1033 N. Franch JP., Hobe, SN 88240       Department       Department       Department         1033 N. Franch JP., Hobe, SN 88240       09 2013       Different Market JP.       Department         1220 So thanks A.nex, NK 2210, 09 2013       Different Market JP.       Santa Je., NM 87505         1220 So thanks Dr., Sama Je., NM 8700       Santa Je., NM 87505       Santa Je., NM 87505         Construction of the construction construction of the construction of the co				
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12/20 S. S. Princic D., Sauli PC, MM 8793       Santa Fe, NM 87505         CIRESET Loop System Permit or Closure Plan Application (Little in 0.1, test other standing of the and property of a closure of the standing of the and property of the standing of the and the standing of the standing s	811 S. First St., Artesia, NM 88210 <u>District III</u> 1000 Rio Brazos Road, Aztec, NM 87440, 09 2013 Oil (	Conservation Division	eround steel tanks or haul-	off bins and propo
(htt only use above ground steel tanks or hunl-off bits and propes to the set of the destroy of the proceeding to the destroy of	1220 S. St. Francis Dr., Santa Fe, NM 87505 Sa	anta Fe, NM 87505	to the appropriate NMOCD	District Office.
(htt only use above ground steel tanks or hunl-off bits and propes to the set of the destroy of the proceeding to the destroy of	Closed-Loop System	Permit or Closure Plan	Application	no longer
Instructions: Please submit one application (form CJ44 CLE2) per individual clease.       (function of the individual clease)         Console of particle intervents on period set at anises in baland (function of the individual clease)       (function of the individual clease)         Items be advised (function period is clease)       (function of the individual clease)       (function of the individual clease)         Items be advised (function of the responsibility to comply with any 0 in the individual clease)       (function of the individual clease)         Address: P.O. Box 51810 Midland, TX 79710-1810       (function of the individual clease)         Facility or well inme: McA Unit M451       (function of the individual clease)         Operator: Concord Distance       Section 26       (function of the individual clease)         You or Writh ame: McA Unit M451       (function of the individual clease)       (function of the individual clease)         You or Writh ame: McA Unit M451       (function of the individual clease)       (function of the individual clease)         Surface Owner: QF ederal () State () Private () Tribal Trust or Indian Allotment       (function of the individual clease)       (function of the individual clease)         Surges: Subsection C of 19.15.17.11 NMAC       (function of the individual clease)       (function of the individual clease)         Yes (function of the individual clease)       (function of the individual clease)       (function of the individual clease)	(that only use above ground steel tanks or h	aul-off bins and propose to impl-	19 15.17; Form Contator still h	has to use stem is being
avicament. Nor does approval relieve the operator of its responsibility to comply with any of the required area.       If the required area.         address: P.O. Box 51810 Midland, TX 79710-1810         Facility or well name: MCA Unit #451         Address: P.O. Box 51810 Midland, TX 79710-1810         Facility or well name: MCA Unit #451         API Number: 30-025: <b>4139</b> Occo Permit Number: FOR RECORD ONLS         API Number: Solosed Design: Latitude 32 48: 32: 17."N         Longitude 103 44' 06:24"         NAD: © Federal Istate Private Tribal Trust or Indian Allotment         Straface Owner: © Federal Istate Private Tribal Trust or Indian Allotment         © Cased-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)         PAA         Stans: Subsection C of 19.15.17.11 NMAC         Operating: © Domptiance with: 19.15.16.8 NMAC         Closed-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.19 NMAC         Instructions: Each of the following latens must be attached to the application. Places indicate, by a check mark in the box, that the documents are attached.         © Design Plan - based upon the appropriate requirements of 19.15.17.19 NMAC         Instructions: Each of the following laten shous be and portiate requirements of Subsection C of 19.15.17.13 NMAC         © Design Plan	Instructions: Please submit one application (Form C-144 CLEZ) per closed-loop system that only use above ground steel tanks or haul-og	er individual closed. require ff bins and propose to and to report to put this to	statement on all internation as statem a	this procedured the second secon
