District 1 1625 N. French Dr, Hobbs, NM 88240 District 11 1301 W Grand Avenue, Artesia, NM 88210 District III 1000 Rio Brazos Road, Aztec, NM 87410 District IV 1220 S St. Francis Dr, Santa Fe, NM 87505

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State of New Mexico Energy Minerals and Natural Resources Department Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505

For temporary pits, closed-loop systems, and below-grade tanks, submit to the appropriate NMOCD District Office. For permanent pits and exceptions submit to the Santa Fe Environmental Bureau office and provide a copy to the appropriate NMOCD District Office.

Pit, Closed-Loop System, Below-Grade Tank, or				
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 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 application (Form C-144) per individual pit, closed-loop system, below-grade tank or alternative request				
Please be advised that approval of this request does not relieve the operator of liability should operations result in pollution of surface water, ground water or the environment. Nor does approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances.				
Operator: BP AMERICA PRODUCTION COMPANY OGRID #:778				
Address: 200 Energy Court, Farmington, NM 87401				
Facility or well name: ELLIOTT GAS COM F 001A				
API Number: 3004522279 OCD Permit Number: U/L or Qtr/Qtr P Section 33.0 Township 30.0N Range O9W County: San Juan County				
Center of Proposed Design: Latitude 36.76415 Longitude -107.77953 NAD: 1927 🗷 1983				
Surface Owner: 🗌 Federal 🗋 State 🗷 Private 🗋 Tribal Trust or Indian Allotment				
2				
Pit Subsection F or G of 19.15.17.11 NMAC RCVD DEC 6 '13				
Temporary: Drilling Workover OIL CONS. DIV.				
DIST. 3				
Lined Unlined Liner type: Thickness				
String-Reinforced Liner Seams: Welded Factory M739105 Attackmeent3 BY: Jonathan Kelly BY: Jonatha				
3 <u>Closed-loop System</u> : Subsection H c. <u>DATE:</u> <u>12/27/20</u> 3505) 334-6178 Ext. 122 DATE: <u>12/27/20</u> 3505) 334-6178 Ext. 122				
Type of Operation: P&A Drilling a well Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent)				
Drying Pad Above Ground Steel Tanks Haul-off Bins Other				
Lined Unlined Liner type: Thickness mil LLDPE HDPE PVC Other				
Liner Seams: 🗌 Welded 🔲 Factory, 🔲 Other				
4. Image: Below-grade tank: Subsection I of 19.15.17.11 NMAC (Closure Plan submittal only) Volume: 95.0 bbl Type of fluid: Produced Water Tanke A				
Tank Construction material: Steel				
Secondary containment with leak detection Visible sidewalls, liner, 6-inch lift and automatic overflow shut-off				
□ Visible sidewalls and liner □ Visible sidewalls only □ Other				
Liner type: Thicknessmil				
5				
Submittal of an exception request is required. Exceptions must be submitted to the Santa Fe Environmental Bureau office for consideration of approval.				

Fencing: Subsection D of 19.15.17.11 NMAC (Applies to permanent pits, 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_

Netting: Subsection E of 19.15.17.11 NMAC (Applies to permanent pits and permanent open top tanks)

Screen Netting Other_

Monthly inspections (If netting or screening is not physically feasible)

Signs: Subsection C of 19.15.17.11 NMAC

12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers

Signed in compliance with 19.15.16.8 NMAC

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 or the Santa Fe Environmental Bureau office for consideration of approval.

Exception(s): Requests must be submitted to the Santa Fe Environmental Bureau office for consideration of approval.

Siting Criteria (regarding permitting): 19.15.17.10 NMAC

Instructions: The applicant must demonstrate compliance for each siting criteria below in the application. Recommendations of acceptable source material are provided below. Requests regarding changes to 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 office for consideration of approval. Applicant must attach justification for request. Please refer to 19.15.17.10 NMAC for guidance. Siting criteria 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. - 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 significant watercourse or lakebed, sinkhole, or playa lake (measured from the ordinary high-water mark). 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. (Applies to temporary, emergency, or cavitation pits and below-grade tanks) Visual inspection (certification) of the proposed site; Aerial photo; Satellite image 	Yes No
 Within 1000 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application. (Applies to permanent pits) 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 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. - NM Office of the State Engineer - iWATERS database search; Visual inspection (certification) of the proposed site	Yes No
 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. Written confirmation or verification from the municipality; Written approval obtained from the municipality 	🗋 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. - Written confirmation or verification or map from the NM EMNRD-Mining and Mineral Division	🗆 Yes 🗋 No
 Within an unstable area. Engineering measures incorporated into the design; NM Bureau of Geology & Mineral Resources; USGS; NM Geological Society; Topographic map 	Yes No
Within a 100-year floodplain. - FEMA map	🗌 Yes 🗌 No

