| ,<br><u>District 1</u><br>1625 N. French Dr., Hobbs, NM 88240                                                                                                                                                                       | State of New Mexico                                                                                                                                          | Form C-144<br>July 21, 2008                                                                                       |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--|--|
| <u>District II</u><br>1301 W. Grand Ave., Artesia. NM 88210                                                                                                                                                                         | Energy Minerals and Natural Resources<br>Department<br>Oil Conservation Division                                                                             | For temporary pits, closed-loop sytems, and below-grade tanks, submit to the appropriate NMOCD District Office.   |  |  |
| <u>District III</u><br>1000 Rio Brazos Rd., Aztec, NM 87410<br><u>District IV</u>                                                                                                                                                   | 1220 South St. Francis Dr.<br>Santa Fe, NM 87505                                                                                                             | For permanent pits and exceptions submit to the Santa Fe<br>Environmental Bureau office and provide a copy to the |  |  |
| 1220 S. St. Francis Dr., Santa Fe, NM 87505                                                                                                                                                                                         |                                                                                                                                                              | appropriate NMOCD District Office.                                                                                |  |  |
|                                                                                                                                                                                                                                     | Pit, Closed-Loop System, Below-Grad                                                                                                                          |                                                                                                                   |  |  |
| Prope                                                                                                                                                                                                                               | osed Alternative Method Permit or Clos                                                                                                                       | sure Plan Application                                                                                             |  |  |
| Proposed Alternative Method Permit or Closure Plan Application           Type of action:         Permit of a pit, closed-loop system, below-grade tank, or proposed alternative method                                              |                                                                                                                                                              |                                                                                                                   |  |  |
|                                                                                                                                                                                                                                     | X Closure of a pit, closed-loop system, below-grade tank, or proposed alternative method                                                                     |                                                                                                                   |  |  |
|                                                                                                                                                                                                                                     | Modification to an existing permit                                                                                                                           |                                                                                                                   |  |  |
|                                                                                                                                                                                                                                     | Closure plan only submitted for an existing permitted or non-permitted pit, closed-loop system, below-grade tank, or proposed alternative method             |                                                                                                                   |  |  |
| Instructions: Please submit one ap                                                                                                                                                                                                  | pplication (Form C-144) per individual pit, closed-loo                                                                                                       | p system, below-grade tank or alternative request                                                                 |  |  |
|                                                                                                                                                                                                                                     | this request does not relieve the operator of liability should operations re-<br>ve the operator of its responsibility to comply with any other applicable g |                                                                                                                   |  |  |
| 1<br>Operator: Burlington Resources Oi                                                                                                                                                                                              | & Gas Company I P                                                                                                                                            | OGRID#: 14538                                                                                                     |  |  |
| Address: PO Box 4289, Farmingto                                                                                                                                                                                                     |                                                                                                                                                              | 14556                                                                                                             |  |  |
| Facility or well name: Heaton 7 100                                                                                                                                                                                                 |                                                                                                                                                              |                                                                                                                   |  |  |
|                                                                                                                                                                                                                                     |                                                                                                                                                              | · · · · · · · · · · · · · · · · · · ·                                                                             |  |  |
|                                                                                                                                                                                                                                     | O-045-35096 OCD Permit Numbe                                                                                                                                 | · · · · · · · · · · · · · · · · · · ·                                                                             |  |  |
| U/L or Qtr/Qtr: C(NE/NW) Section                                                                                                                                                                                                    |                                                                                                                                                              | 11W County: SAN JUAN                                                                                              |  |  |
| Center of Proposed Design: Latitude                                                                                                                                                                                                 |                                                                                                                                                              | <b>108.017509 °W</b> NAD: <b>1927 X</b> 1983                                                                      |  |  |
| Surface Owner: X Federal                                                                                                                                                                                                            | State Private Tribal Trust or Indian                                                                                                                         | n Allotment                                                                                                       |  |  |
| Lined Unlined Li                                                                                                                                                                                                                    | cover<br>avitation P&A                                                                                                                                       | RCVD FEB 14'13         OIL CONS. DIV.         DIST. 3         HDPE       PVC         Other                        |  |  |
|                                                                                                                                                                                                                                     | on H of 19.15.17.11 NMAC<br>Drilling a new well Workover or Drilling (Applies to<br>notice of intent)                                                        | activities which require prior approval of a permit or                                                            |  |  |
| X Lined Unlined Line                                                                                                                                                                                                                | nd Steel Tanks Haul-off Bins Other<br>type: Thickness 20 mil X LLDPE F<br>ctory Other                                                                        | HDPE PVD Other                                                                                                    |  |  |
| 4       Below-grade tank:       Subsection I         Volume:       bi         Tank Construction material:       bi         Secondary containment with leak de       Visible sidewalls and liner         Liner Type:       Thickness |                                                                                                                                                              | omatic overflow shut-off                                                                                          |  |  |
| 5 Alternative Method:<br>Submittal of an exception request is req                                                                                                                                                                   | uired. Exceptions must be submitted to the Santa Fe Environ                                                                                                  | mental Bureau office for consideration of approval.                                                               |  |  |

