2400       1220 S (20 much (26, ABC), MR 2400         1220 S (20 much (26, ABC), MR 2400       1220 S (20 much (26, ABC), MR 2400         1220 S (20 much (26, ABC), MR 2400       1220 S (20 much (26, ABC), MR 2400         1220 S (20 much (26, ABC), MR 2400       120 S (20 much (26, ABC), MR 2400         1220 S (20 much (26, ABC), MR 2400       120 S (20 much (26, ABC), MR 2400         1220 S (20 much (26, ABC), MR 2400       120 S (20 much (26, ABC), MR 2400         1220 S (20 much (26, ABC), MR 2400       120 S (20 much (26, ABC), MR 2400         1220 S (20 much (26, ABC), MR 2400       120 S (20 much (26, ABC), MR 2400         1220 S (20 much (26, ABC), MR 2400       120 S (20 much (26, ABC), MR 2400         1220 S (20 much (26, ABC), MR 2400       120 S (20 much (26, ABC), MR 2400         1220 S (20 much (26, ABC), MR 2400       120 S (20 much (26, ABC), MR 2400         1220 S (20 much (26, ABC), MR 2400       120 S (20 much (26, ABC), MR 2400         1220 S (20 much (26, ABC), MR 2400       120 S (20 much (26, ABC), MR 2400         1210 S (20 much (26, ABC), MR 2400       120 S (20 much (26, ABC), MR 2400         1210 S	1301 W. Grand Avenue, Artesia, NM 88210		For closed-loop systems that only use above
1201 S. J. Ranch D., Saze R. NM 1730       Santa Fe, NM 87505         Closed-Loop System Permit or Closure Plan Application (that only use above growd sets (and) or hoad of phose and propose to implement water removal for closure) Type of status: []Permit [] Closure         Internation: Plane solution employed on the spectra of the status of th	1201 S. J. Ranch D., Stark P. NM 1700       Smith Fe, NM 87505         Closed-Loop System Permit or Closure Plan Application (that only use above ground steel (and) or head of bytes and propose to implement weater remarked for closure) Type of stetus: [Premit] Closure         Internation: Plane solution employed for the optical closure of the product of the sterior of the optical closure closure of the optical closure of the optical closure of the optical closure c	1000 Rio Brazos Road, Aztec, NM 87410		to implement waste removal for closure, submit
Closed-Loop System Permit or Closure Plan Application         (flat only use above ground steel touk or houl off bing and propose to implement waster removal for closure)         Thereaction of the only on the only on the only on the only of the only of the only on the only only only only only only only only	Closect-Loop System Permit or Closure Plan Application         (Introduction of the plane of			to the appropriate NMOCD District Office.
(fast only use above ground steel tanks or hand-off bins and program to implement leaster removal for classive)         Type of action:       "Permit: □ Cosume         Instructions:       Please admit me application (Rom C144CER) per individual classed-bage system request. For any application regulate other than for a classed bag system that only use above ground steel tarks or hand-off bits and program is train to please admits of the respective the operator of the highly should appear the system request and the tark of hand-off bits and program is an individual classed bag system request please admits of the respective the operator of the highly should appear the please admits of the respective the operator of the respective test operator of the respectites operatore test operatore operatore test operator o	(fast only use above ground steel tanks or hand-off bins and program to implement leaster removal for classive)         Type of action:       "Permit: □ Cosume         Instructions:       Please admit me application (Rom C144CER) per individual classed-bage system request. For any application regulate other than for a classed bag system that only use above ground steel tarks or hand-off bits and program is train to please admits of the respective the operator of the highly should appear the system request and the tark of hand-off bits and program is an individual classed bag system request please admits of the respective the operator of the highly should appear the please admits of the respective the operator of the respective test operator of the respectites operatore test operatore operatore test operator o			Application
Type of action: Plane admit one application (Form C-144 CLE2) per individual clocation points. For any application regard other than for a clade loop system framework for them for a clade loop system framework for the approval of this request does not relieve the operator of itability should be prediced by the application regard other them for a clade loop system framework for the approval of the sequence of the approval by the application of an approval prediced by the application of an approval prediced by the application of a class and application of a class and application of applications and the application of a class and application of applications and the application of a class and application of applications and the application of applications and the application of a class and application of applications and the application