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

Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505 Form C-144 CLEZ July 21, 2008

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: Permit 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. lease 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 tyironment. Nor does approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances. Operator: Cimarex Energy Co. of Colorado OGRID #: 162683 Address: 600 N. Marienfeld Street, Suite 600; Midland, TX 79701 Facility or well name: Merak 7 Federal 4 OCD Permit Number: API Number: 30-015-40610 U/L or Otr/Otr I Section 7 Township 17S Range 30E County: Eddy Center of Proposed Design: Latitude 32' 50' 46.80" N Longitude 104' 00' 21.52" W 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). 🥅 P&A ☐ Above Ground Steel Tanks or ☐ Haul-off Bins Signs: Subsection C of 19.15.17.11 NMAC SEP **25** 2013 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers ☑ Signed in compliance with 19.15.3.103 NMAC NMOCD ARTESIA 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 uttached. 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 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 Design (attach copy of design) API Number: Previously Approved Operating and Maintenance Plan API Number: Waste Remoyal 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: NM-01-0006 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 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. Name (Print): Aricka Easterling Title: Engineer Tech

Oil Conservation Division

Telephone: 918-560-7060

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aeasterling@cimarex.com____

Form C-144 CLEZ

:-mail address:

OCD Approval: Permit Application (including closure plan) Closure Plan (only)		
OCD Representative Signature:	Mode	Approval Date:
Title:	OCD Permit Number:	
8. Closure Report (required within 60 days of closure cor Instructions: Operators are required to obtain an appro	mpletion): Subsection K of 19 ved closure plan prior to imple sion within 60 days of the comp een obtained and the closure as	menting any closure activities and submitting the closure report. Detion of the closure activities. Please do not complete this Ctivities have been completed.
		Closure Completion Date: <u>5/29/13</u>
Instructions: Please indentify the facility or facilities for two facilities were utilized.	r where the liquids, drilling flui	tilize Above Ground Steel Tanks or Haul-off Bins Only: ids and drill cuttings were disposed. Use attachment if more than tal Facility Permit Number: NM-01-0006
Disposal Facility Name:	Disposa	al Facility Permit Number: <u>NM-01-0006</u> Il Facility Permit Number:
Were the closed-loop system operations and associated activities performed on or in areas that will not 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 full Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technology		
10. Operator Closure Certification: I hereby certify that the information and attachments submobelief. I also certify that the closure complies with all app		true, accurate and complete to the best of my knowledge and d conditions specified in the approved closure plan.
Name (Print): Aricka Easterling Signature: CM CA CADULING S	Title:	Regulatory Analyst Date: 9/18/2013
e-mail address: <u>aeasterling@cimarex.com</u>		Telephone: 918-560-7060