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.

1. Operator: <u>COG Operating LLC</u> OG	GRID #: 229137	
Address: <u>One Concho Center</u> 600 W. Illinois , Midland, TX 79701		
Facility or well name: <u>Noose Federal Com #2H</u>	<u></u>	
API Number:OCD Permit N	Jumber: 214383	
U/L or Qtr/Qtr <u>M</u> Section <u>35</u> Township <u>198</u> Ran	•	
Center of Proposed Design: Latitude Longitude		
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)	
Above Ground Steel Tanks or 🛛 Haul-off Bins	PECEIVED	
Signs: Subsection C of 19.15.17.11 NMAC 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telep	NOV 04 2013	
$\square$ 12 x 24 , 2 retering, providing Operator's name, site location, and emergency terep $\square$ 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 attached. 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		
<ul> <li>Previously Approved Design (attach copy of design)</li> <li>API Number:</li> <li>Previously Approved Operating and Maintenance Plan</li> <li>API Number:</li> </ul>	, , , , , , , , , , , , , , , , ,	
s.		
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 Dispo	sal Facility Permit Number: <u>R1966</u>	
Disposal Facility Name: <u>GM INC</u> Disp	osal Facility Permit Number:711-019-001	
Will 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? 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		
6. 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):		
Signature:		
e-mail address:	Telephone:	
Form C-144 CLEZ Oil Conservation Divisi	ion Page 1 of 2	

7. OCD Approval: Permit Application (including closure plan) 🛱 Closure Plan (only)	
OCD Representative Signature: NDade Approval Date: 11/6/13	
Diss II         OCD Permit Number:         2/4583	
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: 7/29/13	
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: CRI Disposal Facility Permit Number: R1966	
Disposal Facility Name: <u>GM INC</u> Disposal Facility Permit Number: <u>711-019-001</u>	
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): <u>Chasity Jackson</u> Title: <u>Regulatory Analyst</u>	
Signature: Date:Date:	
e-mail address: <u>cjackson@concho.com</u> Telephone: <u>432-686-3087</u>	

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