11. <u>Temporary Pits, Emergency Pits, and Below-grade Tanks Permit Application Attachment Checklist</u> : Subsection B of 19.15.17.9 NMAC <i>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</i>				
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 NMAC 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 Number:	or Permit Number:			
¹² <u>Closed-loop Systems Permit Application Attachment Checklist</u> : Subsection B of 19.15.17.5 <i>Instructions: Each of the following items must be attached to the application. Please indicate</i> <i>attached.</i>				
Geologic and Hydrogeologic Data (only for on-site closure) - based upon the requirement Siting Criteria Compliance Demonstrations (only for on-site closure) - based upon the app Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.11 Closure Plan (Please complete Boxes 14 through 18, if applicable) - based upon the appropriate and 19.15.17.13 NMAC	propriate requirements of 19.15.17.10 NMAC 2 NMAC			
Previously Approved Design (attach copy of design) API Number:				
Previously Approved Operating and Maintenance Plan API Number:	(Applies only to closed-loop system that use			
above ground steel tanks or haul-off bins and propose to implement waste removal for closure)				
Hydrogeologic Report - based upon the requirements of Paragraph (1) of Subsection B of Siting Criteria Compliance Demonstrations - based upon the appropriate requirements of Climatological Factors Assessment Certified Engineering Design Plans - based upon the appropriate requirements of 19.15.17 Dike Protection and Structural Integrity Design - based upon the appropriate requirements Leak Detection Design - based upon the appropriate requirements of 19.15.17.11 NMAC Liner Specifications and Compatibility Assessment - based upon the appropriate requirements Quality Control/Quality Assurance Construction and Installation Plan Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.11 Freeboard and Overtopping Prevention Plan - based upon the appropriate requirements of Nuisance or Hazardous Odors, including H ₂ S, 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 NM	19.15.17.10 NMAC 7.11 NMAC s of 19.15.17.11 NMAC hents of 19.15.17.11 NMAC 2 NMAC 519.15.17.11 NMAC			
Instructions: Please complete the applicable boxes, Boxes 14 through 18, in regards to the product of the prod				
Proposed Closure Method: 🗴 Waste Excavation and Removal Waste Removal (Closed-loop systems only) On-site Closure Method (Only for temporary pits and closed-loo In-place Burial On-site Trench Burial Alternative Closure Method (Exceptions must be submitted to th				
 ¹⁵ Waste Excavation and Removal Closure Plan Checklist: (19.15.17.13 NMAC) Instructions: 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 S 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 Re-vegetation Plan - based upon the appropriate requirements of Subsection I of 19.15.17. Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15 	C Subsection F of 19.15.17.13 NMAC of Subsection H of 19.15.17.13 NMAC .13 NMAC			

¹⁶ Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19.15.17.13.D NMAC) Instructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two facilities are required.			
Disposal Facility Name: Disposal Facility Permit Number:			
Disposal Facility Name: Disposal Facility Permit Number:	· · · · · · · · · · · · · · · · · · ·		
Will any of the proposed closed-loop system operations and associated activities occur on or in areas that <i>will not</i> be used for future ser Yes (If yes, please provide the information below) No	vice and operations?		
Required for impacted areas which will not be used for future service and operations: Soil Backfill and Cover Design Specifications based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC Re-vegetation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC			
¹⁷ <u>Siting Criteria (regarding on-site closure methods only)</u> : 19.15.17.10 NMAC <i>Instructions: Each siting criteria requires a demonstration of compliance in the closure plan. Recommendations of acceptable source material are</i> <i>provided below. Requests regarding changes to certain siting criteria may require administrative approval from the appropriate district office or may be</i> <i>considered an exception which must be submitted to the Santa Fe Environmental Bureau office for consideration of approval. Justifications and/or</i> <i>demonstrations of equivalency are required. Please refer to 19.15.17.10 NMAC for guidance.</i>			
Ground water is less than 50 feet below the bottom of the buried waste. - NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells	□ Yes □ No □ NA		
Ground water is between 50 and 100 feet below the bottom of the buried waste - NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells	□ Yes □ No □ NA		
Ground water is more than 100 feet below the bottom of the buried waste. - NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells	□ Yes □ No □ NA		
 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). 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. 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 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. - NM Office of the State Engineer - iWATERS database; Visual inspection (certification) of the proposed site	🗌 Yes 🗌 No		
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. - Written confirmation or verification from the municipality; Written approval obtained from the municipality	🗋 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. - Written confirmation or verification or map from the NM EMNRD-Mining and Mineral Division	🗌 Yes 🗌 No		
 Within an unstable area. Engineering measures incorporated into the design; NM Bureau of Geology & Mineral Resources; USGS; NM Geological Society; Topographic map 	🗌 Yes 🗌 No		
Within a 100-year floodplain. - FEMA map	🗌 Yes 🗌 No		
 18 On-Site Closure Plan Checklist: (19.15.17.13 NMAC) Instructions: Each of the following items must be attached to the closure play 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 19.15.17.13 NMAC Construction/Design Plan of Burial Trench (if applicable) based upon the appropriate requirements of 19.15.17.13 NMAC Construction/Design Plan of Temporary Pit (for in-place burial of a drying pad) - 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 Waste Material Sampling Plan - 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 Waste Material Sampling Plan - 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 Waste Material Sampling Plan - 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 Waste Material Sampling Plan - 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 Waste Material Sampling Plan - based upon the appropriate requirem			