applications and the application applications and the application applications and the application application application application application application application application applications and the application application application application applications and the application applic	Type of action: Plane admit one application (Form C-144 CLE2) per individual clocation points. For any application regard other than for a clade loop system framework for them for a clade loop system framework for the approval of this request does not relieve the operator of itability should be prediced by the application regard other them for a clade loop system framework for the approval of the sequence of the approval by the application of an approval prediced by the application of an approval prediced by the application of a class and application of a class and application of applications and the application of a class and application of applications and the application of a class and application of applications and the application of applications and the application of a class and application of applications and the application applications and the application applications and the application applications and the application application application application application application application application applications and the application application application application applications and the application applic			
Instructioner, Pleuse schwalt one exploration (form C-H4 CL22) per individual cloud-loop system request. For any applicables on provide that from Cred. Pleuse to advance that signeroal of that request does not reliable this can propose to implement water schwalt as provided by release to advance that signeroal of clouds, pleuse stability to comply with any close applicable governmental autohody rules, regulations or ordinance in the provide of that request does not rule to the proposed of that request does and rules of the provide rules.  Pleuse to advance that signeroal of this request does not rules of the provide rules and provide to the provide rules.  Pleuse to advance that signeroal rules the openator of its requestivity to comply with any close applicable governmental autohody rules, regulations or ordinance in the provide of the requestive to the signeroal to the provide rules.  Pleuse to advance that signeroal rules the signeroal to the rule of the rule	Description: Please relation one application (From C-144 CL2C) per individual allocal-large pytem request. For any applicables report of the form C-144 Please be advised that approval of this request does not affine these adpresses to imaginate water arounds for closure, please solute a Form C-144 Please be advised that approval of this request does not affine the operator of liability should operations centrin policinism of authore water, ground water or the meteromatic Nordee approval of this request does not attend to the operator of the request does not attend to the request does not attend to the operator of the request does not attend to the request does n			here waster entered for eleben of
and incoment. Nor allow and the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinance Operator: OX: USA UTF LR OGRID #. 1924/63 Address: Proc Box 50250 Mildend TX THTO Facility or well name: Toxet's Carryon 1 Federal #3 AFI Number: 21/9074 UT or QuO(0r	environment. Nor dees approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinance.  Operator: OYX USA UTF LC OORD #	Instructions: Please submit one application (Form C-144	CLEZ) per individual closed-loop system reques	st. For any application request other than for a e removal for closure, please submit a Form C-144.
Operator:       OXY USA WTP LP       OGRD #:       1924/63         Address:       P.O., Box 50250       Mildad TY 74100         Facility or well name:       Township 225       Range 24E       County:       Eddy         Pl Number:       Soci57-30152       OCD Permit Number:       214074         U/L or Qt#Qtr       Section 4       Township 225       Range 24E       County:       Eddy         Center of Proposed Design:       Latinde 32,425732       Longitude 104,50553       NAD:       Eff571       1983         Surface Owner:       Prederal       Istale       Private       Tribuit Trait or Indian Allormont       Eddy       Center of Proposed Design:       Latinde 32,425732       Longitude 104,50553       NAD:       Eff571       1983         Surface Owner:       Orthog new well       Workover or Drilling (Application Allormont       MAR 07 2013       MAR 07 2013       MAR 07 2013       MAC 07 2013	Operator:       OY: USP WTP LP       ORID * 1924/63         Address:       P.O., Box 50250       Mildand TY TATUO         Pacility or well name:       Township 225       Range 24E       County:       Eddy         PIN Number:       OCD Permit Number:       214074         U/L or Qu/Qtr       Section 4       Township 22S       Range 24E       County:       Eddy         Center of Proposed Design:       Latitude 32. 