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

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: \Box Permit \boxtimes 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.

____OGRID #: 215099

Opera	tor:	Cimarex Ene	rgy Co.		
Addre	ess:_ (500 N. Marienfo		600; Midland,	TX 79701

1.

2.

Facility or well name: ARROYO VISTA 14 FEDERAL 1

API Number: <u>30-015-36340</u> OCD Permit Number: U/L or Qtr/Qtr ____ Section __14 __Township __22S __ Range __22E __ County: __EDDY

Center of Proposed Design: Latitude ________32°23' 21.23" _____ Longitude ______104° 40' 03.60" _____ NAD: _____1927 🛛 1983

Surface Owner: 🛛 Federal 🗌 State 🗌 Private 🗋 Tribal Trust or Indian Allotment

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) \Box Above Ground Steel Tanks or \boxtimes Haul-off Bins

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

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 \square Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC

 \boxtimes 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

API Number:

Previously Approved Design (attach copy of design)

Previously Approved Operating and Maintenance Plan API Number:

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: R-9166 Disposal Facility Permit Number:

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? \Box Yes (If yes, please provide the information below) \boxtimes No

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

H.

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

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.
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Name (Print): ______ Title: _____

Signature:

Telephone: _

e-mail address:

Form C-144 CLEZ

Oil Conservation Division

Date: _____

	Accepted for record NMOCD					
7. <u>OCD Approva</u> I: Permit Application (including closure plan) Clo	sure Plan (only)					
OCD Representative Signature:	Approval Date:					
Title:	OCD Permit Number:					
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 CompletioDate:9/26/12						
9. Closure Report Regarding Waste Removal Closure For Closed-loop Sy Instructions: Please indentify the facility or facilities for where the liquid two facilities were utilized.	estems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: Is, drilling fluids and drill cuttings were disposed. Use attachment if more than					
Disposal Facility Name:	Disposal Facility Permit Number:					
Disposal Facility Name:	Disposal Facility Permit Number:					
Disposal Facility Name: Were the closed-loop system operations and associated activities performed Yes (If yes, please demonstrate compliance to the items below)	I on or in areas that <i>will not</i> be used for future service and operations?					
Were the closed-loop system operations and associated activities performed	I on or in areas that <i>will not</i> be used for future service and operations? No					
Were the closed-loop system operations and associated activities performed Yes (If yes, please demonstrate compliance to the items below) <i>Required for impacted areas which will not be used for future service and c</i> Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique Operator Closure Certification: I hereby certify that the information and attachments submitted with this clobelief. I also certify that the closure complies with all applicable closure re	I on or in areas that <i>will not</i> be used for future service and operations? No <i>operations:</i> osure report is true, accurate and complete to the best of my knowledge and quirements and conditions specified in the approved closure plan.					
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Accepted for record

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