Waste Material sampling Fial - based upon the appropriate requirements of Subsection F of 12.15.17.15 MMAC
 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

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Barator Application Certification: Thereby cently that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief. Nume (Wint): Sifter Peace Thit: Field Environmental Advisor ignature: Signature: and advesse: Advisor ignature: Date: 06/14/2010. email advesse: Advisor BCD Approval: Permit Applic OCD Representative Signature: DEENDIED Inter. OCD Conditions (see attachment) OCD Representative Signature: DEENDIED Inter. Constructions (see attachment) Constructions (see attachment) Approval Date: Constructions are required to able an approved closure pain prior to implemention part of the promotor attachment in most approved closure pain has been oblined and the closure startiles for water for elanded for future service and operations: Closure Completion		
Thereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and bellef. Name (Print):		
Name (Print): Jeffrey Peace Title: Field Environmental Advisor Signature: Signature: Definition: Signature: Signature: Definition: BCD Approval: Permit Applic DEENNIEDD OCD Conditions (see attachment) Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC Instructions: Description are required to be submitted to the divison within 60 days of the completion at the closure advivites and submitting the closure report is required to be submitted to the divison within 60 days of the completion at the closure advivites and submitting the closure report is required to be submitted to the divison within 60 days of the completion at the closure advivites and submitting the closure report is required to be submitted to the divison within 60 days of the completion at the closure advivites and submitting the closure report is required to be submitted to the divison within 60 days of the completion at the closure advivites. Plass do not complete this section of the form until an approved closure plan has been obtained and the closure advivites. Plass do not complete the beaution of the form until an approved closure plan. Closure Method On-Site Closure Method Alternative Closure Method Waste Removal (Closed-loop systems ont) Proceent Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steet Tanks or Haul-off Bins Onty: The closure Advisor. Disposal Facility Name: Disposal Facility Permit Number: Disposal Facility Permit Number: </td <td>Derator Application Certification</td> <td></td>	Derator Application Certification	
Signature:	I hereby certify that the information submitted with this application	ion is true, accurate and complete to the best of my knowledge and belief.
e-mail address: Feel/SelfreyExp.com Telephone: 505-326-9479 CO Approval: Permit Applic CD Representative Signature Title: Final address: DENNEED CO Conditions (see attachment) Approval Date: Final Approval Date: Fi	Name (Print): Jeffrey Peace	Title: Field Environmental Advisor
BCD Approval: Permit Applic: OCD Representative Signature: DENNED		Date: 06/14/2010
OCD Representative Signature DENDED Approval Date:	e-mail address: Peake. Jeffrey & bp.com	Telephone: _505-326-9479
OCD Representative Signature DENDED Approval Date:	20 OCD Approval: Permit Applic:	OCD Conditions (see attachment)
Title:		
Provide 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. Plasse do not complete this section of the closure activities. Plasse do not complete this section of the closure activities. Plasse do not complete this section of the closure activities. Plasse do not complete this section of the closure activities. Plasse do not complete this section of the closure activities. Plasse do not complete this section of the closure detower plan has been obtained and the closure activities. Plasse do not complete this section of the closure detower plan has been obtained and the closure activities. Plasse do not complete this section of the closure detower plan plasse do not complete this section of the closure detower plan, plasse explain. Prove Method: Waste Excavation and RemovalOn-Site Closure Method Alternative Closure Method		
Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NNAC. Instructions: Operators are required to obtain a approved closure plan prior to implementing any closure activities. Please do not complete this section of the closure activities have been completed. Image: 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 torm until an approved closure plan has been obtained and the closure activities have been completed. Image: Closure Method; Image: Closure Completion Date: Closure Activities and Closure Plan, please explain. If different from approved plan, please explain. If different from approved plan, please explain. Issue: Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: Instructions: Please indentify the facility or facilities for where the liquids, drilling fluids and drill cuttings were disposed. Use attachment if more two facilities were utilized. Disposal Facility Name:	Title: Environnental	rmit Number