42572       Longitude 104, 50853       NAD:       Eddy         Surface Owner:       Predicting and well 1015.17.11 NMAC       Operation:       Doralling a new well       Workower or Dulling (Applies to activities which require prior approval of a permit or notice of intent)       Pf&A         MAR 0 7 2013       MAR 0 7 2013       NMOCD ARTESIA         Singar:       Subsection C of 19.15.17.11 NMAC       MAR 0 7 2013       NMOCD ARTESIA         Cleased-loog Statems Permit Application Attachment Clecklist:       Subsection B of 19.15.17.9 NMAC       MAR 0 7 2013         I 27:x 24*, 2*       Istentions:       Estion of the following tens must be adupted to the subsection B of 19.15.17.9 NMAC         Cleased-loog Statems Permit Application Attachment Clecklist:       Subsection C of 19.15.17.9 NMAC       NMOCD ARTESIA         Cleased-loog Statems Permit Application Attachment Clecklist:       Subsectino C of 19.15.17.9 NMAC       NMAC 07 2013 <td>environment. Nor does approval relieve the operator of its resp</td> <td>the operator of liability should operations result ponsibility to comply with any other applicable g</td> <td>in pollution of surface water, ground water or the overnmental authority's rules, regulations or ordinance</td>	environment. Nor does approval relieve the operator of its resp	the operator of liability should operations result ponsibility to comply with any other applicable g	in pollution of surface water, ground water or the overnmental authority's rules, regulations or ordinance
Pacifity or well name:       Towes Carryon 4       Federal 43         API Number:       2015-30152       OCD Permit Number:       214074         Uff. or Qur(2t:	Facility or well name:       Towes Carryon 4       Federal 43         API Number:       201074         U/L or QurVt		OGRID #:	192463
API Number:       20:015-20152       OCD Permit Number:       21:407.4         U/L or QurQlr	API Number:       214074         UIL or QurQtr	Address: <u><u>P.O.</u> Box 50250</u>	Milland TX 79710	
U/L ar Qht/Qtr	U/L or Qu/Qtr	Facility or well name: Jones Canyon -	t Federal #3	·
Center of Proposed Design:       Latitude       32. 42.552       Longitude       104.50853       NAD:       Import       1983         Surface Owner:       Federal       State       Private       Tribal Trust or Indian Allotment         *       Closed-loop System:       Subsection H of 19.15.17.11 NMAC         Operation:       Difling a new well       Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent)       Import         *       Signs:       Subsection C of 19.15.17.11 NMAC       MAR:       07 2013         Signs:       Subsection C of 19.15.17.11 NMAC       MAR:       07 2013         Signed in compliance with 19.15.3.103 NMAC       MAR:       07 2013       NMOCCD ARTESIA         Closed-loop Systems Permit Application Attachment CheckHist:       Subsection B of 19.15.17.19 NMAC       MAR:       07 2013         *       Distign Plan - based upon the appropriate requirements of 19.15.17.19 NMAC       MAR:       07 2013       NAD:         *       Design Plan - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.3 NMAC       0       0       0       0       0       0       0       0       0       0       0       0       0       0       1.5.17.13 NMAC       0       0       0       0       1.5.	Center of Proposed Design: Latitude 32. 42.512       Longitude 104.50853       NAD: 1983         Surface Owner: Federal State Private Tribal Trust or Indian Allotment       Image: State Private	API Number: 30-015-30152	OCD Permit Number:	214074
Surface Owner:       Federal       State       Private       Tribal Trust or Indian Allotment <sup>1</sup> Cossed-loop System:       Subsection II of 19.15.17.11 NMAC        Operation:       Colling a new well       Workover or Drilling (Applies to activities which require prior approval of a permit or natice of intent)       Pr&A <sup>1</sup> <sup>1</sup> Cossed-loop System:       Public of 19.15.17.11 NMAC        MAR 07 2013        NMCCD ARTESIA <sup>1</sup> <sup>1</sup> <sup>1</sup> <sup>2</sup> <sup>2</sup> <sup>2</sup>	Surface Owner:       Federal       State       Private       Tribal Trust or Indian Allotment	U/L or Qtr/Qtr Section	Township 225 Range 24E	County:
Cosed-loop System: Subsection H of 19.15.17.11 NMAC     Operation: Dolling a new well Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) PE&A     Above Ground Steel Tanks or Haul-off Bins     Signs: Subsection C of 19.15.17.11 NMAC     Iz '', 2'', 2'' tetreing, providing Operator's name, site location, and emergency telephone numbers     Signed in compliance with 19.15.3.103 NMAC     Cosed-loop Systems Permit Application Attachment CheckIst: Subsection B of 19.15.17.9 NMAC     Iz '', 2'', 2'' tetreing, providing Operator's name, site location, and emergency telephone numbers     Signed in compliance with 19.15.3.103 NMAC     Cosed-loop Systems Permit Application Attachment CheckIst: 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.     