Operator:       ConcoPhillips Company       ONELD #: 217817         Address:       P.O. Box 51810 Midland, TX 79710-1810       Facility or well hame:       MAL Unit #451         Andress:       MAC Unit #451       OCD Permit Number:       FOR NECCIPD ONLS         All Number:       Social 26       Township 17S       Range 32E       County: Lea         UAL or QurQtr       Gesection 26       Township 17S       Range 32E       County: Lea         Center of Proposed Design:       Latitude 32.48 32.177N       Longitude 103.441/06.24"       NAD: ©1927 [1983         Surface Owner:       © Federal       Sate [] Private [] Tribal Trust or Indian Allotment	environment. Nor does approval relieve the operator of its responsibility	to the require	ed disposal.	gulations or ordinan
Facility or well hame:       MCA Unit #451         API Number:       GCD Permit Number:       FOR NLASCOD ONLS         API Number:       GOD OPERMIT Number:       FOR NLASCOD ONLS         Control of Proposed Design:       Latitude       32.48*32.17"N       Longitude10.44*06.24"       NAD:       [3]1927 [] 1983         Surface Owner:       State       Private [] Trist or Indian Allotment		l l		·
UL or QurQer G       Section 26       Township 175       Range 32E       County: Lea         Center of Proposed Design: Latitude       32 48' 32.17"N       Longitude       103 44' 06.24"       NAD: XI927       1983         Surface Owner: XI Federal       State       Private       Tribal Trust or Indian Allotment       XIIII       XIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Address: P.O. Box 51810 Midland, TX 79710-1810			
UL or QurQer G       Section 26       Township 175       Range 32E       County: Lea         Center of Proposed Design: Latitude       32 48' 32.17"N       Longitude       103 44' 06.24"       NAD: XI927       1983         Surface Owner: XI Federal       State       Private       Tribal Trust or Indian Allotment       XIIII       XIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		C	- RECORD	ONLE
Center of Proposed Design: Latitude 32 48' 32.17"N       Longitude 103 44' 06.24"       NAD: XI927 ] 1983         Surface Owner: XI Federal ] State ] Private ] Tribal Trust or Indian Allotment       X         XI Classed-loop System: Subsection H of 19.15.17.11 NMAC       Operation: XI Diffing a new well ] Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) ] P&A         X Above Ground Steel Tanks or XI Haul-off Bins       X         X Signet: Subsection C of 19.15.17.11 NMAC       Pervised (Applies)         [] 21"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers       Signed in compliance with 19.15.16.8 NMAC         4       Closed-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.9 NMAC       Interactions: Each of the following items must be attached to the appropriate requirements of 19.15.17.12 NMAC         X Design Plan - based upon the appropriate requirements of 19.15.17.12 NMAC       Colosure Plan (Please complete Bao 5) - based upon the appropriate requirements of 19.15.17.12 NMAC         Y Operating and Maintenance 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:         Previously Approved Degrating and Maintenance Plan API Number:         Maste Removal Closure For Classel-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19.15.17.13 NMAC)         Disposal Facility Name: Controlled Recovery; R360				·.
Surface Owner:       Rederal       State       Private       Tribal Trust or Indian Allotment         2       Concellation System:       Subsection H of 19.15.17.11 NMAC         Operation:       Rolling a new well       Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent)       P&A         3       Above Ground Steel Tanks or @ Haul-off Bins       *         3       Signer:       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         4       Cosed-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.         2       Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.13 NMAC         2       Operating and Maintenance Plan API Number:         2       Colsure Plan (Please indentify the facility or facilities for the disposal of Huuts and Adit durings. Use attachment fmore than two facilities are required.         10 proved Operating and Maintenance Plan API Number:       Sustemental of the information below N M No         2       Previously Approved Design (fatech copy of design)       API Number:         3       P				<u>.</u>