21 Closure Method: 21 Waste Excavation and Removal □ On-Site Closure Method □ Alternative Closure Method □ Waste Removal (Closed-loop systems only If different from approved plan, please explain. 23 Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: Instructions: Please indentify the facility or facilities for where the liquids, drilling fluids and drill cuttings were disposed. Use attachment if more two facilities were utilized. Disposal Facility Name:	<u>Closure Report (required within 60 days of closure completion Instructions:</u> Operators are required to obtain an approved clo The closure report is required to be submitted to the division wi	rsure plan prior to implementing any closure activities and submitting the closure rep ithin 60 days of the completion of the closure activities. Please do not complete this tained and the closure activities have been completed.
Closure Method:		Closure Completion Date: 6 6 8 5 5 5 5
Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: Instructions: Please indentify the facility or facilities for where the liquids, drilling fluids and drill cuttings were disposed. Use attachment if more two facilities were utilized. Disposal Facility Name:	Closure Method: Waste Excavation and Removal On-Site Closure Method	od Alternative Closure Method Waste Removal (Closed-loop systems only
Disposal Facility Name: Disposal Facility Permit Number: Were the closed-loop system operations and associated activities performed on or in areas that <i>Will not</i> be used for future service and operations? Yes (If yes, please demonstrate compliance to the items below) No <i>Required tor impacted areas which will not be used for future service and operations:</i> Site Reclamation (Photo Documentation) 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 checkmark in the box, that the documents are attached. Proof of Closure Notice (surface owner and <u>division</u>) Proof of Closure Notice (required for on-site closure) Plot Plan (for on-site closures and temporary pits) Confirmation Sampling Analytical Results (required for on-site closure) Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique Soil Backfilling and Cover Installation Longitude ¬107. 77953 NAD: [1927] 1983 26 Operator Closure Location: Latitude <u>36.7164/15</u> Longitude ~107. 77953 NAD: [1927] 1983 Post Placheeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeee	<u>Closure Report Regarding Waste Removal Closure For Close</u> Instructions: Please indentify the facility or facilities for where	
Were the closed-loop system operations and associated activities performed on or in areas that will not be used for future service and operations? Yes (If yes, please demonstrate compliance to the items below) No Required for impacted areas which will not be used for luture service and operations: Site Reclamation (Photo Documentation) Site Reclamation (Photo Documentation) Site Reclamation (Photo Documentation) Soll Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique at Consume 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. Proof of Closure Notice (surface owner and division) Proof of Closure Notice (required for on-site closure) Plot Plan (for on-site closures and temporary pits) Confirmation Sampling Analytical Results (required for on-site closure) Disposal Facility Name and Permit Number Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique Site Reclamation (Photo Documentation) On-site Closure Cortification. Longitude ~107. 77953 NAD: [1927] 1983 26. Operator Closure Certification. Interby certify that the information and attachments submitted with this closure report is true, accurate and complete to the best of my knowledge and belief. I also certify that the closure complies with all applicable clo	Disposal Facility Name:	Disposal Facility Permit Number:
Yes (If yes, please demonstrate compliance to the items below) □ No Required for impacted areas which will not be used for future service and operations: Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique Imark in the box, that the documents are attached. Proof of Closure Notice (surface owner and division) □ Proof of Deed Notice (required for on-site closure) □ Plot Plan (for on-site closures and temporary pits) □ Confirmation Sampling Analytical Results (required for on-site closure) □ Disposal Facility Name and Permit Number □ Site Reclamation (Photo Documentation) □ On-site Closure Location: Latitude 36.76415 □ Longitude ~107.77953 NAD: □1927 1983 25. 0 perfort Closure Certification. I hereby certify that the information and attachments submitted with this closure report is true, accurate and complete to the best of my knowledge and belief. I also certify that the closure complies with all applicable closure requirements and conditions specified in the approved closure plan. Name (Print):		
