### **Pat Sanchez**

From:

Pat Sanchez

Sent:

Friday, December 19, 2008 10;22 AM

To:

'charlie.perrin@state.nm.us'; 'brandon.powell@state.nm.us'

Cc:

Vicki Donaghey; Kirt Snyder; Martin Cabrera; Charlie Donahue; Ed Hasely

Subject: Pit closures for Closed Loop flow Back tanks - remedial/work over type

Mr. Powell and Mr. Perrin;

We will be submitting several work over - flow back tank type closed loop permits for closure. The permits were approved by NMOCD from Mid summer until late fall of 2008. A miscommunication in our internal processing occurred and we did not submit closure reports.

The fluids are typically produced water with spent treatment fluid that have been pumped into the reservoir during operations and were disposed of in our own SWD's typically.

I will be out of the office from December 20th and back in on Monday January 5, 2009 - if you need to follow-up by phone please call my Supervisor Mr. Charlie Donahue at 505.324.4140.

They will be submitted as soon as possible.

**Thanks** 

Patricio W. Sanchez Energen Resources District Engineer- San Juan 2010 Afton Place Farmington, NM 87401 Telephone 505.324.4141 Cell 505.793.7605 District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, Artesia, NM 88210
District III
1000 Rio Brazos Road, Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

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

For 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.

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# 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

Instructions: Please submit one application (Form C-144) per individual pit, closed-loop system, below-grade tank or alternative request					
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API Number:30-039-27450					
Center of Proposed Design: Latitude36.95639NLongitude107.38444WNAD: ☐1927 ☑ 1983					
Surface Owner:  Federal State Private Tribal Trust or Indian Allotment					
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Of Conservation Division

Page 1 of 4

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				
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				
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				
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				
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				
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				
Within 500 feet of a wetland 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				
Within an unstable area.  - Engineering measures incorporated into the design; NM Bureau of Geology & Mineral Resources; USGS; NM Geological Society; Topographic map				
Within a 100-year floodplain FEMA map				
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 (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 19.15.17.12 NMAC Closure Plan - 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:				
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 (required for on-site closure) - based upon the requirements of Paragraph (3) of Subsection B of 19.15.17.9  Siting Criteria Compliance Demonstrations (required for on-site closure) - based upon the appropriate requirements of 19.15.17.10 NMAC  Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC  Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC  Closure Plan - 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:				

<u>Permanen's Pits Permit Application Checklist</u> : 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.	литень ше				
☐ Hydrogeologic Report - based upon the requirements of Paragraph (1) 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					
Liner Specifications and Compatibility Assessment - 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 19.15.17.12 NMAC					
☐ Freeboard and Overtopping Prevention Plan - based upon the appropriate requirements of 19.15.17.11 NMAC ☐ Nuisance or Hazardous Odors, including H <sub>2</sub> 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 Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC					
Proposed Closure: 19.15.17.13 NMAC					
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 Burial					
Alternative Closure Method (Exceptions must be submitted to the Santa Fe Environmental Bureau for con	nsideration)				
Siting Criteria (regarding on-site closure methods only): 19.15.17.10 NMAC					
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 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. 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 obtained from nearby wells	□ NA				
Ground water is between 50 and 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	□ NA				
	<b></b>				
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	□ NA				
Within 300 feet of a continuously flowing watercourse, or 200 feet of any other significant watercourse or lakebed, sinkhole, or playa	☐ Yes ☐ No				
lake (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				
- Visual inspection (certification) of the proposed site; Aerial photo; Satellite image					
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.	Yes No				
- NM Office of the State Engineer - iWATERS database; 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	Yes No				
adopted pursuant to NMSA 1978, Section 3-27-3, as amended.  - Written confirmation or verification from the municipality; Written approval obtained from the municipality					
White community to the manerpanty, white approval obtained from the manerpanty					
Within 500 feet of a wetland.	☐ Ycs ☐ No				
- US Fish and Wildlife Wetland Identification map; Topographic map; Visual inspection (certification) of the proposed site					
Within the area overlying a subsurface mine.	☐ Yes ☐ No				
- Written confirmation or verification or map from the NM EMNRD-Mining and Mineral Division					
Within an unstable area.	[ V v [] V -				
<ul> <li>Engineering measures incorporated into the design; NM Bureau of Geology &amp; Mineral Resources; USGS; NM Geological Society; Topographic map</li> </ul>	Yes No				
ithin a 100-year floodplain.					
- FEMA map					