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| 6 Fencing: Subsection D of 19.15.17.11 NMAC (Applies to permanent pit, temporary pits, and below-grade tanks) Chain link, six feet in height, two strands of barbed wire at top (Required if located within 1000 feet of a permanent residence, school, hospital, institution or church) Four foot height, four strands of barbed wire evenly spaced between one and four feet Alternate. Please specify                                                                                                                                                                                                                                                                                                                                      |        |  |  |  |
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| 7         Netting:       Subsection E of 19.15.17.11 NMAC (Applies to permanent pits and permanent open top tanks)         Screen       Netting         Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |  |  |  |
| 8<br>Signs: Subsection C of 19.15.17.11 NMAC<br>12" X 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers<br>X Signed in compliance with 19.15.3.103 NMAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        |  |  |  |
| 9         Administrative Approvals and Exceptions:         Justifications and/or demonstrations of equivalency are required. Please refer to 19.15.17 NMAC for guidance.         Please check a box if one or more of the following is requested, if not leave blank:         Administrative approval(s): Requests must be submitted to the appropriate division district of the Santa Fe Environmental Bureau office for consideration of approval.         (Fencing/BGT Liner)         Exception(s): Requests must be submitted to the Santa Fe Environmental Bureau office for consideration of approval.                                                                                                                                  |        |  |  |  |
| 10<br><u>Siting Criteria (regarding permitting)</u> 19.15.17.10 NMAC<br>Instructions: The applicant must demonstrate compliance for each siting criteria below in the application. Recommendations of acceptable<br>source material are provided below. Requests regarding changes to certain siting criteria may require administrative approval from the<br>appropriate district office or may be considered an exception which must be submitted to the Santa Fe Environmental Bureau Office for<br>consideration of approval. Applicant must attach justification for request. Please refer to 19.15.17.10 NMAC for guidance. Siting criteria<br>does not apply to drying pads or above grade-tanks associated with a closed-loop system. |        |  |  |  |
| Ground water is less than 50 feet below the bottom of the temporary pit, permanent pit, or below-grade tank.<br>- NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Yes No |  |  |  |
| Within 300 feet of a continuously flowing watercourse, or 200 feet of any other watercourse, lakebed, sinkhole, or playa lake<br>(measured from the ordinary high-water mark).<br>- Topographic map; Visual inspection (certification) of the proposed site                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes No |  |  |  |
| Within 300 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes No |  |  |  |
| (Applies to temporary, emergency, or cavitation pits and below-grade tanks)<br>- Visual inspection (certification) of the proposed site; Aerial photo; Satellite image                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | NA     |  |  |  |
| Within 1000 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application.<br>(Applied to permanent pits)<br>- Visual inspection (certification) of the proposed site; Aerial photo; Satellite image                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes No |  |  |  |
| Within 500 horizonal feet of a private, domestic fresh water well or spring that less than five households use for domestic or stock watering purposes, or within 1000 horizontal feet of any other fresh water well or spring, in existence at the time of initial application.                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes No |  |  |  |
| <ul> <li>NM Office of the State Engineer - iWATERS database search; Visual inspection (certification) of the proposed site.</li> <li>Within incorporated municipal boundaries or within a defined municipal fresh water well field covered under a municipal ordinance adopted pursuant to NMSA 1978, Section 3-27-3, as amended</li> <li>Written confirmation or verification from the municipality; Written approval obtained from the municipality</li> </ul>                                                                                                                                                                                                                                                                              | Yes No |  |  |  |
| Within 500 feet of a wetland US Fish and Wildlife Wetland Identification map; Topographic map; Visual inspection (certification) of the proposed site                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes No |  |  |  |
| Within the area overlying a subsurface mine.<br>- Written confirmation or verification or map from the NM EMNRD - Mining and Mineral Division                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes No |  |  |  |
| Within an unstable area.<br>- Engineering measures incorporated into the design; NM Bureau of Geology & Mineral Resources; USGS; NM Geological<br>Society; Topographic map                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes No |  |  |  |
| Within a 100-year floodplain<br>- FEMA map                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes No |  |  |  |

