District I 1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Ave., Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	State of New Mexico Energy Minerals and Natural Resources Department Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505	Form C-144 July 21, 2008 For temporary pits, closed-loop sytems, 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.
1220 S. St. Francis Dr., Santa Fe, NM 87505	Pit, Closed-Loop System, Below-Grad	le Tank or
• Prop	osed Alternative Method Permit or Clo	
- <u>λ</u> 0		
Type of action:	Permit of a pit, closed-loop system, below-grade t	
X.	Closure of a pit, closed-loop system, below-grade	tank, or proposed alternative method
	X Modification to an existing permit	
	Closure plan only submitted for an existing permit below-grade tank, or proposed alternative method	
Instructions: Please submit one aj	pplication (Form C-144) per individual pit, closed-lo	op system, below-grade tank or alternative request
	this request does not relieve the operator of liability should operations	
environment. Nor does approval reli	eve the operator of its responsibility to comply with any other applicable	e governmental authority's rules, regulations or ordinances.
1 Operator: Burlington Resources Oi	l & Cas Company I P	OGRID#: 14538
		UGKID#. 14338
Address: P.O. Box 4289, Farmingt		· · · · · · · · · · · · · · · · · · ·
Facility or well name: SAN JUAN 2	8-6 UNIT 171P	
API Number: 30	0-039-30549 OCD Permit Numb	er:
U/L or Qtr/Qtr: A(NE/NE) Section	n: <u>24</u> Township <u>27N</u> Range:	6W County: Rio Arriba
Center of Proposed Design: Latitude	36.56675 °N Longitude:	107.41197 °W NAD: ### X 1983
Surface Owner: 🔲 Federal	State X Private Tribal Trust or India	n Allotment
2	Cancel permit originally f	iled on 7/9/2008
X Pit: Subsection F or G of 19.15.17 Temporary: X Drilling World	.11 NMAC closed loop was used and pit	5 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1
	evitation $\Box Pr A$	V131. 3
Permanent Emergency C X Lined Unlined Lin	avitation P&A ner type: Thickness <u>20</u> mil X LLDPE	HDPE PVC Other
Permanent Emergency C X Lined Unlined Lin X String-Reinforced	ner type: Thickness <u>20</u> mil X LLDPE	
Permanent Emergency C X Lined Unlined Lin X String-Reinforced	ner type: Thickness <u>20</u> mil X LLDPE	UISI. 3 HDPE PVC Other bbl Dimensions L <u>120' x W 55' x D 12'</u>
Permanent Emergency C X Lined Unlined Lined X String-Reinforced Liner Seams: X Welded X Fa 3 Closed-loop System: Subsecti 7 P&A P&A 0 Drying Pad Above Ground 1 Lined Unlined Liner	ner type: Thickness <u>20</u> mil X LLDPE ctory Other Volume: <u>7700</u> on H of 19.15.17.11 NMAC Drilling a new well Workover or Drilling (Applies to notice of intent) nd Steel Tanks Haul-off Bins Other	
Permanent Emergency C X Lined Unlined Lined X String-Reinforced Liner Seams: X Welded X Fa 3 Closed-loop System: Subsecti 7 P&A P&A 0 Drying Pad Above Ground 1 Lined Unlined Liner	ner type: Thickness 20 mil X LLDPE	bbl Dimensions L <u>120' x W 55' x D 12'</u>
Permanent Emergency C X Lined Unlined Lined X String-Reinforced Liner Seams: X Welded X Fa 3 Closed-loop System: Subsecti 7 P&A P&A 0 Drying Pad Above Ground 1 Lined Unlined Liner	her type: Thickness 20 mil X LLDPE ctory Other Volume: 7700 on H of 19.15.17.11 NMAC Drilling a new well Workover or Drilling (Applies to notice of intent) ad Steel Tanks Haul-off Bins Other type: Thickness mil LLDPE tory Other of 19.15.17.11 NMAC of Type of fluid:	bbl Dimensions L <u>120'</u> x W <u>55'</u> x D <u>12'</u> e activities which require prior approval of a permit or HDPE PVD Other
Permanent Emergency C X Lined Unlined Line X String-Reinforced Liner Seams: X Welded X Fa Closed-loop System: Subsection Type of Operation: P&A PA Drying Pad Above Ground Lined Unlined Lineed Liner Seams: Welded Fa 4 Below-grade tank: Subsection I Volume: bl Tank Construction material: Secondary containment with leak det Visible sidewalls and liner Liner Type: 5 Alternative Method: Subsection	her type: Thickness 20 mil X LLDPE ctory Other Volume: 7700 on H of 19.15.17.11 NMAC Drilling a new well Workover or Drilling (Applies to notice of intent) nd Steel Tanks Haul-off Bins Other it type: Thickness mil LLDPE of 19.15.17.11 NMAC mil LLDPE Interception of 19.15.17.11 NMAC of 19.15.17.11 NMAC Interception Interception of 19.15.17.11 NMAC Interception Interception Interception It is in the interception Visible sidewalls, liner, 6-inch lift and auto Interception It is in the interception Interception Interception Interception It is inter	bbl Dimensions L <u>120'</u> x W <u>55'</u> x D <u>12'</u> a activities which require prior approval of a permit or HDPE PVD Other matic overflow shut-off