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				
Waste Removal Closure For Closed-loop Systems That Utilize 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.				
Disposal Facility Name: Envirotech,; EUL Canyon SWD#1 Disposal Permit Number: NM-01-0011; API 30-039-26214				
On-Site 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.				
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 and Design of Burial Trench (if applicable) based upon the appropriate requirements of 19.15.17.11 NMAC				
☐ 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				
Operator Application Certification:				
I hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief.				
Thereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief.				
Name (Print):Pat Sanchez Title:District Engineer				
Signature:				
- Hove We the				
e-mail address:psanchez@energen.com Telephone:505.324.4141				
OCD Approval: M-Permit Application (including closure plan) M Closure Plan (ONTY)				
OCD Approval: Permit Application (including closure plan) Closure Plan (ONIV)				
OCD Approval: Permit Application (including closure plan) Closure Plan (ONIV)				
OCD Approval: Permit Application (including closure plan) Closure Plan (ONTY)  OCD Representative Signature: Beach Bell Approval Date: 7-11-08				
OCD Approval: Permit Application (including closure plan) Closure Plan (ONTY)  OCD Representative Signature: Beach Bell Approval Date: 7-11-08				
OCD Approval: Permit Application (including closure plan) Closure Plan (ONIV)  OCD Representative Signature: Branch Bull 2/23/1/ Approval Date: 7-11-08  Title: En > 70 / Spec OCD Permit Number:				
OCD Approval: Permit Application (including closure plan) Closure Plan (Only)  OCD Representative Signature: Branch Bull Approval Date: 7-11-08  Title: Ensiro Spec OCD Permit Number:  Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC				
OCD Approval: Permit Application (including closure plan) Closure Plan (Only)  OCD Representative Signature: Branch Ball Provided Plan (Only)  OCD Permit Number:  Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC  Closure Completion Date: 9/4/2008				
OCD Approval: Permit Application (including closure plan) Closure Plan (Only)  OCD Representative Signature: Branch Sell Plan (Only)  Title: En > 10   Spec OCD Permit Number:  Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC  Closure Method:				
OCD Approval: Permit Application (including closure plan) Closure Plan (Only)  OCD Representative Signature: Branch School (Permit Number: 7-11-08  Title: Ensire (Spect OCD Permit Number: Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC Closure Completion Date: Closure Method:  Tologoure Method: Alternative Closure Method Alternative Closure Method				
OCD Approval: Permit Application (including closure plan) Closure Plan (Only)  OCD Representative Signature: Branch Sell Plan (Only)  Title: En > 10   Spec OCD Permit Number:  Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC  Closure Method:				
OCD Approval: Permit Application (including closure plan) Closure Plan (Only)  OCD Representative Signature: Branch Bull Approval Date: 7-11-08  Title: Ensiro Spec OCD Permit Number:  Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC  Closure Completion Date: 014/268  Closure Method:  The second of the s				
OCD Approval: Permit Application (including closure plan) Closure Plan (Only)  OCD Representative Signature: Branch School (Permit Number: 7-11-08  Title: Ensire (Spect OCD Permit Number: Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC Closure Completion Date: Closure Method:  Tologoure Method: Alternative Closure Method Alternative Closure Method				
OCD Approval: Permit Application (including closure plan) Closure Plan (Olly)  OCD Representative Signature: Branche Bell Prof   2/23/1/ Approval Date: 7-11-08  Title: Ensiro   Spec OCD Permit Number:  Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC Closure Completion Date: O14/2088  Closure Method: Alternative Closure Method Alternative Closure Method If different from approved plan, please explain.  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   Please indicate, by a check mark in the box, that the documents are attached.				
OCD Approval: Permit Application (including closure plan) Closure Plan (ONIV)  OCD Representative Signature: Plan (ONIV)  OCD Permit Number:  Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC  Closure Completion Date:  Closure Method:  Waste Excavation and Removal On-Site Closure Method Alternative Closure Method  If different from approved plan, please explain.  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  Proof of Deed Notice (if applicable)				