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| Temporary Pits, Emergency Pits and Below-grade Tanks Permit Application Attachment ChecklistSubsection B of 19.15.17.9 NMAC<br>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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Hydrogeologic Report (Below-grade Tanks) - based upon the requirements of Paragraph (4) of Subsection B of 19.15.17.9 NMAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |
| Hydrogeologic Data (Temporary and Emergency Pits) - based upon the requirements of Paragraph (2) of Subsection B of 19.15.17.9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |
| Siting Criteria Compliance Demonstrations - based upon the appropriate requirements of 19.15.17.10 NMAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| 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 Boxes 14 through 18, if applicable) - 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 or Permit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |
| 12         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.         Geologic and Hydrogeologic Data (only for on-site closure) - based upon the requirements of Paragraph (3) of Subsection B of 19.15.17.9         Siting Criteria Compliance Demonstrations (only for on-site closure) - based upon the appropriate requirements of 19.15.17.10 NMAC         Design Plan - based upon the appropriate requirements of 19.15.17.12 NMAC         Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |
| Closure Plan (Please complete Boxes 14 through 18, if applicable) - 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |
| Previously Approved Operating and Maintenance Plan API                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |
| 13         Permanent Pits Permit Application 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.         Hydrogeologic Report - based upon the requirements of Paragraph (I) of Subsection B of 19.15.17.9 NMAC         Siting Criteria Compliance Demonstrations - based upon the appropriate requirements of 19.15.17.10 NMAC         Climatological Factors Assessment         Certified Engineering Design Plans - based upon the appropriate requirements of 19.15.17.11 NMAC         Dike Protection and Structural Integrity Design: based upon the appropriate requirements of 19.15.17.11 NMAC         Leak Detection Design - based upon the appropriate requirements of 19.15.17.11 NMAC         Quality Control/Quality Assurance Construction and Installation Plan         Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.11 NMAC         Nuisance or Hazardous Odors, including H2S, Prevention Plan         Emergency Response Plan         Oil Field Waste Stream Characterization         Monitoring and Inspection Plan         Erosion Control Plan         Closure Plan - based upon the appropriate requirements of 19.15.17.9 NMAC and 19.15.17.13 NMAC |  |  |  |  |
| 14         Proposed Closure; 19.15.17.13 NMAC         Instructions: Please complete the applicable boxes, Boxes 14 through 18, in regards to the proposed closure plan.         Type:       Drilling         Workover       Emergency         Cavitation       P&A         Permanent Pit       Below-grade Tank         Closed-loop System         Alternative         Proposed Closure Method:       Waste Excavation and Removal         Waste Removal (Closed-loop systems only)         On-site Closure Method (only for temporary pits and closed-loop systems)         In-place Burial       On-site Trench         Alternative Closure Method (Exceptions must be submitted to the Santa Fe Environmental Bureau for consideration)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |
| 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |
| Waste Excavation and Removal Closure Plan Checklist (19.15.17.13 NMAC) Instructions: Each of the following items must be attached to the closure plan.         Please indicate, by a check mark in the box, that the documents are attached.         Protocols and Procedures - based upon the appropriate requirements of 19.15.17.13 NMAC         Confirmation Sampling Plan (if applicable) - based upon the appropriate requirements of Subsection F of 19.15.17.13 NMAC         Disposal Facility Name and Permit Number (for liquids, drilling fluids and drill cuttings)         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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |

