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District I	State of New Mexico Form C-144 CLE
1625 N. French Dr., Hobbs, NM 88240	Energy Minerals and Natural Resources Revised August 1, 201
<u>District II</u> 811 S. First St., Artesia, NM 88210	Department For closed-loop systems that only use above
<u>District III</u> 1000 Rio Brazos Road, Aztec, NM 87410	Oil Conservation Division ground steel tanks or haul-off bins and propose
District IV	1220 South St. Francis Dr. to the appropriate NMOCD District Office.
1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505
	op System Permit or Closure Plan Application
(that only use above ground s	teel tanks or haul-off bins and propose to implement waste removal for closure)
	Type of action: 🛛 Permit 🗌 Closure
closed-loop system that only use above ground steel	n C-144 CLEZ) per individual closed-loop system request. For any application request other than for a l tanks or haul-off bins and propose to implement waste removal for closure, please submit a Form C-144.
ease be advised that approval of this request does not ivironment. Nor does approval relieve the operator o	t relieve the operator of liability should operations result in pollution of surface water, ground water or the f its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinance
	OCDID #. 025575
Operator: <u>Yates Petroleum Corporation</u>	OGRID #: <u>025575</u>
Address: <u>105 South Fourth Street, Artesia, NM</u>	
Facility or well name: <u>OSPREY BPS STATE 1H</u>	
API Number <u>30-015-37552</u>	OCD Permit Number: 214149
U/L or Qtr/Qtr Section <u>.32</u> Towns	ship: 25S Range _ 26E County: _ EDDY
Center of Proposed Design: Latitude	Longitude NAD: 1927 [] 1983
Surface Owner: 🔲 Federal 🔀 State 🔲 Private 🗌	
2.	
Closed-loop System: Subsection H of 19.15.	.17.11 NMAC
	or Drilling (Applies to activities which require prior approval of <u>a permit</u> or notice of intent) $\Box$ P&A
Above Ground Steel Tanks or 🗌 Haul-off Bin	
3.	
s. <u>Signs:</u> Subsection C of 19.15.17.11 NMAC	MAR <b>2 7</b> 2013
Signs: Subsection C of 19.15.17.11 NMAC	me, site location, and emergency telephone numbers
Signs: Subsection C of 19.15.17.11 NMAC	
Signs: Subsection C of 19.15.17.11 NMAC ☐ 12"x 24", 2" lettering, providing Operator's name Signed in compliance with 19.15.16.8 NMAC	Ime, site location, and emergency telephone numbers
Signs: Subsection C of 19.15.17.11 NMAC ☐ 12"x 24", 2" lettering, providing Operator's na Signed in compliance with 19.15.16.8 NMAC 4. Closed-loop Systems Permit Application Attach	Ime, site location, and emergency telephone numbers NMOCD ARTESIA
Signs: Subsection C of 19.15.17.11 NMAC ☐ 12"x 24", 2" lettering, providing Operator's name Signed in compliance with 19.15.16.8 NMAC 4. Closed-loop Systems Permit Application Attach Instructions: Each of the following items must be attached.	Imment Checklist:       Subsection B of 19.15.17.9 NMAC         The attached to the application.       Please indicate, by a check mark in the box, that the documents are
Signs:       Subsection C of 19.15.17.11 NMAC         □       12"x 24", 2" lettering, providing Operator's name         ☑       Signed in compliance with 19.15.16.8 NMAC         4.       Closed-loop Systems Permit Application Attach         Instructions:       Each of the following items must be attached.         ☑       Design Plan - based upon the appropriate red	Imme, site location, and emergency telephone numbers         Imment Checklist:         Subsection B of 19.15.17.9 NMAC         Imments of 19.15.17.11 NMAC
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OCD Representative Signature	Approval Date: 3/28/13
Title: 05HO	OCD Permit Number: 214149
Instructions: Operators are required to ol The closure report is required to be submi	of closure completion): Subsection K of 19.15.17.13 NMAC btain an approved closure plan prior to implementing any closure activities and submitting the closure report. tted to the division within 60 days of the completion of the closure activities. Please do not complete this ure plan has been obtained and the closure activities have been completed.
9.	Closure Completion Date:
<b>Closure Report Regarding Waste Remov</b>	al Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: or facilities for where the liquids, drilling fluids and drill cuttings were disposed. Use attachment if more than
Disposal Facility Name:	Disposal Facility Permit Number:
Disposal Facility Name:	
Were the closed-loop system operations and Yes (If yes, please demonstrate comp	d associated activities performed on or in areas that <i>will not</i> be used for future service and operations? pliance to the items below) $\square$ No
Required for impacted areas which will not         Site Reclamation (Photo Documenta         Soil Backfilling and Cover Installation         Re-vegetation Application Rates and	on i i i i i i i i i i i i i i i i i i i
<b>Operator Closure Certification:</b> I hereby certify that the information and att belief. I also certify that the closure compli	achments submitted with this closure report is true, accurate and complete to the best of my knowledge and is with all applicable closure requirements and conditions specified in the approved closure plan.
Name (Print):	Title:
Signature:	
Signature:	Date: Date:
Signature:	Date: Telephone:
Signature:	Date: 
Signature:	Date: 
Signature:	Date:
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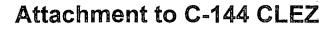
.



105 South 4<sup>th</sup> Street \* Artesia, NM 88210 (575)-748-1471

500 BBL

WATER TANKS



## **RE-COMPLETION**

.

WELL

PULLING

UNIT

. .

SWAB TANK

## 5<u>00-250 B</u>BL

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