2.         Image: Subsection H of 19.15.17.11 NMAC         Operation: Image: Subsection C of 19.15.17.11 NMAC         3. Above Ground Steel Tanks or Image: Subsection C of 19.15.17.11 NMAC         3. Signs: Subsection C of 19.15.17.11 NMAC         1.12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers         3. Signs: Subsection C of 19.15.17.11 NMAC         1.12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers         3. Signed in compliance with 19.15.16.8 NMAC         4.         Closed-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.9 NMAC         Imstructions: E ach of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are attached.         M Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC         Closure Plan (Please complete Box 5) - based upon the appropriate requirements of 5 Ubsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC         Previously Approved Operating and Maintenance Plan API Number:         Maste Renoval Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19.15.17.13.D NMAC)         Disposal Facility Name:       Oisposal Facility Permit Number:         Maste Renoval Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19.15.17.13.D NMAC)         Disposal Facility Name:       Oisposal Fa	-		" NAD:	X 1927 🗌 1983
□ 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       □         >s       Signas:       Subsection C of 19.15.17.11 NMAC         □ 12*2 24*, 2* lettering, providing Operator's name, site location, and emergency telephone numbers       □         □ Signad in compliance with 19.15.16.8 NMAC       □         4       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 19.15.17.11 NMAC       □         □ Design Plan - based upon the appropriate requirements of 19.15.17.12 NMAC       □         □ Previously Approved Design (attach copy of design)       API Number:	Surface Owner: 🕅 Federal 🗌 State 🗋 Private 🗍 Tribal Trust or	Indian Allotment		
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□       Previously Approved Design (attach copy of design)       API Number:	12"x 24", 2" lettering, providing Operator's name, site location,	, and emergency telephone numbers		
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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         □ 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         □ Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC         □ Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC         □ Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC         □ Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC         □ Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC         □ Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC         □ Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC         □ Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC         □ Site Reclamation Submitted with this application is true, accurate and complete to the b	<ul> <li>12"x 24", 2" lettering, providing Operator's name, site location.</li> <li>Signed in compliance with 19.15.16.8 NMAC</li> <li>4.</li> <li>Closed-loop Systems Permit Application Attachment Checklist.</li> <li>Instructions: Each of the following items must be attached to the attached.</li> <li>X Design Plan - based upon the appropriate requirements of 19</li> <li>X Operating and Maintenance Plan - based upon the appropriate of Closure Plan (Please complete Box 5) - based upon the appropriate of Previously Approved Design (attach copy of design)</li> <li>API Previously Approved Operating and Maintenance Plan</li> <li>API S.</li> <li>Waste Removal Closure For Closed-loop Systems That Utilize A Instructions: Please indentify the facility or facilities for the disputational context of the facility of the facility of the disputational context of the facility of the facility of the disputational context of the facility of the disputational context of the facility of the facility of the disputational context of the disputational context of the facility of the facility of the disputational context of the disputation context of the disputational context of the disputational con</li></ul>	: Subsection B of 19.15.17.9 NMAC e application. Please indicate, by a ch 0.15.17.11 NMAC te requirements of 19.15.17.12 NMAC opriate requirements of Subsection C Number:	of 19.15.17.9 NMAC and 19.	15.17.13 NMAC
