I was		· · · ·
District 1 -	State of New Mexico	Form C-144 CLEZ
I625 N. French Dr., Hobbs, NM 88240 District II	_nergy Minerals and Natural Resources	
1301 W. Grand Avenue, Artesia, NM 88210 District 11	Department Oil Conservation Division	For closed-loop systems that only use above ground steel tanks or haul-off bins and propose
1000 Rio Brazos Road, Aztec, NM 87410 District IV	1220 South St. Francis Dr.	to implement waste removal for closure, submit to the appropriate NMOCD District Office.
1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505	to the appropriate NMOCD District Office.
Closed-I	oop System Permit or Closure Plan	n Application
	steel tanks or haul-off bins and propose to impl	
	Type of action: \square Permit \boxtimes Closure	<u></u>
Instructions: Please submit one application (For	n C-144 CLEZ) per individual closed-loop system requ	test. For any application request other than for a
- · · · -	el tanks or haul-off bins and propose to implement was of relieve the operator of liability should operations resu	
		governmental authority's rules, regulations or ordinances.
		220127
	OGRID #:	229137
	llinois Ave, Midland, TX 79701	
· · · · · · · · · · · · · · · · · · ·	NTYRE DK FEDERAL #20	
API Number: <u>30-015- 40919</u>	OCD Permit Number: _213724_	
	7 Township <u>17S</u> Range <u>30E</u>	
Center of Proposed Design: Latitude	Longitude	NAD: 1927 1983
Surface Owner: 🛛 Federal 🔲 State 🗌 Private [Tribal Trust or Indian Allotment	
2.		
Closed-loop System: Subsection H of 19.1	5.17.11 NMAC	
Operation: 🛛 Drilling a new well 🗌 Workover	or Drilling (Applies to activities which require prior	approval of a permit or natice of artent) P&A
1 🗋 Alexua Casund Staal Taulus an 🕅 Haul off D	ins	
Above Ground Steel Tanks or 🛛 Haul-off B		
3.		OCT 03 2012
3. Signs: Subsection C of 19.15.17.11 NMAC		OCT 0 3 2013
3. Signs: Subsection C of 19.15.17.11 NMAC □ 12"x 24", 2" lettering, providing Operator's r	ame, site location, and emergency telephone number	S OCT 03 2013 NMOCD ARTESIA
3. Signs: Subsection C of 19.15.17.11 NMAC □ 12"x 24", 2" lettering, providing Operator's r Signed in compliance with 19.15.3.103 NMA	ame, site location, and emergency telephone number C	DARTESIA
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OCD Approval: Permit Application (including closure plan) Closur OCD Representative Signature:	Approval Dat			
Title:	OCD Permit Number: 21372	· · ·		
8. <u>Closure Report (required within 60 days of closure completion)</u> : Subsect Instructions: Operators are required to obtain an approved closure plan pri The closure report is required to be submitted to the division within 60 days section of the form until an approved closure plan has been obtained and the	ior to implementing any closure activities an of the completion of the closure activities. e closure activities have been completed.	÷ -		
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				
Instructions: Please indentify the facility or facilities for where the liquids,		ed. Use attachment if more than		
Instructions: Please indentify the facility or facilities for where the liquids, two facilities were utilized.	drilling fluids and drill cuttings were dispos	red. Use attachment if more than <u>R1966</u>		
Instructions: Please indentify the facility or facilities for where the liquids, two facilities were utilized. Disposal Facility Name:CRI	drilling fluids and drill cuttings were dispose Disposal Facility Permit Number:	red. Use attachment if more than <u>R1966</u> 711-019-001		
Instructions: Please indentify the facility or facilities for where the liquids, two facilities were utilized. Disposal Facility Name: CRI Disposal Facility Name: GM INC Were the closed-loop system operations and associated activities performed or	<i>drilling fluids and drill cuttings were dispos</i> Disposal Facility Permit Number: Disposal Facility Permit Number: n or in areas that <i>will not</i> be used for future so	red. Use attachment if more than <u>R1966</u> 711-019-001		
Instructions: Please indentify the facility or facilities for where the liquids, two facilities were utilized. Disposal Facility Name: CRI Disposal Facility Name: GM INC Were the closed-loop system operations and associated activities performed o Yes (If yes, please demonstrate compliance to the items below) No Required for impacted areas which will not be used for future service and operation Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation	drilling fluids and drill cuttings were disposed Disposal Facility Permit Number: Disposal Facility Permit Number: n or in areas that will not be used for future so perations: ure report is true, accurate and complete to the	e best of my knowledge and		
Instructions: Please indentify the facility or facilities for where the liquids, two facilities were utilized. Disposal Facility Name: CRI Disposal Facility Name: CM INC Were the closed-loop system operations and associated activities performed o □ 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 □ Soil Backfilling and Cover Installation □ Re-vegetation Application Rates and Seeding Technique 10. Operator Closure Certification: I hereby certify that the information and attachments submitted with this closure	drilling fluids and drill cuttings were disposed Disposal Facility Permit Number: Disposal Facility Permit Number: n or in areas that will not be used for future so perations: ure report is true, accurate and complete to the	e best of my knowledge and oved closure plan.		
Instructions: Please indentify the facility or facilities for where the liquids, two facilities were utilized. Disposal Facility Name: CRI Disposal Facility Name: GM INC Were the closed-loop system operations and associated activities performed o □ 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 □ Soil Backfilling and Cover Installation □ Re-vegetation Application Rates and Seeding Technique 10. Operator Closure Certification: I hereby certify that the information and attachments submitted with this closure belief. I also certify that the closure complies with all applicable closure required	<i>drilling fluids and drill cuttings were dispos</i> Disposal Facility Permit Number: Disposal Facility Permit Number: n or in areas that <i>will not</i> be used for future so <i>perations:</i> Interreport is true, accurate and complete to the true irements and conditions specified in the apprentiate of the true of true of the true of the true of the true of true of the true of true of the true of true o	e best of my knowledge and oved closure plan.		

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