District I
162 N. French Dr., Hobbs, NM 88240
District II
811 S. First St., 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 Revised August 1, 2011
r closed-loop systems that only use above

Form C-144 CLEZ

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.

10707

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. 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. Address: 1001 Fannin St. Ste. 800, Houston, TX 77002 Facility or well name: _____Jicarilla A #4M_____ API Number: 30-039-29928 OCD Permit Number: 10093 U/L or Qtr/Qtr L Section 19 Township 26 N Range 05 W County: Rio Arriba Center of Proposed Design: Latitude 36.469917 N Longitude 107.408222 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) Above Ground Steel Tanks or Haul-off Bins RCUD DEC 7'12 Signs: Subsection C of 19.15.17.11 NMAC OIL CONS. DIV. 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers DIST. 3 ☑ Signed in compliance with 19.15.16.8 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 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 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: _____ Envirotech _____ Disposal Facility Permit Number: _____ NM-1-0011 Disposal Facility Name: _____T-n-T Environmental, Inc. _____ Disposal Facility Permit Number: NM-1-008 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.

Form C-144 CLEZ

Signature:

e-mail address

_____ Date: _____

OCD Approval: Permit Application (including closure plan)		
OCD Representative Signature:	Approval	Date: 12/12/2012
Title: Compliance Office	OCD Permit Number:	
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 Completion Date:	10/27/2012
9. Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: 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:Envirotech Inc. Soil Remediation Facility	Disposal Facility Permit Number: _	NM-01-0011
Disposal Facility Name:T-n-T Environmental, Inc	Disposal Facility Permit Number: _	NM-01-0008
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		
Operator Closure Certification: 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.		
Name (Print):Bart Trevino	Title:Regulatory Anal	yst
Signature:	Date:l	1/26/2012
e-mail address:btrevino@enervest.net	Telephone:713-495-	-5355