Operating and Maintenace Plan - based upon the appropriate requirements of 19.15.17.12 NMAC     Operating and Maintenace Plan - based upon the appropriate requirements of 19.15.17.12 NMAC     Operating and Maintenace Plan - based upon the appropriate requirements of 19.15.17.13 NMAC and 19.15.17.13 NMAC end 19.15.17.13 NMAC Previously Approved Operating and Maintenace Plan     API Number:     Saste Removal Closine For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19.15.17.13.D NMAC)     Instructions: Please Indication of the appropriate requirements of Subsection I of 19.15.17.13 NMAC bis proved Design (attach copy of design)     Saste Removal Closine For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19.15.17.13 DMAC)     Instructions: Please Indication below Imported to experiments of Subsection I of 19.15.17.13 NMAC bis provide and operations and based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC bis provide and operations and based upon the appropriate requirements of Subsection	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 native of intent) PF&A     Above Ground Steel Tanks or Haul-off Bins     Signs: Subsection C of 19.15.17.11 NMAC     If 2% 24°, 2° lettering, providing Operator's name, site location, and emergency telephone numbers     Signs: Subsection C of 19.15.17.11 NMAC     If 2% 24°, 2° lettering, providing Operator's name, site location, and emergency telephone numbers     Signs: Subsection C of 19.15.17.11 NMAC     Cost 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 19.15.17.12 NMAC     Cost Plan (Please complete Box 5) - based upon the appropriate requirements of 19.15.17.12 NMAC     Cost Plan (Please complete Box 5) - based upon the appropriate requirements of Subsection C of 19.15.17.13 NMAC and 19.15.17.13 NMAC     Previously Approved Operating and Maintenance Plan     API Number:     Yaste Removal Closer For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19.15.17.13.D NMAC)     Instructions: Please indicate, by a closed loop system operation and sasociated activities occur on or in areas that will not be used for future service and operations     Soil Backfill and Cover Design Specifications	Center of Proposed Design: Latitude 32.42593	Longitude 104.508	NAD: 1927 [] 1983
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         Subsection C of 19.15.17.11 NMAC       MAR 0 7 2013       MAR 0 7 2013         Signed in compliance with 19.15.3.103 NMAC       MAR 0 7 2013       NMOCD ARTESIA         Closed-loop Systems Permit Application Attachment Checklist:       Subsection B of 19.15.17.9 NMAC       MAR 0 7 2013         Instructions:       Closed-loop Systems Permit Application Attachment Checklist:       Subsection B of 19.15.17.9 NMAC       MAR 0 7 2013         Instructions:       Closed-loop Systems Permit Application Attachment Checklist:       Subsection B of 19.15.17.9 NMAC       MAR 0 7 2013         Instructions:       Closed-loop Systems Permit Application Attachment Checklist:       Subsection B of 19.15.17.9 NMAC       MAR 0 7 2013         Instructions:       Closure Plan (Please compliate requirements of 19.15.17.1 NMAC       Marce Anark in the box, that the documents are attached.         Important and Maintenance Plan - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC       Previously Approved Operating and Maintenance Plan         Previously Approved Operating and Maintenance Plan       API Number:	Closed-loop System:       Subsection II 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         Station:       Subsection C of 19.15.17.11 NMAC       MAR 07 2013         Statist:       Subsection C of 19.15.17.11 NMAC       MAR 07 2013         Closed-loop Systems Permit Application Attachment Checklist:       Subsection B of 19.15.17.9 NMAC       MAR 07 2013         Closed-loop Systems Permit Application Attachment Checklist:       Subsection B of 19.15.17.9 NMAC       MAR 07 2013         Closed-loop Systems Permit Application Attachment Checklist:       Subsection B of 19.15.17.9 NMAC       MAR 07 2013         Instructions:       Closed-loop Systems Permit Application Attachment Checklist:       Subsection C of 19.15.17.9 NMAC       MAR 07 2013         Design 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 Operating and Maintenance Plan       API Number:         *       Maste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19.15.17.13 DMAC)       Instructions: Plane indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two facilities and the appropriate requirements of Subsection C of 19.15.17.13 DMAC			