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| 16<br><u>Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Stee</u><br>Instructions: Please identify the facility or facilities for the disposal of liquids, drilling<br>facilities are required.                                                                                                                                                                                                                                                                                                                                                                                                                        | el Tanks or Haul-off Bins Only:(19.15.17.13.D NMAC)<br>fluids and drill cuttings. Use attachment if more than two |        |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------|--|--|
| Disposal Facility Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Disposal Facility Permit #:                                                                                       |        |  |  |
| Disposal Facility Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Disposal Facility Permit #:                                                                                       |        |  |  |
| Will any of the proposed closed-loop system operations and associated activities occur on or in areas that will nbe used for future service and<br>Yes (If yes, please provide the information No                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                   |        |  |  |
| Required for impacted areas which will not be used for future service and operations:         Soil Backfill and Cover Design Specification - 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                                                                                                                                                                                                  |                                                                                                                   |        |  |  |
| 17<br>Siting Criteria (Regarding on-site closure methods only: 19.15.17.10 NMAC<br>Instructions: Each siting criteria requires a demonstration of compliance in the closure plan. Recommendations of acceptable source material are provided below. Requests regarding changes to<br>certain siting criteria may require administrative approval from the appropriate district office or may be considered an exception which must be submitted to the Santa Fe Environmental Bureau<br>office for consideration of approval. Justifications and/or demonstrations of equivalency are required. Please refer to 19.15.17.10 NMAC for guidance. |                                                                                                                   |        |  |  |
| Ground water is less than 50 feet below the bottom of the buried waste.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                   | Yes No |  |  |
| - NM Office of the State Engineer - iWATERS database search; USGS: Data obta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ained from nearby wells                                                                                           | N/A    |  |  |
| Ground water is between 50 and 100 feet below the bottom of the buried waste<br>- NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                   | Yes No |  |  |
| Ground water is more than 100 feet below the bottom of the buried waste.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                   |        |  |  |
| <ul> <li>NM Office of the State Engineer - iWATERS database search; USGS; Data obta</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ined from nearby wells                                                                                            |        |  |  |
| Within 300 feet of a continuously flowing watercourse, or 200 feet of any other significant watercourse or lakebed, sinkhole, or playa lake (measured from the ordinary high-water mark).                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                   | Yes No |  |  |
| - Topographic map; Visual inspection (certification) of the proposed site                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                   |        |  |  |
| Within 300 feet from a permanent residence, school, hospital, institution, or church in - Visual inspection (certification) of the proposed site; Aerial photo; satellite image                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                   | Yes No |  |  |
| Within 500 horizontal feet of a private, domestic fresh water well or spring that less that<br>purposes, or within 1000 horizontal fee of any other fresh water well or spring, in exist<br>- NM Office of the State Engineer - iWATERS database; Visual inspection (certifi                                                                                                                                                                                                                                                                                                                                                                   | tence at the time of the initial application.<br>cation) of the proposed site                                     | Yes No |  |  |
| <ul> <li>Within incorporated municipal boundaries or within a defined municipal fresh water we pursuant to NMSA 1978, Section 3-27-3, as amended.</li> <li>Written confirmation or verification from the municipality; Written approval obt</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                   | Yes No |  |  |
| Within 500 feet of a wetland<br>- US Fish and Wildlife Wetland Identification map; Topographic map; Visual insp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                   | Yes No |  |  |
| Within the area overlying a subsurface mine.<br>- Written confiramtion or verification or map from the NM EMNRD-Mining and N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   | Yes No |  |  |
| <ul> <li>Writen commandon of verification of map from the NM ENNRO-Mining and N</li> <li>Within an unstable area.</li> <li>Engineering measures incorporated into the design; NM Bureau of Geology &amp; M</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                   | Yes No |  |  |
| Topographic map<br>Within a 100-year floodplain.<br>- FEMA map                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                   | Yes No |  |  |
| <sup>18</sup><br><u>On-Site Closure Plan Checklist:</u> (19.15.17.13 NMAC) Instructions: Each of the following items must bee attached to the closure plan. Please indicate,<br>by a check mark in the box, that the documents are attached.                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   |        |  |  |
| Siting Criteria Compliance Demonstrations - based upon the appropriate requirements of 19.15.17.10 NMAC Proof of Surface Owner Notice - based upon the appropriate requirements of Subsection F of 19.15.17.13 NMAC                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                   |        |  |  |
| Construction/Design Plan of Burial Trench (if applicable) based upon the appropriate requirements of 19.15.17.11 NMAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                   |        |  |  |
| Construction/Design Plan of Temporary Pit (for in place burial of a drying pad) - based upon the appropriate requirements of 19.15.17.11 NMAC<br>Protocols and Procedures - based upon the appropriate requirements of 19.15.17.13 NMAC                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                   |        |  |  |
| Confirmation Sampling Plan (if applicable) - based upon the appropriate requirements of Subsection F of 19.15.17.13 NMAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                   |        |  |  |