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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): Susan B. Maunder       Title: Senior Regulatory Specialist         Signature: Sugar B. Maunder       Date: 5-14-13	<ul> <li>12"x 24", 2" lettering, providing Operator's name, site location.</li> <li>Signed in compliance with 19.15.16.8 NMAC</li> <li>4.</li> <li>Closed-loop Systems Permit Application Attachment Checklist.</li> <li>Instructions: Each of the following items must be attached to the attached.</li> <li>X Design Plan - based upon the appropriate requirements of 19</li> <li>X Operating and Maintenance Plan - based upon the appropriate Closure Plan (Please complete Box 5) - based upon the appropriate Closure Plan (Please complete Box 5) - based upon the appropriate Previously Approved Design (attach copy of design)</li> <li>API Previously Approved Operating and Maintenance Plan API</li> <li>5.</li> <li>Waste Removal Closure For Closed-loop Systems That Utilize A Instructions: Please indentify the facility or facilities for the disputational facilities are required.</li> <li>Disposal Facility Name:</li> <li>Will any of the proposed closed-loop system operations and associa</li> </ul>	: Subsection B of 19.15.17.9 NMAC e application. Please indicate, by a ch 0.15.17.11 NMAC te requirements of 19.15.17.12 NMAC opriate requirements of Subsection C Number:	of 19.15.17.9 NMAC and 19. off Bins Only: (19.15.17.13. <i>I cuttings. Use attachment if</i> nit Number: <u>R9166</u> nit Number:	D NMAC)
Name (Print): Susan B. Maunder       Title: Senior Regulatory Specialist         Signature: SUSAN B. Maunder       Date: 5-14-13	□ 12"x 24", 2" lettering, providing Operator's name, site location         □ Signed in compliance with 19.15.16.8 NMAC         4.         Closed-loop Systems Permit Application Attachment Checklist         Instructions: Each of the following items must be attached to the attached.         X       Design Plan - based upon the appropriate requirements of 19         X       Operating and Maintenance Plan - based upon the appropriate requirements of 19         X       Operating and Maintenance Plan - based upon the appropriate Closure Plan (Please complete Box 5) - based upon the appropriate Closure Plan (Please complete Box 5) - based upon the appropriate Closure Plan (Please complete Box 5) - based upon the appropriate Previously Approved Design (attach copy of design)       API 1000000000000000000000000000000000000	: Subsection B of 19.15.17.9 NMAC e application. Please indicate, by a ch 0.15.17.11 NMAC te requirements of 19.15.17.12 NMAC opriate requirements of Subsection C Number:	of 19.15.17.9 NMAC and 19. off Bins Only: (19.15.17.13. <i>I cuttings. Use attachment if</i> nit Number: <u>R9166</u> nit Number: <u>will not</u> be used for future ser will not be used for future ser ection H of 19.15.17.13 NMA C	15.17.13 NMAC D NMAC) more than two vice and operation
Signature: SUSANB-Maunder Date: 5-14-13	□ 12"x 24", 2" lettering, providing Operator's name, site location         □ Signed in compliance with 19.15.16.8 NMAC         4.                                       Instructions: Each of the following items must be attached to the appropriat         □ Closure Plan (Please complete Box 5) - based upon the appropriat         □ Previously Approved Design (attach copy of design)       API         □ Previously Approved Operating and Maintenance Plan       API         s.       S         Waste Removal Closure For Closed-loop Systems That Utilize A         Instructions: Please indentify the facility or facilities for the disputation         facilities are required.         □ Disposal Facility Name:         Will any of the proposed closed-loop system	: Subsection B of 19.15.17.9 NMAC e application. Please indicate, by a ch 0.15.17.11 NMAC te requirements of 19.15.17.12 NMAC opriate requirements of Subsection C Number:	of 19.15.17.9 NMAC and 19. off Bins Only: (19.15.17.13. <i>I cuttings. Use attachment if</i> nit Number: <u>R9166</u> nit Number: <u>will not</u> be used for future ser will not be used for future ser ection H of 19.15.17.13 NMA C	15.17.13 NMAC D NMAC) more than two vice and operation