Operation:       Diffing a new well       Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent)       Image: Subsection C of 19.15.17.11 NMAC         Signes:       Subsection C of 19.15.17.11 NMAC       MAR 0 7 2013         Intervention:       MAR 0 7 2013         Signed in compliance with 19.15.3.103 NMAC       MAR 0 7 2013         Clased-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       Imarchance Plan - 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:         Statt Removal Clostice For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19.15.17.13.D NMAC)         Insposal Facility Name:       Disposal Facility Permit Number:         Using a 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:         Soil Backfill and Cover Design Specifications based upon the appropriate requiremen	Operation:       Diffing a new well       Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent)       Image: Subsection C of 19.15.17.11 NMAC         Signes:       Subsection C of 19.15.17.11 NMAC       MAR 0 7 2013         Intervention:       Mark 0 7 2013         Signed in compliance with 19.15.3.103 NMAC       MAR 0 7 2013         Classed-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       Imarchance Plan - 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:         Statt Removal Clostice For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19.15.17.13.D NMAC)         Insposal Facility Name:       Disposal Facility Permit Number:         Using a Previously Approved Operating and Maintenance Plan       Eccoseen         Supposed Facility Name:       Disposal Facility Permit Number:         Using Previously Approved Operating and Maintenance Plan       Disposal Facility Permit Number:         Using Previously App	2.		
Above Ground Steel Tanks or      Haul-off Bins      MAR 07 2013     MAR 07 201     MAR 07 201     MAR 07 201     MAR 07 2015     MAR 07 2	Above Ground Steel Tanks or      Haul-off Bins      MAR 07 2013     MAR 07 201     MAR 07 201     MAR 07 201     MAR 07 2015     MAR 07 2			
Signs: Subsection C of 19.15.17.11 NMAC       MAR 07 2013         I 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers       MAR 07 2013         Signed in compliance with 19.15.3.103 NMAC       MAC 07 2013         *       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.         Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.11 NMAC         Operating and Maintenance Plan - 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)         Previously Approved Operating and Maintenance Plan         *	Signs: Subsection C of 19.15.17.11 NMAC       MAR 07 2013         I 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers       MAR 07 2013         Signed in compliance with 19.15.3.103 NMAC       MAC 07 2013         *       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.         Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.11 NMAC         Operating and Maintenance Plan - 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)         Previously Approved Operating and Maintenance Plan         *		ng (Applies to activities which require prior ap	pproval.of a permit or notice of intent)
Signs:       Subsection C of 19.15.17.11 NMAC       MAR 0 7 2013         I2"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers       MAR 0 7 2013         Signed in compliance with 19.15.3.103 NMAC       MMOCD ARTES!A         * Closed-loop Systems Permit Application Attachment Checklist:       Subsection B of 19.15.17.9 NMAC         * Closed-loop Systems Permit Application Attachment Checklist:       Subsection B of 19.15.17.9 NMAC         * Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC       Permit Number:         Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC       API Number:         Previously Approved Operating and Maintenance Plan       API Number:         * Previously Approved Operating and Maintenance Plan       API Number:         * Maste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19.15.17.13.D NMAC)         Instructions:       Plase provide the information below)       API 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:       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:       Signal activity Permit Number:         Signal Eaclity Name:       Disposal Facility	Signs:       Subsection C of 19.15.17.11 NMAC       MAR 0 7 2013         I2"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers       MAR 0 7 2013         Signed in compliance with 19.15.3.103 NMAC       MMOCD ARTES!A         * Closed-loop Systems Permit Application Attachment Checklist:       Subsection B of 19.15.17.9 NMAC         * Closed-loop Systems Permit Application Attachment Checklist:       Subsection B of 19.15.17.9 NMAC         * Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC       Permit Number:         Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC       API Number:         Previously Approved Operating and Maintenance Plan       API Number:         * Previously Approved Operating and Maintenance Plan       API Number:         * Maste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19.15.17.13.D NMAC)         Instructions:       Plase provide the information below)       API 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:       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:       Signal activity Permit Number:         Signal Eaclity Name:       Disposal Facility			
