District III FEB 07 2013 Oil Conservation Division ground steel tanks or haul-off bins and propose to implement waste removal for closure, submit to the appropriate NMOCD District Office. District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 Santa Fe, NM 87505 Fee appropriate NMOCD District Office. District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 Santa Fe, NM 87505 Fee appropriate NMOCD District Office. District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 Santa Fe, NM 87505 Fee appropriate NMOCD District Office. District IV 1220 South St. Francis Dr., Santa Fe, NM 87505 Santa Fe, NM 87505 Santa Fe, NM 87505 District IV 1220 South St. Francis Dr., Santa Fe, NM 87505 Santa Fe, NM 87505 Santa Fe, NM 87505 District IV 1220 South St. Francis Dr., Santa Fe, NM 87505 Santa Fe, NM 87505 Santa Fe, NM 87505 District IV 1220 South St. Francis Dr., Santa Fe, NM 87505 Santa Fe, NM 87505 Santa Fe, NM 87505 District IV 1220 South St. Francis Dr., Santa Fe, NM 87505 Santa Fe, NM 87505 Santa Fe, NM 87505 District IV 120 South St. Francis Dr., Santa Fe, NM 87505 Santa Fe, NM 87505 Santa Fe, NM 87505 Type of action: Image: District IV Permit Image: District IV Santa Fe	• District 1 State of New Mexico 1625 N. French Dr., Hobbs, NM 88240 HOBBS OFfergy Minerals and Natural Resources District II Department	Form C-144 CLEZ July 21, 2008	
Closed-Loop System Permit or Closure Plan Application (that only use above ground steel lanks or haul-off bins and propose to implement water removal for closure?) Type of action: Permit @ Closure Instructions: Plens submit one application (Form Cl-44 CL2) por inhibited closed-loop system request. For any application request the then for a closed-loop system and approval file requires these are thread bins and propose to implement water removal for closure Plan Above Ground Steet, Subjection Midland, TX 79701 Facility or well name: Tree Equits State 27H API Number: <u>36022-46075 Josef 104</u> Construction: Definite and the system a	District III 1000 Rio Brazos Road, Aztec, NM 87410 District IV District IV District IV District IV District IV District III District IV District IV Distr	to implement waste removal for closure, submit	
(hat only use above ground steel ranks or haul-off bins and propose to inglemen 'usate removal for closure) Type of action: Permit @ Closure Instruction: Piess submit one application (Fare CI41 CEE) or individual closed-loop system request. For any application request when that only use above ground steel on the optimate the operator of thinds build propose to implement water removal for closure place submit one supposed of this requires the operator of this should permits removal for closure (Fare CI44. Operator:			
Type of action: Permit \vee Closure Instructions: Plane submit one application (Form C.144 CLE2) per infividual discel-loop system removal for closure, places submit a Form C.144. Heave be advised that approval of this request does not relieve the operator of listicity should operations removal for closure, places submit a Form C.144. Heave be advised that approval of this request does not relieve the operator of listicity should operations removal for closure, places submit a submit for more applications or ordinances. Operator: Cimares Energy Co. Operator: Cimares Energy Co. Particity or well name: Three Equits State 22H Advises: 600. N. Marienfeld Street, Suite 600: Midland, 1X 79701 Facility or well name: Three Equits State 22H PIN Number: PL04892 U/L or Qtr/Qtr C. Section 5. Township Streface Owner: Federal State Private Private This at Trust or Induition and allottenet Z Streface Owner: Federal State Private Private Streface Owner: Federal State Private Private Trust or Induition and autority is advised state of private Private Streface Owner: Federal State Private Private	Closed-Loop System Permit or Closure Plan Application		
Instructions: Pleave submit one application (Form C-144 CEE2) per infinitian disorder to implement water removal for cloance, pleave submit a Form C-144. Reace based in the approval of this request does not clieve the operator of liability should operation: result in pollution of surface water, gound water or the minorman. Not dest approval of this request does not clieve the operator of liability should operation: result in pollution of surface water, gound water or the minorman. Operator: Cinares: Energy Ce. OGRID #:12009 Address: GON Maderine[dd Street. Suite 600: Midland, TX 79701 Facility or well name: Trest Equits 5 State 221 API Number: 91:02:22:42 Range 33E County: LEA Count of Proposed Design: Tribul Trust or Indian Allotment 2 Good-loop System Handow or of Dilling (Applies to activities which require prior approval of a permit or notice of intent) P&A Above Ground Stet Tanks or & Handow of the application, and emergency telephone numbers Signed in compliance with 19:15.17.11 NMAC Direction: Softed in appropriate requirements of 19:15.17.21 NMAC Interview of the application Attachment CheekIst: Subsection C of 19:15.17.11 NMAC Interview of the application Attachment CheekIst: Subsection B of 19:15.17.11 NMAC Int?: X-2:4.72.** Fact	(that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure)		
closed-bog system fut only see above ground steel tanks or hand-off bins and propose to implement water convol for Game, places submit & Form C144. Hease be advised that approval of this engent does not reficient the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances.	Type of action: 🗌 Permit 🔀 Closure		
Hease be advised that spoywal of this request does not relieve the operator of fikability to comply with any other applicable governmental autority's rules, regulations or ordinances. Importance	Instructions: Please submit one application (Form C-144 CLEZ) per individual closed-loop system reques	st. For any application request other than for a	
Operator:	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.		