Signature: SUSANB Maunder Date: 5-14-13	□ 12"x 24", 2" lettering, providing Operator's name, site location         □ Signed in compliance with 19.15.16.8 NMAC         4.  Instructions: Plan (Please complete Box 5) - based upon the appropriate         □ Previously Approved Design (attach copy of design)       API         5.         Waste Removal Closure For Closed-loop Systems That Utilize A         Instructions: Please indentify the facility or facilities for the disputations:         Previously Name:         □         □       Disposal Facility Name:         □       Soil Backfill and Cover Design Specifications based upon         □       Soi	Subsection B of 19.15.17.9 NMAC     application. Please indicate, by a ch     D.15.17.11 NMAC     te requirements of 19.15.17.12 NMAC     opriate requirements of Subsection C     Number:	of 19.15.17.9 NMAC and 19. off Bins Only: (19.15.17.13. <i>I cuttings. Use attachment if</i> nit Number: <u>R9166</u> nit Number: <u>will not be used for future ser</u> will not be used for future ser extion H of 19.15.17.13 NMA C MAC	D NMAC) more than two vice and operation
-mail address: Susan.B.Maunder@conocophillips.com Telephone: (432)688-6913	□       12"x 24", 2" lettering, providing Operator's name, site location.         □       Signed in compliance with 19.15.16.8 NMAC         4.       Closed-loop Systems Permit Application Attachment Checklists         Instructions: Each of the following items must be attached to the attached.         ○       Design Plan - based upon the appropriate requirements of 19         ○       Operating and Maintenance Plan - based upon the appropriate         □       Closure Plan (Please complete Box 5) - based upon the appropriate         □       Previously Approved Design (attach copy of design)       API         5.       Waste Removal Closure For Closed-loop Systems That Utilize A         Instructions: Please indentify the facility or facilities for the disputations: Please indentify the facility or facilities for the disputations and associae         □       Yes (If yes, please provide the information below) [X] No         Required for impacted areas which will not be used for future servid         □       Soil Backfill and Cover Design Specifications - based upon         □       Re-vegetation Plan - based upon the appropriate requirement         □       Site Reclamation Plan - based upon the appropriate requirement         □       Soil Backfill and Cover Design Specifications - based upon         □       Re-vegetation Plan - based upon the appropriate requirement         □       Site Reclamation Plan - based u	: Subsection B of 19.15.17.9 NMAC application. Please indicate, by a ch 0.15.17.11 NMAC te requirements of 19.15.17.12 NMAC opriate requirements of Subsection C Number:	of 19.15.17.9 NMAC and 19. off Bins Only: (19.15.17.13. <i>I cuttings. Use attachment if</i> nit Number: <u>R9166</u> nit Number: <u>will not be used for future ser</u> will not be used for future ser ection H of 19.15.17.13 NMA C MAC	D NMAC) more than two vice and operation
	□       12"x 24", 2" lettering, providing Operator's name, site location,         □       Signed in compliance with 19.15.16.8 NMAC         4.       •         Closed-loop Systems Permit Application Attachment Checklist;         Instructions: Each of the following items must be attached to the attached.         ○       Design Plan - based upon the appropriate requirements of 19         ○       Operating and Maintenance Plan - based upon the appropriate         □       Closure Plan (Please complete Box 5) - based upon the appropriate         □       Previously Approved Design (attach copy of design)       API         ○       Previously Approved Operating and Maintenance Plan       API         S.       Waste Removal Closure For Closed-loop Systems That Utilize A         Instructions: Please indentify the facility or facilities for the disputations: Please indentify the facility or facilities for the disputations: Please indentify the facility or facilities for the disputations and associae         □       Yes (If yes, please provide the information below) ○       No         Required for impacted areas which will not be used for future servic       Soil Backfill and Cover Design Specifications based upon         □       Yes (If yes, please provide the information below) ○       No         Required for impacted areas which will not be used for future servic       □         □       Soil Backfill and Cover Design Sp	: Subsection B of 19.15.17.9 NMAC e application. Please indicate, by a ch 0.15.17.11 NMAC te requirements of 19.15.17.12 NMAC opriate requirements of Subsection C Number:	of 19.15.17.9 NMAC and 19. off Bins Only: (19.15.17.13. <i>I cuttings. Use attachment if</i> nit Number: will not be used for future ser will not be used for future ser ection H of 19.15.17.13 NMA C MAC mest of my knowledge and bel cegulatory Specialist	15.17.13 NMAC D NMAC) more than two vice and operation C