Image: Signed in compliance with 19.15.3.103 NMAC       NMOCD ARTES!A         Closed-loop Systems Permit Application Attachment Checklist:       Subsection B of 19.15.17.9 NMAC         Image: Closed-loop Systems Permit Application Attachment Checklist:       Subsection B of 19.15.17.9 NMAC         Image: Closed-loop Systems Permit Application Attachment Checklist:       Subsection B of 19.15.17.9 NMAC         Image: Closed-loop Systems Permit Application Attachment Checklist:       Subsection B of 19.15.17.12 NMAC         Image: Closed-loop Systems Permit Application Attachment Checklist:       Subsection C of 19.15.17.12 NMAC         Image: Closed-loop Systems 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         Image: Previously Approved Design (attach copy of design)       API Number:	Image: Signed in compliance with 19.15.3.103 NMAC       Image: NMOCD ARTES!A         Closed-loop Systems Permit Application Attachment Checklist:       Subsection B of 19.15.17.9 NMAC         Image: Closed-loop Systems Permit Application Attachment Checklist:       Subsection B of 19.15.17.9 NMAC         Image: Closed-loop Systems Permit Application Attachment Checklist:       Subsection B of 19.15.17.9 NMAC         Image: Closed-loop Systems Permit Application Attachment Checklist:       Subsection B of 19.15.17.12 NMAC         Image: Closed-loop Systems Permit Application Attachment Checklist:       Subsection C of 19.15.17.12 NMAC         Image: Closed-loop Systems Plan - based upon the appropriate requirements of 19.15.17.12 NMAC       Image: Closed-loop Systems Plan - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC         Image: Closure Plan (Please complete Box S) - based upon the appropriate requirements of Subsection C of 19.15.17.13 NMAC and 19.15.17.13 NMAC         Image: Previously Approved Design (attach copy of design)       API Number:         Image: Previously Approved Operating and Maintenance Plan       API Number:         Image: Subsection Plan - based upon the appropriate requirements of Subsection C of 19.15.17.13 NMAC       Image: Subsection Plan - based upon the appropriate requirements of Subsection C of 19.15.17.13 NMAC         Image: Subsection Plan - based upon the appropriate requirements of Subsection C on in areas that will not be used for future service and operations:       Image: Subsection C on in areas that will not be us			MAR 07 2013
Considered and the intervention 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 19.15.17.12 NMAC     Design Plan - based upon the appropriate requirements of 19.15.17.12 NMAC     Closure Plan (Please complete Box 5) - based upon the appropriate requirements of 19.15.17.12 NMAC     Previously Approved Design (attach copy of design) API Number:     API Number:     API Number:     API Number:     State 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:     Disposal Facility Permit Number:     Ves (If yes, please provide the information below)    No     Required for impacted areas which will not be used for future service and operations:     Site Reclamation 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 H of 19.15.17.13 NMAC     Site Reclamation 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 I of 19.15.17.13 NMAC     Site Reclamation 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 I of 19.15.17.13 NMAC     Site Reclamation 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 I of 19.15.17.13 NMAC     Site Reclamation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC     Site Reclamation Plan	<sup>4</sup> . <sup>6</sup> .		e location, and emergency telephone numbers	
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API Number:         Disposal Facility Name:         Disposal Facility Name:         Disposal Facility Name:         Disposal Facility Name:         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:         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 G of 19.15.17.13 NMAC         Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC	API Number:         Disposal Facility Name:         Disposal Facility Name:         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:         Soil Backfill and Cover Design Specifications based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC         Re-vegetation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC         Sit	Design Plan - based upon the appropriate requiremed Operating and Maintenance Plan - based upon the a	appropriate requirements of 19.15.17.12 NMA	C
Previously Approved Operating and Maintenance Plan     API Number:     S.     Waste Removal Closuice 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: 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     Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC     Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC     Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC     Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC     Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC     Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC     Site Reclamation Submitted with this application is true, accurate and complete to the best of my knowledge and belief.     Name (Print):	Previously Approved Operating and Maintenance Plan     API Number:     S     Yaste 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: 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:     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:     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 G of 19.15.17.13 NMAC     Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC     Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC     Site Reclamation submitted with this application is true, accurate and complete to the best of my knowledge and belief.     Name (Print):			