Permanent Emergency C X Lined Unlined Line X String-Reinforced Liner Seams: X Welded X Fa Closed-loop System: Subsection Type of Operation: P&A P Drying Pad Above Ground Linerd Linerd Liner Seams: Welded Fa Unlined Unlined Linerd Liner Seams: Welded Fa 4 Below-grade tank: Subsection I Volume: bl Tank Construction material: Secondary containment with leak det Visible sidewalls and liner Liner Type: 5 Alternative Method: 5	her type: Thickness 20 mil X LLDPE ctory Other Volume: 7700 on H of 19.15.17.11 NMAC Volume: 7700 Drilling a new well Workover or Drilling (Applies to notice of intent) nd Steel Tanks Haul-off Bins Other Other	bbl Dimensions L <u>120'</u> x W <u>55'</u> x D <u>12'</u> a activities which require prior approval of a permit or HDPE PVD Other matic overflow shut-off

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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, ins	titution or church)
Four foot height, four strands of barbed wire evenly spaced between one and four feet	
Alternate. Please specify	
7	
<u>Netting:</u> 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)	
8	
Signs: Subsection C of 19.15.17.11 NMAC 12" X 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers	
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 cons (Fencing/BGT Liner)	ideration of approval.
Exception(s): Requests must be submitted to the Santa Fe Environmental Bureau office for consideration of approval.	
10	
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 watercourse, lakebed, sinkhole, or playa lake	Yes No
 (measured from the ordinary high-water mark). - Topographic map; Visual inspection (certification) of the proposed site 	
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)	NA
- Visual inspection (certification) of the proposed site; Aerial photo; Satellite image	
Within 1000 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application.	Yes No
(Applied to permanent pits) - Visual inspection (certification) of the proposed site; Aerial photo; Satellite image	
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
- NM Office of the State Engineer - iWATERS database search; Visual inspection (certification) of the proposed site.	
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	Yes No
- Written confirmation or verification from the municipality; Written approval obtained from the municipality Within 500 feet of a wetland.	TYes No
- US Fish and Wildlife Wetland Identification map; Topographic map; Visual inspection (certification) of the proposed site	
 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 Temporary Pits, Emergency Pits and Below-grade Tanks 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. Hydrogeologic Report (Below-grade Tanks) - based upon the requirements of Paragraph (2) 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 19.15.17.12 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 or Permit 12 Closure Plan (Please Demonstrations (only for on-site closure) - based upon the requirements of Paragraph (3) of Subsection B of 19.15.17.9 12 Closure Plan (Please complete Boxes 14 through 18, if application. Please indicate, by a check mark in the box, that the documents are attached. 12 Closed-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.9 12 Closed-loop Cystems Permit Application Attachment Checklist: Subsection B of 19.15.17.9 12
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 19.15.17.13 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 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

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16 <u>Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only:</u> (19.15.17.13.D N Instructions: Please identify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more th	MAC) han two
facilities are required.	