Waste Material Sampling Plan - based upon the appropriate requirements of Subsection F of 19.15.17.13 NMAC

Disposal Facility Name and Permit Number (for liquids, drilling fluids and drill cuttings or in case on-site closure standards cannot be achieved)

Soil Cover Design - 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

| 19<br>Operator Application Certification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>Operator Application Certification:</b><br>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): Title:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |
| Signature: Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |
| e-mail address: Telephone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
| 20         OCD Approval:       Permit Application (including closure plan)         OCD Representative Signature:       Closure Plan (only)         OCD Representative Signature:       OCD Permit Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
| 21 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.  X Closure Completion Date: <u>8/23/2011</u>                                                                                                                                                                                                                                                               |  |  |
| 22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| Closure Method:         Waste Excavation and Removal       On-site Closure Method       Alternative Closure Method       X Waste Removal (Closed-loop systems only)         If different from approved plan, please explain.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |
| 23<br><u>Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only:</u><br>Instructions: Please identify 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 / JFJ Landfarm % IEI Disposal Facility Permit Number: NM-01-0011 / NM-01-0010B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
| Disposal Facility Name:         Basin Disposal Facility         Disposal Facility Permit Number:         NM-01-005           Were the closed-loop system operations and associated activities performed on or in areas that will not be used for future service and operations?         be used for future service and operations?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| Yes (If yes, please demonstrate compliane to the items below) XNo (Original Approved Drying Pad was not utilized for this location)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
| 24         Closure Report Attachment Checklist: Instructions: Each of the following items must be attached to the closure report. Please indicate, by a check mark in the box, that the documents are attached. <ul> <li>Proof of Closure Notice (surface owner and division)</li> <li>Proof of Deed Notice (required for on-site closure)</li> <li>Plot Plan (for on-site closures and temporary pits)</li> <li>Confirmation Sampling Analytical Results (if applicable)</li> <li>Waste Material Sampling Analytical Results (if applicable)</li> <li>Disposal Facility Name and Permit Number</li> <li>Soil Backfilling and Cover Installation</li> <li>Re-vegetation Application Rates and Seeding Technique</li> <li>Site Reclamation (Photo Documentation)</li> <li>On-site Closure Location: Latitude:Longitude:NAD [ 1927 ] 1983</li> </ul> |  |  |
| 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| Operator Closure Certification:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
| I hereby certify that the information and attachments submitted with this closure report is ture, 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): Jamie Goodwin Title: Regulatory Technician                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |
| Signature: (Janue Goodwa Date: 2/13/13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |
| e-mail address: ( ) jamie.l.goodwin@conocphillips.com Telephone: 505-326-9784                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |

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## DATE: 2/13/2013

WELL NAME: HEATON 7 100S API# 30-045-35096 PERMIT #: 4768

The Heaton 7 100S Closed Loop was reported closed on 8/23/11. The Closed Loop Closure Report was not sent in a timely manner to NMOCD due to project not reporting correctly in our data base system to report closure. NMOCD was notified with issue on 2/7/13 to Jonathan Kelly. Recently a clean up was conducted and this missing Closure CL was found and submitted. Any questions or concerns please let me know.

Goodwin mu

Jamie Goodwin ConocoPhillips 505-326-9784