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Disposal Facility Name:       Control Recovers Inc.       Disposal Facility Permit Number:       WM-01-0006         Disposal Facility Name:       Disposal Facility Permit Number:       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       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:       Disposal Facility Permit Number:         Yes (If yes, please provide the information below)       No         Required for impacted areas which will not be used for future service and operations:       No         Soil Backfill and Cover Design Specifications based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC       Subsection Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC         Generator 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):       Desci Stewart       Title:       Required-borg         Signature:       Date:       3[4]13	Disposal Facility Name:       Control Recover Trc.       Disposal Facility Permit Number:       WM-OL-6006         Disposal Facility Name:       Disposal Facility Permit Number:       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:       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:       No         Required for impacted areas which will not be used for future service and operations:       No         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 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):       Date:         314213         Signature:       Date:	<u>Waste Removal Closure For Closed-loop Systems Tha</u> Instructions: Please indentify the facility or facilities for		
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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:       No         Soil Backfill and Cover Design Specifications based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC       NAC         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):       Desc.d. Stewart       Title:       Required for my knowledge and belief.         Signature:       Date:       3[4][3]	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:       No         Soil Backfill and Cover Design Specifications based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC       NAC         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):       Date:       3[4][3]	Disposal Facility Name:	Disposal Facility Pe	
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6. <u>Operator Application Certification</u> : 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): <u>Desid</u> Stewart <u>Title</u> : <u>Requictory</u> Advisor Signature: <u>Date</u> : <u>314113</u>	6. <u>Operator Application Certification</u> : 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): <u>Deroid Stewart</u> Signature: <u>Date:</u> <u>31413</u>	<ul> <li>Soil Backfill and Cover Design Specifications b</li> <li>Re-vegetation Plan - based upon the appropriate red</li> </ul>	ased upon the appropriate requirements of Sub quirements of Subsection I of 19.15.17.13 NM	IAC
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Name (Print): David Stewart Title: Regulatory Advisor Signature: Date: 3/4/13	Name (Print): Deroid Stewart Title: Regulatory Advisor Signature: Date: 3/4/13	<b>Operator Application Certification:</b>		
Signature: Date: J4(13	Signature: Date: Date: 31413	Name (Print): Dersid Stewart	Title: <b>Re</b>	gulatony Aduison
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Form C-144 CLEZ

Oil Conservation Division

Page 1 of 2

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7. OCD Approval: OCD Representat	tive Signature:	ARL	pole					App	roval Date:	3/12	1013	3
Title:	Dis B	Seper	5150			OCD Pe	rmit Nur	nber:	2140	74		
Instructions: Ope The closure report	required within 60 rators are require is required to be until an approved	d to obtain an submitted to i	i approved the divisior	etion): Si closure pl within 60	ubsection an prior to days of th	K of 19.15 o impleme he comple	5.17.13 N Inting any tion of the	MAC closure act closure ac	tivities and st tivities. Plea	ubmitting	the closi	ure repo
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o. Closure Report R Instructions: Plea wo facilities were	egarding Waste F se indentify the fa	Removal Clos cility or facil	sure For C ities for wh	losed-loop here the liq	) Systems Juids, drill	That Util	ize Abovo	e Ground S	teel Tanks o	r Haul-of	f Bins O	nly:
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	op system operatio please demonstrate					in areas th	at will no	t be used fo	r future servi	ce and ope	erations?	
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