OCD Approval: Permit Application (including closure plan) Closure Plan (only)  OCD Representative Signature: Parada Plan (only)  OCD Permit Number:  Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC  Closure Method:  Waste Excavation and Removal On-Site Closure Method Alternative Closure Method  If different from approved plan, please explain.  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  Proof of Closure Notice (if applicable)				
OCD Approval: Permit Application (including closure plan) Closure Plan (ONTY)  OCD Representative Signature: Provided Plan (ONTY)  OCD Permit Number:  Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC  Closure Completion Date: On-Site Closure Method  If different from approved plan, please explain.  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  Proof of Deed Notice (if applicable)  Proof of Deed Notice (if applicable)  Proof of Dead Notice (if applicable)				
OCD Approval: Permit Application (including closure plan) Closure Plantoniy)  OCD Representative Signature: Permit Application (including closure plan) Closure Plantoniy)  OCD Permit Number:  Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC Closure Completion Date: O14 2008  Closure Method:  Waste Excavation and Removal On-Site Closure Method Alternative Closure Method If different from approved plan, please explain.  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 Proof of Deed Notice (if applicable)  Proof of Deed Notice (if applicable)  Proof of Confirmation Sampling Analytical Results  No Waste Material Sampling Analytical Results				
OCD Approval: Permit Application (including closure plan) Closure Plan (ONTY)  OCD Representative Signature: Brandon Removal Closure Completion Subsection K of 19.15.17.13 NMAC Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC Closure Completion Date: Closure Method:  Closure Method: Alternative Closure Method Alternative Closure Method  If different from approved plan, please explain.  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  Proof of Closure Notice  Proof of Dead Notice (if applicable)  Proof of Dead Notice (if applicable)  Waste Material Sampling Analytical Results  Disposal Facility Name and Permit Number				
OCD Approval: Permit Application (including closure plan) Closure Plan (mily)  OCD Representative Signature: Branch Bell Provided Date: 7-11-08  Title: Ensire Specific OCD Permit Number:  Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC Closure Completion Date: Closure Method:  Waste Excavation and Removal On-Site Closure Method Alternative Closure Method  If different from approved plan, please explain.  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 (if applicable)  Proof of Deed Notice (if applicable)  Plot Plan  Na Confirmation Sampling Analytical Results  Disposal Facility Name and Permit Number  Na Soil Backfilling and Cover Installation				
OCD Approval: Permit Application (including closure plan) Closure Plan (INT)  OCD Representative Signature: Provided Pro				
OCD Approval: Permit Application (including closure plan) Closure Plan*(ONTY)  OCD Representative Signature: Back Plan* Completion (including closure plan) Closure Plan*(ONTY)  OCD Representative Signature: Back Plan* Proof of Closure Method: Closure Method Alternative Closure Method If different from approved plan, please explain.  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 bax, that the documents are attached. Proof of Closure Notice Proof of Closure Notice Proof of Closure Notice (if applicable) Proof of Deed Notice (if applicable) Proof of Deed Notice (if applicable) Name and Permit Number Soil Backfilling and Cover Installation Disposal Facility Name and Permit Number Soil Backfilling and Cover Installation Site Reclamation (Photo Documentation)				
OCD Approval: Permit Application (including closure plan) Closure Plan (ONTY)  OCD Representative Signature: Practice Plan (ONTY)  OCD Permit Number:  Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC  Closure Method:  Waste Excavation and Removal On-Site Closure Method Alternative Closure Method  If different from approved plan, please explain.  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 (if applicable)  Proof of Deed Notice (if applicable)  Application Application Rates and Seeding Technique  Disposal Facility Name and Permit Number  Soil Backfilling and Cover Installation  Non-site Closure Location: Latitude Longitude NAD: 1927 1983				
OCD Approval: Permit Application (including closure plan) Closure Plan (Only)  OCD Representative Signature: Back Subsection K of 19.15.17.13 NMAC   Q   Q   Q   Q   Q   Q   Q   Q   Q				