Pacifity or well name:			
API Number: 30-025-40675 OCD Permit Number: P1-04892 U.J. or Qit/Qitr C. Section 5 Township 24S Range 33E County: LEA Center of Proposed Design: Latitude 32: 15': 11.04" Longitude 102* 35': 472.65" NAD:] 1927] 1983 Surface Owner: Federal State Private Tribal Trust or Indian Allotment 2 Concording Operators Sortiling a new well Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) P&A Above Ground Steel Tanks or & Haul-off Bins	Address: 600 N. Marienfeld Street, Suite 600; Midland, TX 79701		
U/L or QtriQtr C Section 5 Township 24S Range 33E County: LEA Center of Proposed Design: Latitude 32* 15* 11.04" Longitude 103*35*47.26" NAD: 11927 1983 Surface Owner: Pfederal State Private Tribal Trust or Indian Allotment 2 Conced-loop System: Subsection H of 19.15.17.11 NMAC P&A Above Ground Steel Tanks or Haul-off Bins P 3 Signar: Subsection C of 19.15.17.11 NMAC P&A 12* 24*, 24*, 24*, 24*, 24*, 24*, 24*, 2* Iterating, providing Operator's name, site location, and emergency telephone numbers Signar Signed in compliance with 19.15.3.103 NMAC 4 Closed-loop Systems Permit Application Attachment Checklist: Subsection D of 19.15.17.9 NMAC Intructions: Each of the following litems must be attached to the application. Please indicate, by a check mark in the box, that the documents are attached. 10 Degrating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC Closure Plan (Please complete Box 3) - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC 11 Previously Approved Operating and Maintenance Plan - API Number:	Facility or well name: Tres Equis 5 State #2H		
Center of Proposed Design: Latitude32* 15* 11.04"Longitude103* 35* 47.26" NAD:1927 \overline 1983 Surface Owner: Pederal \overline State Private Tribul Trust or Indian Allotment 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	API Number: 30-025-40675 OCD Permit Number:	P1-04892	
Surface Owner: Surface Owner: Subsection H of 19.15.17.11 NMAC Superation: Subsection C of 19.15.17.11 NMAC Superation: Superati	U/L or Qtr/Qtr Section Township24S Range33E County:LEA		
2. Closed-loop System: Subsection H of 19.15.17.11 NMAC Operation: Drilling a new well Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) P&A Above Ground Steel Tanks or Haul-off Bins	Center of Proposed Design: Latitude <u>32° 15' 11.04"</u> Longitude <u>103° 35' 47.26"</u> NAD:	1927 🖂 1983	
Q Closed-loop System: Subsection H of 19.15.17.11 NMAC Operation: Q Drilling a new well Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) P&A Above Ground Steet Tanks or ⊠ Haul-off Bins 3. Signs: Subsection C of 19.15.17.11 NMAC I 12* X 24*, 2* lettering, providing Operator's name, site location, and emergency telephone numbers Signed in compliance with 19.15.3.103 NMAC 4. Closed-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.2 NMAC Instructions:: Each of the following items must be attached to the appropriate requirements of 19.15.17.12 NMAC Closure Plan (Please complete Box 5) - based upon the appropriate requirements of Subsection C of 19.15.17.19 NMAC and 19.15.17.13 NMAC Previously Approved Design (attach copy of design) API Number: 9. Previously Approved Design (attach copy of design) API Number: 5. Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19.15.17.13. DNMAC) Instructions: Please indicatify 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: R360 Disposal Facility Permit Number: 9 So	Surface Owner: 🔲 Federal 🖾 State 🗌 Private 🗌 Tribal Trust or Indian Allotment		
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x Signs: Subsection C of 19.15.17.11 NMAC I2"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers Signed in compliance with 19.15.3.103 NMAC 4. Closed-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.19 NMAC Instructions: Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are attached. Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC Operating and Maintenance Plan - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC Improved Design (latach copy of design) API Number: Improved Previously Approved Operating and Maintenance Plan API Number: State 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 indicatify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment two facilities are required. Disposal Facility Name: R360 Disposal Facility Permit Number: R-9166 Disposal Facility Name: Disposal Facility Permit Number: R-9166 Site Reclination below No Required for impacted areas which will not be used for future service and operations: Sit	Operation: 🛛 Drilling a new well 🗌 Workover or Drilling (Applies to activities which require prior ap	pproval of a permit or notice of intent) 🔲 P&A	
