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perator:	vironment. Nor does approval relieve the operator of	of its responsibility to comply with any other applicable go	overnmental authority's rules, regulations or ordinances.		
ddcess:       2208 West Main Street . Artesia, NM 88211-0227         ucility or well name:       Windmill 32 Federal Com #411         P1 Number:       30-015-41286         OCD Permit Number: 214244       OCD Permit Number: 214244         AL or Qtr/Qtr       Unit P, SESE         Section       32       Township       185       Range       27E       County:       Eddy:         arface Owner:       © Federal       Istate       Private       Tribal Trust or Indian Allotment         @ Closed-Loop System:       Subsection H of 19.15.17.11 NMAC       Prevalue       Prevalue       Prevalue         [ 27: 24: ?: 21' elterfing. providing Operator's name, site location, and emergency telephone numbers       JUN 2 1 2013       NMOCCD ABTESMA         [ 27: 24: ?: 24: ?: 10terfing. providing Operator's name, site location, and emergency telephone numbers       JUN 2 1 2013       NMOCCD ABTESMA         [ 27: 24: ?: 24: ?: 10terfing.providing Operator's name, site location, and emergency telephone numbers       JUN 2 1 2013       NMOCCD ABTESMA         [ 27: 24: ?: 24: ?: 10terfing.providing Operator's name, site location, and emergency telephone numbers       JUN 2 1 2013       NMOCCD ABTESMA         [ 27: 24: ?: 24: ?: 10terfing.providing Operator's name, site location, and emergency telephone numbers       JUN 2 1 2013       NMOCCD ABTESMA         [ 27: 24: 24: 21: 10terfing.providing Operator's name	perator: <u>COG Operating LLC</u>	OGRID #: 22913'	7		
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gas:       Subsection C of 19.15.17.11 NMAC         J12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers       JUN 2 1 2013         Signed in compliance with 19.15.3.103 NMAC       IMACCD ARTESIA         losed-loop Systems Permit Application Attachment Checklist:       Subsection B of 19.15.17.9 NMAC         structions:       Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are tached.         Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC         Q Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC         E 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         I Previously Approved Design (attach copy of design)       API Number:	Above Ground Steel Tanks of A Haut-off Bi		RECEIVEN		
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losed-loop Systems Permit Application Attachment Checklist:       Subsection B of 19.15.17.9 NMAC         structions:       Each of the following items must be attached to the application.       Please indicate, by a check mark in the box, that the documents are lacked.            Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC          Design Plan - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC            Deriously Approved Design (attach copy of design)           API Number:             Previously Approved Operating and Maintenance Plan           API Number:             Closure F or Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only:         (19.15.17.13.D NMAC)             Structions:         Previously Approved Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only:         (19.15.17.13.D NMAC)             Disposal Facility Name:         Disposal Facility Permit Number:         Disposal Facility Permit Number:         Disposal Facility Permit Number:	Signed in compliance with 19.15.3.103 NMA	С			
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 tached.  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  Previously Approved Design (attach copy of design) API Number: Previously Approved Operating and Maintenance Plan API Number: Aste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19.15.17.13 NMAC)  Istructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two clittles are required.  Disposal Facility Name: Disposal Facility Permit Number: Disposal Facility Name: Disposal Facility Partity Name: D					
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Disposal Facility Name: Disposal Facility Permit Number:, ill any of the proposed closed-loop system operations and associated activities occur on or in areas that <i>will not</i> be used for future service and operations? Quired for impacted areas which will not be used for future service and operations: Disposal Facility Permit Number:, Yes (If yes, please provide the information below) No pequired for impacted areas which will not be used for future service and operations: Disposal Facility Permit Number:, 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 Disposal Facility Permit Number:		Disposal Facility Per	mit Number:		
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<ul> <li>Soil Backfill and Cover Design Specifications based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC</li> <li>Re-vegetation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC</li> <li>Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC</li> </ul> <b>perator Application Certification:</b> hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief. ame (Print):	ill any of the proposed closed-loop system oper	rations and associated activities occur on or in areas that	at will not be used for future service and operations?		
perator Application Certification:         hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief.         ame (Print):	<ul> <li>Soil Backfill and Cover Design Specification</li> <li>Re-vegetation Plan - based upon the appropriate</li> </ul>	ons based upon the appropriate requirements of Sub priate requirements of Subsection I of 19.15.17.13 NM	AC		
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Form C-144 CLEZ

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Oil Conservation Division

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7. OCD Approval: Permit Application (including closure plan) Closure	Plan (only)		
OCD Representative Signature:			
Title:	OCD Permit Number:		
8. <u>Closure Report (required within 60 days of closure completion)</u> : 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: 06/10/2013		
9. <u>Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only</u> : 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: <u>Controlled Recovery, Inc.</u>	Disposal Facility Permit Number: <u>R-9166</u> 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) 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			
<ul> <li><u>Operator Closure Certification</u>:</li> <li>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.</li> </ul>			
Name (Print): Amy Avery	Title: <u>Regulatory Technician</u>		
Signature: Amy Averag	Date: <u>06/19/2013</u>		
e-mail address: <u>aavery@concho.com</u>	Telephone: <u>575-748-6962</u>		

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