

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  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
HOBBS, OCD  
Energy Minerals and Natural Resources  
Department  
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.

RECEIVED

**Closed-Loop System Permit or Closure Plan Application**

(that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure)

Type of action: ☒ Permit ☐ Closure

Instructions: Please submit one application (Form C-144 CLEZ) per individual closed-loop system request. For closed-loop system 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.

Please be advised that approval of this request does not relieve the operator of liability should an accident occur. Nor does approval relieve the operator of its responsibility to comply with all applicable laws, rules, regulations, orders, or ordinances.

PER OCD RULE 19.15.17; Form C-144clez is no longer required to be submitted, but the operator still has to use and to report to the OCD that Closed-Loop System is being used. Put this statement on all intents: During this procedure we plan to use the Closed-Loop System and haul contents to the required disposal.

For more than for a Form C-144. water or the contents or ordinances.

1. Operator: Targa Midstream Services, L.P.  
Address: 1000 Louisiana, Suite 4300, Houston  
Facility or well name: Monument AG1 # 001  
API Number: 30-045-40002  
U/L or Qtr/Qtr 0 Section 36 Township 19 Range 36 E County: Lea  
Center of Proposed Design: Latitude N 32° 36' 41. 0" Longitude W 103° 18' 26.39" NAD: ☐ 1927 ☒ 1983  
Surface Owner: ☐ Federal ☐ State ☒ Private ☐ Tribal Trust or Indian Allotment

FOR REVIEW ONLY  
ELG 9-18-2013

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

3. 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

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  
☒ 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: \_\_\_\_\_  
☐ 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 identify 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: CR1 Disposal Facility Permit Number: 89166  
Disposal Facility Name: Sundance Disposal Facility Permit Number: NM-01-003  
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

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): Denise Jones Title: Regulatory Analyst  
Signature: Denise Jones Date: 9-16-13  
e-mail address: djones@cambridgiantgmt.com Telephone: 432-620-9181

SEP 18 2013

7.

**OCD Approval:** ☐ Permit Application (including closure plan) ☐ Closure Plan (only)

**OCD Representative Signature:** \_\_\_\_\_

**Approval Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**OCD Permit Number:** \_\_\_\_\_

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**ELG 9-18-2013**

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.

**Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only:**

*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 *will not* 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):** \_\_\_\_\_

**Title:** \_\_\_\_\_

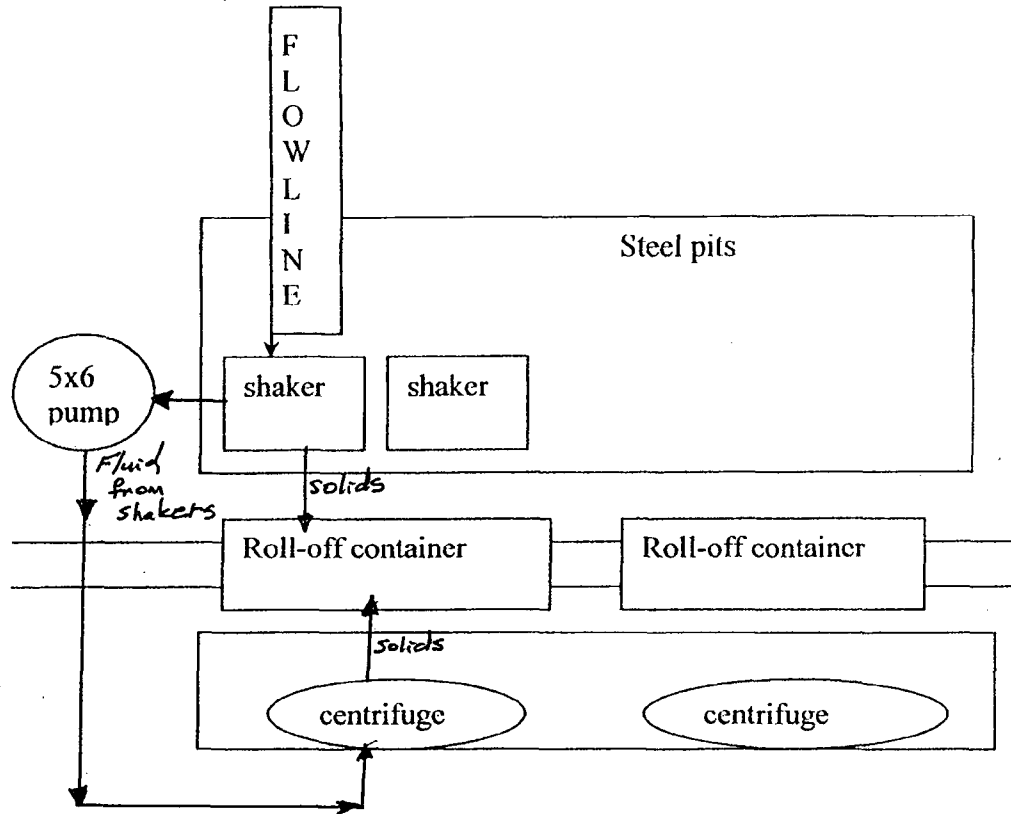
**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**e-mail address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

## DESIGN PLAN



This will be maintained by 24 hour solids control personnel that stay on location.

TOMMY WILSON  
**CLS**  
CLOSED LOOP  
SPECIALTY

Office: 575.746.1689

Cell: 575.748.6367

# **OPERATING AND MAINTENANCE PLAN**

Three (3) 20 yard roll off containers will be on location. As one is filled it will be hauled off to an approved disposal site and another will begin to fill.

All closed loop equipment will be maintained by 24 hour solids control personnel that will stay on location.

CLOSURE PLAN

CLOSED LOOP SPECIALITIES  
P.O. Box 1479  
CARLSBAD, NM 88220 (575)748-6367

July 1, 2008

CRI Permit #R9166

CRI Phone # 575-393-1079

Contact Person 575-6319829

Sundance Landfill Permit #NM-01-003

Contact Person 575-390-7838