 Site Reclamation (Photo Documentation) 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 checkmark in the box, that the documents are attached. Proof of Closure Notice (required for on-site closure) Proof of Deed Notice (required for on-site closure) Proof of Closure Sampling Analytical Results (if applicable) Waste Material Sampling Analytical Results (required for on-site closure) Disposal Facility Name and Permit Number Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique Soil Backfilling and Cover Installation Intereby certify that the information and attachments submitted with this closure report is true, accurate and complete to the best of my knowledge and belief. I also certify that the closure complies with all applicable closure requirements and conditions specified in the		
24 Closure Report Attachment Checklist: Instructions: Each of the following items must be attached to the closure report. Please indicate, by a checkmark in the box, that the documents are attached. Proof of Closure Notice (surface owner and division) Proof of Closure Notice (surface owner and division) Proof of Closure Notice (required for on-site closure) Plot Plan (for on-site closures and temporary pits) Confirmation Sampling Analytical Results (required for on-site closure) Disposal Facility Name and Permit Number Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique Site Reclamation (Photo Documentation) On-site Closure Certification. I hereby certify that the information and attachments submitted with this closure report is true, accurate and complete to the best of my knowledge and belief. I also certify that the closure complies with all applicable closure requirements and conditions specified in the approved closure plan. Name (Print): De-ff Peace Yet Title: Field Gnvironmeent of Advisor	Site Reclamation (Photo Documentation)	rvice and operations:
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. Proof of Closure Notice (surface owner and division) Proof of Deed Notice (surface owner and division) Proof of Deed Notice (surface owner and division) Proof of Closure Notice (surface owner and division) Proof of Deed Notice (required for on-site closure) Plot Plan (for on-site closures and temporary pits) Confirmation Sampling Analytical Results (if applicable) Waste Material Sampling Analytical Results (required for on-site closure) Disposal Facility Name and Permit Number Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique Stie Reclamation (Photo Documentation) On-site Closure Certification. I hereby certify that the information and attachments submitted with this closure report is true, accurate and complete to the best of my knowledge and belief. I also certify that the closure complies with all applicable closure requirements and conditions specified in the approved closure plan. Name (Print): Jeff Reace Title: Field Griving mark of Advisor		
<u>Operator Closure Certification</u> . I hereby certify that the information and attachments submitted with this closure report is true, accurate and complete to the best of my knowledge and belief. I also certify that the closure complies with all applicable closure requirements and conditions specified in the approved closure plan. Name (Print): <u>Jeff Peace</u> Simple Complete to the best of my knowledge and the proved closure plan. Title: <u>Field Gnviromental Advisor</u>	Closure Report Attachment Checklist: Instructions: Each of mark in the box, that the documents are attached. Image: Proof of Closure Notice (surface owner and division) □ Proof of Closure Notice (required for on-site closure) □ Plot Plan (for on-site closures and temporary pits) Image: Confirmation Sampling Analytical Results (if applicable) □ Waste Material Sampling Analytical Results (required for or or of Disposal Facility Name and Permit Number Image: Soil Backfilling and Cover Installation □ Re-vegetation Application Rates and Seeding Technique Image: Site Reclamation (Photo Documentation) On-site Closure Location: Latitude 36.76415	on-site closure)
I hereby certify that the information and attachments submitted with this closure report is true, accurate and complete to the best of my knowledge and belief. I also certify that the closure complies with all applicable closure requirements and conditions specified in the approved closure plan. Name (Print): Jeff Peace Title: Field Gnviroment of Advisor		
Name (Print):Jeff leaceTitle: Field Gnviromental AdvisorSignature:Image: Signature:Signature:Date: Decomber 5, 2013e-mail address:peace.jeffrey@bp.comTelephone: (505) 326-94079	I hereby certify that the information and attachments submitted w	closure requirements and conditions specified in the approved closure plan.
Signature: Date: Decomber 5, 2013 e-mail address: perce.jeffrey@bp.com Telephone: (505) 326-9479		
e-mail address: perce. jeffrey @ bp. (om Telephone: (505) 326-9479	Signature: Al Peace	Date: Decomber 5, 2013
	e-mail address: peace . jeffrey @ bp.	(37 Telephone: (505) 326-9479