OCD Approval: Permit Application (including closure plan) Closure Plan (Only)  OCD Representative Signature:				
OCD Approval: Permit Application (including closure plan) Closure Plan (Only)  OCD Representative Signature: Back Subsection K of 19.15.17.13 NMAC   Q   Q   Q   Q   Q   Q   Q   Q   Q				
OCD Approval: Permit Application (including closure plan) Closure Plan (ONTY)  OCD Representative Signature: Brandow Full Approval Date: 7-11-08  Title: Enviologic OCD Permit Number:  Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC  Closure Completion Date: 1/4 2008  Closure Method: Closure Completion Date: 1/4 2008  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 Proof of Deed Notice (if applicable) Approof of Obed Notice (if applicable) Approof of Obed Notice (if applicable) Application Sampling Analytical Results Disposal Facility Name and Permit Number Soil Backfilling and Cover Installation Ph Re-vegetation Application Rates and Seeding Technique No-site Closure Location: Latitude Longitude NAD: 1927 1983  Operator Closure Certification:  I hereby certify that the information and attachments submitted with this closure report is true, accurate and complete to the best of my knowledge and belief. I also certify that the closure complies with all applicable closure requirements and conditions specified in the approved closure plan.				
OCD Approval: Permit Application (including closure plan) Closure Plan (Only)  OCD Representative Signature:				
OCD Approval: Permit Application (including closure plan) Closure Plan (OT) Closure Plan (OT) Approval Date: 7-11-08  Title: En in Special OCD Permit Number:  Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC Closure Completion Date: 1/4 2688  Closure Method: Closure Method: Closure Method Alternative Closure Method If different from approved plan, please explain.  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. Plot Plan Plot Plan Plot Plan Plot Plan National Sampling Analytical Results Disposal Facility Name and Permit Number Soil Backfilling and Cover Installation Name (Print): Revegetation Application: Latitude Longitude NAD: 1927 1983  Operator Closure Certification: I hereby certify that the information and attachments submitted with this closure report is true, accurate and complete to the best of my knowledge and belief. I also certify that the closure complies with all applicable closure requirements and conditions specified in the approved closure plan.  Name (Print): Pat Angle Complex Complex Vision Plan Name (Print): Pat Angle Com				
OCD Approval: Permit Application (including closure plan) Closure Plan (ONTY)  OCD Representative Signature: Brandow Full Approval Date: 7-11-08  Title: Enviologic OCD Permit Number:  Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC  Closure Completion Date: 1/4 2008  Closure Method: Closure Completion Date: 1/4 2008  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 Proof of Deed Notice (if applicable) Approof of Obed Notice (if applicable) Approof of Obed Notice (if applicable) Application Sampling Analytical Results Disposal Facility Name and Permit Number Soil Backfilling and Cover Installation Ph Re-vegetation Application Rates and Seeding Technique No-site Closure Location: Latitude Longitude NAD: 1927 1983  Operator Closure Certification:  I hereby certify that the information and attachments submitted with this closure report is true, accurate and complete to the best of my knowledge and belief. I also certify that the closure complies with all applicable closure requirements and conditions specified in the approved closure plan.				
OCD Approval: Permit Application (including closure plan) Closure Plan (OT) Closure Plan (OT) Approval Date: 7-11-08  Title: En in Special OCD Permit Number:  Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC Closure Completion Date: 1/4 2688  Closure Method: Closure Method: Closure Method Alternative Closure Method If different from approved plan, please explain.  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. Plot Plan Plot Plan Plot Plan Plot Plan National Sampling Analytical Results Disposal Facility Name and Permit Number Soil Backfilling and Cover Installation Name (Print): Revegetation Application: Latitude Longitude NAD: 1927 1983  Operator Closure Certification: I hereby certify that the information and attachments submitted with this closure report is true, accurate and complete to the best of my knowledge and belief. I also certify that the closure complies with all applicable closure requirements and conditions specified in the approved closure plan.  Name (Print): Pat Angle Complex Complex Vision Plan Name (Print): Pat Angle Com				