Disposal Facility Name: Disposal Facility Permit #: 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 <i>will not</i> be used for	
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 19.15.17.1 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 	3 NMAC
17 <u>Siting Criteria (Regarding on-site closure methods only:</u> 19.15.17.10 NMAC Instructions: Each siting criteria requires a demonstration of compliance in the closure plan. Recommendations of acceptable source material are p certain siting criteria may require administrative approval from the appropriate district office or may be considered an exception which must be sub- office for consideration of approval. Justifications and/or demonstrations of equivalency are required. Please refer to 19.15.17.10 NMAC for guida.	mitted to the Santa Fe Environmental Bureau
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
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
Ground water is more than 100 feet below the bottom of the buried waste.	Yes No
- NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells	N/A
 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.	TYes No
- 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 fee of any other fresh water well or spring, in existence at the time of the initial application. - NM Office of the State Engineer - iWATERS database; Visual inspection (certification) of the proposed site	g
 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 	d Yes No
 Writen communication of vermeation non-tice manerpancy, writen approval obtained non-tice manerpancy 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.	Yes No
- Written confirantion or verification or map from the NM EMNRD-Mining and Mineral Division	
 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 bee attached to th	he closure plan. Please indicate,
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 NM	1AC
Construction/Design Plan of Temporary Pit (for in place burial of a drying pad) - based upon the appropriate requirement	
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	duada aurorat ha sult's sult
 Disposal Facility Name and Permit Number (for liquids, drilling fluids and drill cuttings or in case on-site closure stand Soil Cover Design - based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC 	Jarus cannot be achieved)
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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# OCD Approval: Permit Application (including closure plan) OCD Representative Signature: Title: Closure Report (required within 60 days of closure completion): Subsection K Instructions: Operators are required to obtain an approved closure plan prior to implete report is required to be submitted to the division within 60 days of the completion of the approved closure plan has been obtained and the closure activities have been complete 22 Closure Method: Waste Excavation and Removal If different from approved plan, please explain. # Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Instructions: Please identify the facility or facilities for where the liquids, drilling flat. were utilized. Disposal Facility Name: Were the closed-loop system operations and associated activities performed on or in Yes (If yes, please demonstrate compliane to the items below) No Required for impacted areas which will not be used for future service and operation	menting any closure activities and submitting the closure report. The closure activities. Please do not complete this section of the form until an d. Image: Closure Completion Date: N/A Cancel Permit ternative Closure Method Waste Removal (Closed-loop systems only) Utilize Above Ground Steel Tanks or Haul-off Bins Only: ds and drill cuttings were disposed. Use attachment if more than two facilities Disposal Facility Permit Number: Disposal Facility Permit Number:
c-mail address:	relephone:
# OCD Approval: Permit Application (including closure plat) Clo OCD Representative Signature: Title: Complete Signature: 21 Closure Report (required within 60 days of closure completion): Subsection K Instructions: Operators are required to obtain an approved closure plan prior to implete report is required to be submitted to the division within 60 days of the completion of the approved closure plan has been obtained and the closure activities have been complete 22 Closure Method: 22 Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Instructions: Please identify the facility or facilities for where the liquids, drilling flu- were utilized. Disposal Facility Name: Were the closed-loop system operations and associated activities performed on or in Yes (If yes, please demonstrate compliane to the items below) No Required for impacted areas which will not be used for future service and operation	
OCD Approval: Permit Application (including closure plan) Co OCD Representative Signature:	Approval Date: /3/204 OCD Permit Number:
