## HOBBS OCD

District I 1625 N. French Dr., Hobbs, NM 88240

District II 811 S. First St., Artesia, NM 88210

District III 1000 Rio Brazos Road, Aztec, NM 87410

1220 S. St. Francis Dr., Santa Fe, NM 87505 ECEIVED

FEB 21 2013 Energy Minerals and Natural Resources State of New Mexico

Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505

Form C-144 CLEZ Revised August 1, 2011

For closed-loop systems that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure, submit to the appropriate NMOCD District Office.

## Closed-Loop System Permit or Closure Plan Application

(that only use above ground st	eel tanks or haul-oi	tt bins and	propose to imp	lement wast	e removal j	tor cli	osure)
3			<u></u>				

Type of action: X Permit Closure

Instructions: Please submit one application (Form C-144 CLEZ) per individual closed-loop system request. For any application request other than for a closed-loop system that only use above ground steel tanks or hauf-off bins and propose to implement waste removal for closure, please submit a Form C-144.

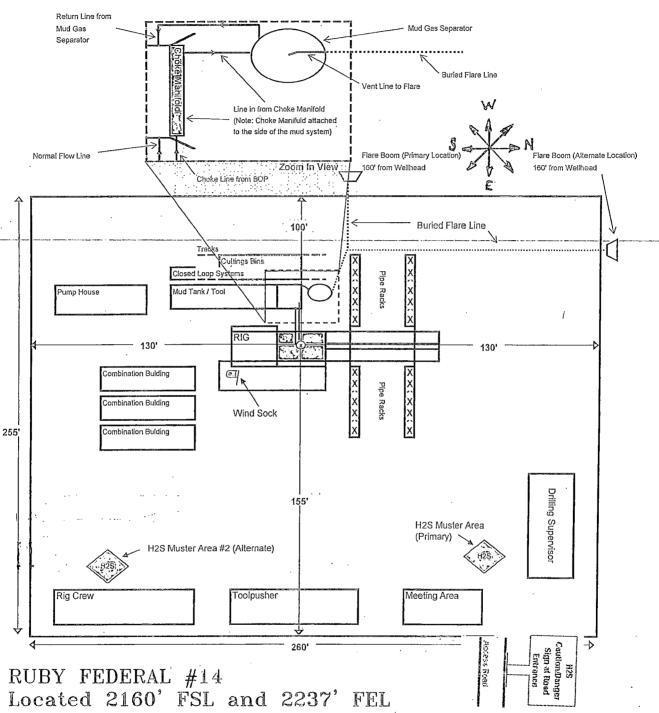
Please be advised that approval of this request does not relieve the operator of liability should operations result in pollution of surface water, ground water or the

environment. Nor does approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances							
Operator: ConocoPhillips Company OGRID #: 217817							
Address: P.O. BOX 51810 Midland, Tx 79710-1810							
Facility or well name: Ruby Federal #14							
API Number: 30-025- 4101.0 OCD Permit Number: 40500							
U/L or Qtr/Qtr J Section 17 Township 17S Range 32E County: LEA							
Center of Proposed Design: Latitude 32°49 '59.60" Longitude 103°47 '12.55" NAD: ☐1927 🛛 1983							
Surface Owner: X Federal State Private Tribal Trust or Indian Allotment							
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							
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							
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.							
<ul> <li>☑ Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC</li> <li>☑ Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC</li> <li>☑ 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</li> </ul>							
Previously Approved Design (attach copy of design) API Number:							
Previously Approved Operating and Maintenance Plan 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.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: Controlled Recovery Inc, Disposal Facility Permit Number: R9166							
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 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  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							
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): GUSTAVO EEJERVARY Title: REGULATORY SPECIALIST							
Signature:							
e-mail address: g fejervary@conocophillips.com  Telephone: _(432)688-9012							

7.  OCD Approval: Permit Application (including closure plan) Closure P	,				
OCD Representative Signature:	Approval Date: 02/25/13				
Title:	OCD Permit Number: P1-05801				
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.  Closure Completion Date:					
9. <u>Closure Report Regarding Waste Removal Closure For Closed-loop Systems</u> <i>Instructions: Please indentify the facility or facilities for where the liquids, dril two facilities were utilized.</i>	That Utilize Above Ground Steel Tanks or Haul-off Bins Only: ling fluids and drill cuttings were disposed. Use attachment if more than				
Disposal Facility Name:	Disposal Facility Permit Number:				
Disposal Facility Name:	Disposal Facility Permit Number:				
Were the closed-loop system operations and associated activities performed on or Yes (If yes, please demonstrate compliance to the items below) No	in areas that will not be used for future service and operations?				
Required for impacted areas which will not be used for future service and operati  Site Reclamation (Photo Documentation)  Soil-Backfilling and-Cover-Installation————————————————————————————————————					
Operator Closure Certification:  I hereby certify that the information and attachments submitted with this closure requirents. I also certify that the closure complies with all applicable closure requirents.					
Name (Print): GUSTAVO FEJERVARY	Title: REGULATORY SPECIALIST				
Signature:	Date: <u>09/27/2012</u>				
e-mail address: g.fejervary@conocophillips.com	Telephone: (432)688-9012				

## ConocoPhillips

Location Schematic and Rig Layout for Closed Loop System Precision #822 (PICTURE NOT TO SCALE)



Located 2160' FSL and 2237' FEL Section 17, Township 17 South, Range 32 East, N.M.P.M., Lea County, New Mexico.



P.O. Box 1786 1120 N. West County Rd. Hobbs, New Mexico 88241 (575) 393-7316 - Office

(575) 392-2206 - Fax basinsurveys.com

W.O. Number: JMS 25417 Survey Date: Scale: 1" = NONE Date: 11-03-2011