# Closed-loop Design Plan:

Our closed loop system will not entail a drying pad, temporary pit, below grade tank or sump. It will entail an above ground tank suitable for holding the cuttings and fluids for rig operations. The tank will be of sufficient volume to maintain a safe free board between disposal of the liquids and solids from rig operations.

- 1) Fencing is not required for an above ground closed-loop system.
- 2) It will be signed in compliance with 19.15.3.103 NMAC.
- 3) A frac tank will be on location to store fresh water.

## **Closed-loop Operating and Maintenance Plan:**

The closed-loop tank will be operated and maintained; to contain liquids and solids, to aid in the prevention of contamination of fresh water sources, in order to protect public health and the environment. To attain this goal the following steps will be followed:

- 1) The liquids will be vaccumed out and disposed of at the Eul Canyon SWD#1 facility (Disposal API Number 30-039-26214). Solids in the closed-loop tank will be vacuumed out and disposed of at Envirotech (Permit Number NM-01-0011) on a periodic basis to prevent over topping.
- 2) No hazardous waste, miscellaneous solid waste or debris will be discharged into or stored in the tank. Only fluids or cuttings used or generated by rig operations will be placed or stored in the tank.
- 3) The division district office will be notified within 48 hours of the discovery of compromised integrity of the closed-loop tank. Upon the discovery of the compromised tank, repairs will be enacted immediately.
- 4) All of the above operations will be inspected and a log will be signed and dated. During rig operations the inspection will be daily.

### **Closed-loop Closure Plan:**

The closed loop tank will be closed in accordance with 19.15.17.13. This will be done by transporting cuttings and all remaining sludges to Envirotech (Permit Number NM-01-0011) following rig operations. All remaining liquids will be transported and disposed of in the Eul Canyon SWD#1 facility (Disposal API number 30-039-26214). The tanks will be removed from the location as part of the rig move. At time of well abandonment, the site will be reclaimed and re-vegetated to pre-existing conditions when possible.

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Avenue, Artesia, NM 88210 District III

1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals & Natural Resources

OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe. NM 87505 Form C-102 Revised June 10, 2003

Submit to Appropriate District Office

State Lease - 4 Copies Fee Lease - 3 Copies

DISTRICT LY				-	· · · · · · · · · · · · · ·	3,000			
1220 S. St. France	cis Dr., Santı	a Fe, NM 875	305					$\mathbf{x}$	AMENDED REPORT
		WF	ELL LOCA	TION A	ND ACREA	GE DEDICA	TION PLA	.T	
	<sup>1</sup> API Number			<sup>2</sup> Pool Code	Pool Code 3 Pool Name				
	30-039-27450			71629 Basin Fruitland Coal					
<sup>4</sup> Propert	<sup>4</sup> Property Code			<sup>5</sup> Property Name				<sup>6</sup> Well Number	
				Elk Horn #101			#101		
<sup>7</sup> OGRI	<sup>7</sup> OGRID №.				<sup>8</sup> Operator Na	<sup>8</sup> Operator Name <sup>9</sup> Elevation			<sup>9</sup> Elevation
162928			Energ	en Resources	Resources Corporation 6815			6815	
				10	<sup>0</sup> Surface Locat	tion			
UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South line	Feet from the	East/West li	ine County
В	29	32N	5W		755	North	2375	East	Rio Arriba
			11 Botto	om Hole L	ocation If Diff	erent From Sur	face		
UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South line	Feet from the	East/West li	ine County
A	29	32N	5W		1524	North	1129	East	Rio Arriba
12 Dedicated Acr	es 13 Joi	nt or Infill	14 Consolidation (	Code 15 Ord	der No.		,		
E/2	}			1					

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A
NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