7. OCD Approval: Permit Application (including closure plan) Closure Plan (only)				
OCD Representative Signature:	Appenyah Dates ECORD ONLY			
Title:	OCD Permit Number:			
8. <u>Closure Report (required within 60 days of closure completion)</u> : 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 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:	Disposal Facility Permit Number:			
Disposal Facility Name:	Disposal Facility Permit Number:			
Were the closed-loop system operations and associated activities performed on or in areas that <i>will not</i> be used for future service and operations? Yes (If yes, please demonstrate compliance to the items below) No				
Required for impacted areas which will not be used for future service and operation Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique	ons:			
<sup>10.</sup> <u>Operator Closure Certification</u> : I hereby certify that the information and attachments submitted with this closure report is true, accurate and complete to the best of my knowledge and belief. I also certify that the closure complies with all applicable closure requirements and conditions specified in the approved closure plan.				
Name (Print):Susan B. Maunder	Title: Senior Regulatory Specialist			
Signature:	Date:			
e-mail address: Susan.B.Maunder@conocophillips.com	Telephone: (432)688-6913			

11: ...

**ConocoPhillips** 

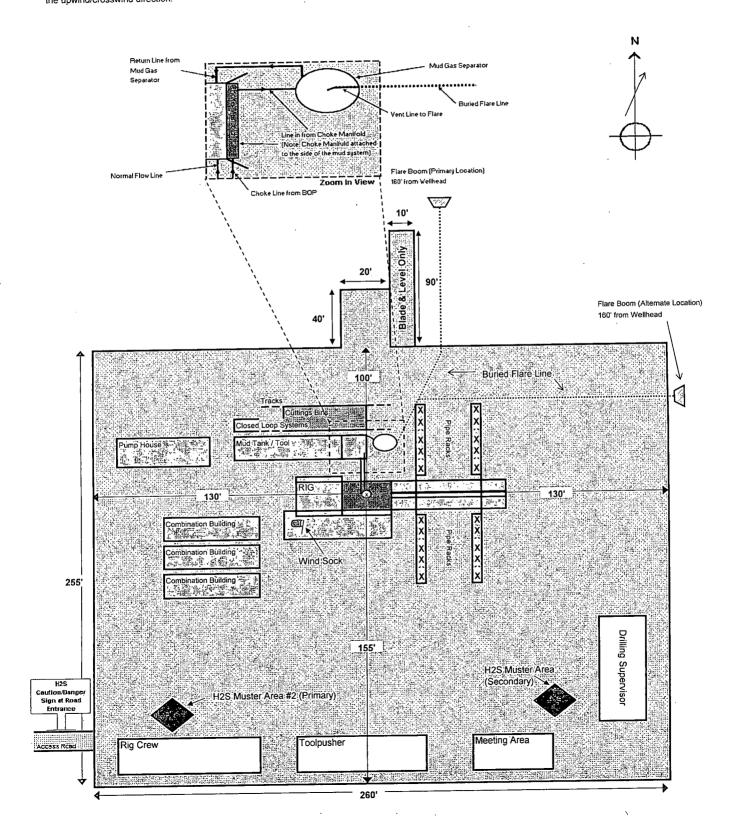
Location Schematic and Rig Layout for Closed Loop System

(PICTURE NOT TO SCALE)

Drawn by: James Chen Drilling Engineer, ConocoPhillips Company Date: 12-November-2012 (updated March 2013)

NOTE: There are two muster areas depending on the prevailing wind direction, generally south in this area. The muster area that is furthest upwind/ crosswind will be the designated area for briefing and assessing the situation. In the event a full evacuation is deemed necessary, all personnel will exit the location via the access road. If the main access road is blocked off, they will exit via a secondary road (if available) or walk off route in the upwind/crosswind direction.

3.5



## Closed Loop System Design, Operating and Maintenance, and Closure Plan

ConocoPhillips Company Well: MCA Unit #451 Location: Sec. 26, T17S, R32E Date: 04-19-2013

ConocoPhillips proposes the following plan for design, operating and maintenance, and closure of our proposed closed loop system for the above named well:

1. We propose to use a closed loop system with steel pits, haul-off bins, and frac tanks for containing all cuttings, solids, mud, water, brine, and liquids. We will not dig a pit, nor will we use a drying pad, nor will we build an earth pit above ground level, nor will we dispose of or bury any waste on location.

All drilling waste and all drilling fluids (fresh water, brine, mud, cuttings, drill solids, cement returns, and any other liquid or solid that may be involved) will be contained on location in the rig's steel pits or in hauloff bins or in frac tanks as needed. The intent is as follows:

- We propose to use the rigs' steel pits for containing and maintaining the drilling fluids.
- We propose to remove cuttings and drilled solids from the mud by using solids control equipment and to contain such cuttings and drilled solids on location in haul-off bins.
- We propose that any excess water that may need to be stored on location will be stored in tanks.

The closed loop system components will be inspected daily by each tour and any need repairs will be made immediately. Any leak in the system will be repaired immediately, and any spilled liquids and/or solids will be cleaned immediately, and the area where any such spill occurred will be remediated immediately.