Closure Report (required within 60 days of closure completion): Subsection K Instructions: Operators are required to obtain an approved closure plan prior to implet report is required to be submitted to the division within 60 days of the completion of th approved closure plan has been obtained and the closure activities have been complete 22 Closure Method: 21 If different from approved plan, please explain. # Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Instructions: Please identify the facility or facilities for where the liquids, drilling flat. were utilized. Disposal Facility Name: Were the closed-loop system operations and associated activities performed on or in Yes (If yes, please demonstrate compliane to the items below) No Required for impacted areas which will not be used for future service and operation Site Reclamation (Photo Documentation)	menting any closure activities and submitting the closure report. The closure activities. Please do not complete this section of the form until an d. Image: Closure Completion Date: N/A Cancel Permit ternative Closure Method Waste Removal (Closed-loop systems only) Utilize Above Ground Steel Tanks or Haul-off Bins Only: ds and drill cuttings were disposed. Use attachment if more than two facilities Disposal Facility Permit Number: Disposal Facility Permit Number:
Instructions: Operators are required to obtain an approved closure plan prior to implete report is required to be submitted to the division within 60 days of the completion of the approved closure plan has been obtained and the closure activities have been complete 22 Closure Method: Waste Excavation and Removal XOn-site Closure Method A If different from approved plan, please explain. # Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Instructions: Please identify the facility or facilities for where the liquids, drilling flut were utilized. Disposal Facility Name: Were the closed-loop system operations and associated activities performed on or in Y es (If yes, please demonstrate compliane to the items below) No Required for impacted areas which will not be used for future service and operation Site Reclamation (Photo Documentation)	menting any closure activities and submitting the closure report. The closure activities. Please do not complete this section of the form until an d. Image: Closure Completion Date: N/A Cancel Permit ternative Closure Method Waste Removal (Closed-loop systems only) Utilize Above Ground Steel Tanks or Haul-off Bins Only: ds and drill cuttings were disposed. Use attachment if more than two facilities Disposal Facility Permit Number: Disposal Facility Permit Number:
report is required to be submitted to the division within 60 days of the completion of th approved closure plan has been obtained and the closure activities have been complete 22 Closure Method: I different from approved plan, please explain. # Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Instructions: Please identify the facility or facilities for where the liquids, drilling fluwere utilized. Disposal Facility Name: Were the closed-loop system operations and associated activities performed on or in Yes (If yes, please demonstrate compliane to the items below) No Required for impacted areas which will not be used for future service and operation Site Reclanation (Photo Documentation)	closure activities. Please do not complete this section of the form until an d. Closure Completion Date: <u>N/A Cancel Permit</u> ternative Closure Method Waste Removal (Closed-loop systems only) Utilize Above Ground Steel Tanks or Haul-off Bins Only: ds and drill cuttings were disposed. Use attachment if more than two facilities Disposal Facility Permit Number: Disposal Facility Permit Number:
222 Closure Method: Waste Excavation and Removal X On-site Closure Method If different from approved plan, please explain. # Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Instructions: Please identify the facility or facilities for where the liquids, drilling fluxwere utilized. Disposal Facility Name: Were the closed-loop system operations and associated activities performed on or in Yes (If yes, please demonstrate compliane to the items below) No Required for impacted areas which will not be used for future service and operation Site Reclamation (Photo Documentation)	Closure Completion Date: <u>N/A Cancel Permit</u> ternative Closure Method Waste Removal (Closed-loop systems only) Utilize Above Ground Steel Tanks or Haul-off Bins Only: ds and drill cuttings were disposed. Use attachment if more than two facilities Disposal Facility Permit Number: Disposal Facility Permit Number:
Closure Method: Waste Excavation and Removal On-site Closure Method If different from approved plan, please explain. # Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Instructions: Please identify the facility or facilities for where the liquids, drilling flut. were utilized. Disposal Facility Name: Were the closed-loop system operations and associated activities performed on or in Yes (If yes, please demonstrate compliane to the items below) No Required for impacted areas which will not be used for future service and operation Site Reclanation (Photo Documentation)	ternative Closure Method Waste Removal (Closed-loop systems only) Utilize Above Ground Steel Tanks or Haul-off Bins Only: ds and drill cuttings were disposed. Use attachment if more than two facilities Disposal Facility Permit Number: Disposal Facility Permit Number:
Closure Method: Waste Excavation and Removal On-site Closure Method If different from approved plan, please explain. # Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Instructions: Please identify the facility or facilities for where the liquids, drilling flut. were utilized. Disposal Facility Name: Were the closed-loop system operations and associated activities performed on or in Yes (If yes, please demonstrate compliane to the items below) No Required for impacted areas which will not be used for future service and operation Site Reclamation (Photo Documentation)	Utilize Above Ground Steel Tanks or Haul-off Bins Only: ds and drill cuttings were disposed. Use attachment if more than two facilities Disposal Facility Permit Number: Disposal Facility Permit Number:
If different from approved plan, please explain. # Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Instructions: Please identify the facility or facilities for where the liquids, drilling fluxwere utilized. Disposal Facility Name: Disposal Facility Name: Were the closed-loop system operations and associated activities performed on or in Yes (If yes, please demonstrate compliane to the items below) No Required for impacted areas which will not be used for future service and operation Site Reclanation (Photo Documentation)	Utilize Above Ground Steel Tanks or Haul-off Bins Only: ds and drill cuttings were disposed. Use attachment if more than two facilities Disposal Facility Permit Number: Disposal Facility Permit Number:
# Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Instructions: Please identify the facility or facilities for where the liquids, drilling flu were utilized. Disposal Facility Name: Disposal Facility Name: Were the closed-loop system operations and associated activities performed on or in Yes (If yes, please demonstrate compliane to the items below) No Required for impacted areas which will not be used for future service and operation Site Reclanation (Photo Documentation)	ds and drill cuttings were disposed. Use attachment if more than two facilities Disposal Facility Permit Number: Disposal Facility Permit Number:
Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Instructions: Please identify the facility or facilities for where the liquids, drilling flue were utilized. Disposal Facility Name: Were the closed-loop system operations and associated activities performed on or in Yes (If yes, please demonstrate compliane to the items below) No Required for impacted areas which will not be used for future service and operation Site Reclamation (Photo Documentation)	ds and drill cuttings were disposed. Use attachment if more than two facilities Disposal Facility Permit Number: Disposal Facility Permit Number:
were utilized. Disposal Facility Name: Disposal Facility Name: Were the closed-loop system operations and associated activities performed on or in Yes (If yes, please demonstrate compliane to the items below) No Required for impacted areas which will not be used for future service and operation Site Reclamation (Photo Documentation)	Disposal Facility Permit Number: Disposal Facility Permit Number:
Disposal Facility Name: Disposal Facility Name: Were the closed-loop system operations and associated activities performed on or in Yes (If yes, please demonstrate compliane to the items below) No Required for impacted areas which will not be used for future service and operation Site Reclamation (Photo Documentation)	Disposal Facility Permit Number:
Disposal Facility Name: Were the closed-loop system operations and associated activities performed on or in Yes (If yes, please demonstrate complilane to the items below) No Required for impacted areas which will not be used for future service and operation Site Reclamation (Photo Documentation)	Disposal Facility Permit Number:
Yes (If yes, please demonstrate compliane to the items below) No Required for impacted areas which will not be used for future service and operation Site Reclamation (Photo Documentation)	
Required for impacted areas which will not be used for future service and operation Site Reclamation (Photo Documentation)	
Site Reclamation (Photo Documentation)	
	s:
Soil Backfilling and Cover Installation	
Re-vegetation Application Rates and Seeding Technique	
24	
Closure Report Attachment Checklist: Instructions: Each of the following	tems must be attached to the closure report. Please indicate, by a check mark in
the box, that the documents are attached.	
X Proof of Closure Notice (surface owner and division)	
X Proof of Deed Notice (required for on-site closure)	
X Plot Plan (for on-site closures and temporary pits)	
X Confirmation Sampling Analytical Results (if applicable)	
Waste Material Sampling Analytical Results (if applicable)	
X Disposal Facility Name and Permit Number	
X Soil Backfilling and Cover Installation	
Re-vegetation Application Rates and Secding Technique	
X Site Reclamation (Photo Documentation)	
	ongitude: •W NAD 1927 X 1983
25	- -
<u>Operator Closure Certification:</u>	
¹ hereby certify that the information and attachments submitted with this closure report he closure complies with all applicable closure requirements and conditions specified	
Name (Print):	Title: Staff Regulatory Tech.
Signature:	Date: 1/28/2014
e-mail address: kenny.r.davis@conocophillips.com	Telephone: 505-599-4045

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