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Signed in compliance with 19.15.3.103 NMAC Closed-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.9 NMAC Instructions: Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are attached. Design Plan - based upon the appropriate requirements of 19.15.17.12 NMAC Closure Plan (Please complete Box 5) - based upon the appropriate requirements of 19.15.17.12 NMAC Previously Approved Design (attach copy of design) API Number: Previously Approved Operating and Maintenance Plan API Number: Start 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: R360 Disposal Facility Permit Number: R-9166 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 will not be used for future service and operations? Preve (If yes, please provide the information below) No Revuegetation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC Soil Backfill and Cover Design Specifications - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC Cost Design Specifications - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC Cost Design Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC Cost Design Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC Cost Design Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC Cost Design Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC Cost Design Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC Cost Desig			
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Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC Closure Plan (Please complete Box 5) - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC Previously Approved Design (attach copy of design) API Number:	4. <u>Closed-loop Systems 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>		
Previously Approved Operating and Maintenance Plan API Number:	 attached. Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC 		
5. 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: R360 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 will not be used for future service and operations? P Yes (If yes, please provide the information below) No Required for impacted areas which will not be used for future service and operations: Soil Backfill and Cover Design Specifications - based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC G Operator Application Certification: Intercepting that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief. Name (Print): Title:		_	
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: R360 Disposal Facility Name: R-9166 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 will not be used for future service and operations? Yes (If yes, please provide the information below) No Required for impacted areas which will not be used for future service and operations: Soil Backfill and Cover Design Specifications - based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC Site Reclamation 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 6. 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. Name (Print): Title:			
Disposal Facility Name:	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		
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Name (Print): Title:	Operator Application Certification:	e best of my knowledge and belief.	
e-mail address: Telephone: Form C-144 CLEZ Oil Conservation Division Page 1 of 2	Form C-144 CLEZ Oil Conservation Division	Page 1 of 2	

7. OCD Approval: Permit Application (including closure plan) Closure Plan (only)		
OCD Representative Signature:	Approval Date:	
Title:	OCD Permit Number: <u>P1-04892</u>	
8. Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC Instructions: Operators are required to obtain an approved closure plan prior to implementing any closure activities and submitting the closure report. The closure report is required to be submitted to the division within 60 days of the completion of the closure activities. Please do not complete this section of the form until an approved closure plan has been obtained and the closure activities have been completed. Image: Closure Completion Date: 10/13/2012		
9. <u>Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only:</u> Instructions: Please indentify the facility or facilities for where the liquids, drilling fluids and drill cuttings were disposed. Use attachment if more than two facilities were utilized.		
Disposal Facility Name: <u>R360</u> Disposal Facility Name:	Disposal Facility Permit Number: <u>R-9166</u> 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		
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		
 10. 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): Michelle Chappell	Title: Regulatory Tech	
Signature: Michille Chappell	Date: <u>2/6/2013</u>	
e-mail address: <u>mchappell@cimarex.com</u>	Telephone: <u>432-620-1959</u>	

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