2. Cuttings and solids will be removed from location in haul-off bins by an authorized contractor and disposed of at an authorized facility. For this well, we propose the following disposal facility:

R-360 Inc. 4507 West Carlsbad Hwy, Hobbs, NM 88240, P.O. Box 388; Hobbs, New Mexico 88241 Toll Free Phone: 877.505.4274, Local Phone Number: 432.638.4076

The physical address for the plant where the disposal facility is located is Highway 62/180 at mile marker 66 (33 miles East of Hobbs, NM and 32 miles West of Carlsbad, NM).

The Permit Number for R-360 is NM-01-0006.

A photograph showing the type of haul-off bins that will be used is attached.

- 3. Mud will be transported by vacuum truck and disposed of at R-360 Inc. at the facility described above.
- 4. Fresh Water and Brine will be hauled off by vacuum truck and disposed of at an authorized salt water disposal well. We propose the following for disposal of fresh water and brine as needed:
  - Nabors Well Services Company, 3221 NW County Rd; Hobbs, NM 88240, PO 5208 Hobbs, NM, 88241, Permit SWD 092. (Well Location: Section 3, T19S R37E)
  - Basic Energy Services, P.O. Box 1869; Eunice, NM 88231 Phone Number: 575.394.2545, Facility located at Hwy 18, Mile Marker 19; Eunice, NM.

James Chen Drilling Engineer Office: 832.486.2184 Cell: 832.678.1647

## SPECIFICATIONS

FLOOR: 3/16 RL one piece CROSS MEMBER: 3 x 4 1 channel 16 on center WALLS: 3/16 PL solid welded with lubing top, inside linerinooks DOOR: 3/16 PL with lubing frame FRONT: 3/16 PL stant formed PICK UP: Standard cable with 2 x 6 x 1/4 ralls; gD sset at each crossmember

RICK UP: Standard cable with 2° x 67 x 1/4° 3 ralls; gDSset at each crossmember WHEELS: 10 DIAx 9 long with rease littings DOOR LATCH: 3 lindependent ratchet a binders; with chains; vertical second latch GASKETS: Extruded rubber seal with metal. retainers

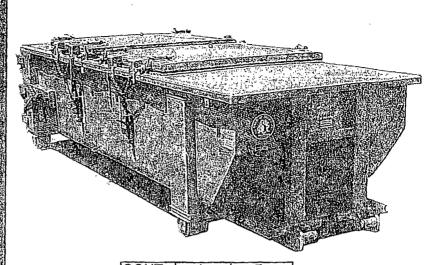
Claimers WELDSH All Welds continuous except sub structur elecossmembers FINISHE Coated listic and out with direct to a matal rest inhibiting acrylic enamel color coat HMDR©TESTINGE Full capacity staticites DIMENSIONS: 22-517 long (21-51 inside), 99\* wide (68; inside), see drawing to height OPTIONS: Steel gitt blast and special paint. Amplifelt Helfrand Dino pickup ROOFE S/16\* Filtrock panels with hubing and a channel supportirane

Amplife II, Eleliand Dino pickup Eleo E. 3/16 (PL rook panels with tubing and channel support frame Elest. (2):68 × 90° metal folling filds spring loaded, self raising Roule RSE, 4: Vagooverollers with defin bearings and grease fillings ORENINGE (2):60° × 82° openings With 8° divider centered on container

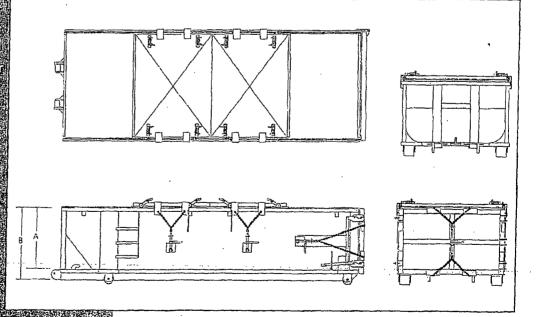
container container LEATCHI(2), independent trachet binders with chains

per lici GASKEUS: Extruded rubbe seal with metal retainers.

## Heavy Duty Split Metal Rolling Lid



CONT.	A	В
20 YD	41	53
25 YD	53	65
30 YD	65	77



31