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Address: P. O. Box 51810 Midland, TX 79710 Facility or well name: East Vacuum GB-SA Tract 3229-009 API Number: 30-023-26650 OCD Permit Number: Plandback Center of Proposed Design: Latitude Longitude Center of Proposed Design: Latitude NAD: [1927] [1983 Surface Owner: [Pederal State] Private] Tribal Trust or Indian Alloument Image 35E Concel-loop System: Subsection H of 19.15.17.11 NMAC Operation: [Drilling a new well W Workover or Drilling (Applies to activities which require prior approval of a permit or notice of inten)] P&A Makew Ground Steel Tanks or S Haul-off Bins Signe: Subsection C of 19.15.17.11 NMAC [] 27: 24: 7; Tetring: providing Operator's name, site location, and emergency telephone numbers [] Signed in compliance with 19.15.16.8 NMAC * Cosced-loop Systems Permit Application Attachment Checklist; Subsection B of 19.15.17.19 NMAC [] Cosced-loop Systems Permit Application Attachment Checklist; Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC [] Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC [] Operating and Maintenance Plan - based upon the appropriate requirements of Subsection C of 19.15.17.13 NMAC [] Operating and Maintenance Plan - based upon the appropriate requirements of Subsection C of 19.15.17.13 NMAC [] Operating and Maintenance Plan - b	i.	sound to comply with any other applicable go	wernmental automy's rules, regulations of orunance
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Center of Proposed Design: Latitude			
Surface Owner: Federal X State Private Tribal Trust or Indian Allotment Image: Closed-loop System: Subsection H of 19.15.17.11 NMAC Operation: Disposition: P&A Above Ground Steel Tanks or X Haul-off Bins Image: Closed-loop System: Subsection C of 19.15.17.11 NMAC P&A Image: Subsection C of 19.15.17.11 NMAC Image: Closed-loop System: Providing Operator's name, site location, and emergency telephone numbers Signed: Signed: Signed: Subsection And philestion Attachment Checklist: Subsection B of 19.15.17.9 NMAC Instructions: Each of the following items must be attached to the application Places indicate, by a check mark in the bax, that the documents are attached. Design Plan - based upon the appropriate requirements of 19.15.17.1 NMAC Instructions: Design Plan - based upon the appropriate requirements of 19.15.17.1 NMAC Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC Instructions: Previously Approved Operating and Maintenance Plan - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC Instructions: Previously Approved Operating and Maintenance Plan - API Number: Subsection: Subsection: Subsection Subsection Subsection: Subsection: Subsection: Subsection: Subsection: O in 19.15.17.13 DMAC Instructions: Previously Approved Operating and Maintenance Plan API Number: Maste Removal Facility N			
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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: Re-order 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: Soil Backfill and Cover Design Specifications based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC Setter Reclamation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC Setter Reclamation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC Setting Cortification: Thereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief. Name (Print): Rhonda Rogers Title: Staff Regulatory Technician Signature:	 4. Closed-loop Systems Permit Application Attachment Cher Instructions: Each of the following items must be attached attached. X Design Plan - based upon the appropriate requirement X Operating and Maintenance Plan - based upon the app X Closure Plan (Please complete Box 5) - based upon th 	to the application. Please indicate, by a class of 19.15.17.11 NMAC ropriate requirements of 19.15.17.12 NMAC e appropriate requirements of Subsection C	neck mark in the box, that the documents are C of 19.15.17.9 NMAC and 19.15.17.13 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: R-360 Disposal Facility Permit Number: NM-01-0006 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: Piso Backfill and Cover Design Specifications based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC Bite Reclamation Plan - based upon the appropriate requirements of Subsection I 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): Rhonda Rogers Title: Staff Regulatory Technician Signature: Date: 01/31/2013 e-mail address: rogerts@conocophillips.com Telephone: (432)688-9174			
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 operation Yes (If yes, please provide the information below) _ No <i>Required for impacted areas which will not be used for future service and operations:</i> 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 For the proposed cover Design Specifications: 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): Rhonda Rogers Signature: Date: Date: Date: Date:Date:	5. <u>Waste Removal Closure For Closed-loop Systems That U</u> Instructions: Please indentify the facility or facilities for th	tilize Above Ground Steel Tanks or Haul	-off Bins Only: (19.15.17.13.D 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): Rhonda Rogers Title: Staff Regulatory Technician Signature: Date: 01/31/2013 e-mail address: rogerrs@conocophillips.com Telephone: (432)688-9174	 Soil Backfill and Cover Design Specifications base Re-vegetation Plan - based upon the appropriate requi 	d upon the appropriate requirements of Substrements of Subsection 1 of 19.15.17.13 NM	AC
Name (Print): Rhonda Rogers Title: Staff Regulatory Technician Signature: Date: 01/31/2013 e-mail address: rogerrs@conocophillips.com Telephone: (432)688-9174	Operator Application Certification:	lication is true, accurate and complete to the	best of my knowledge and belief.
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korea C. 144 CLEZ Oil Conconstion Division Division	e-mail address: rogerrs(@conocophillips.com Form C-144 CLEZ	Oil Conservation Division	2)688-9174 Page 1 of 2

7. <u>OCD Approva</u> l: Permit Application (including closure plan) Closure		
OCD Representative Signature:	Approval Date: 4-11-2013	
Title:	Approval Date:	
^{8.} Closure Report (required within 60 days of closure completion): Subsect Instructions: Operators are required to obtain an approved closure plan prior The closure report is required to be submitted to the division within 60 days section of the form until an approved closure plan has been obtained and the	or to implementing any closure activities and submitting the closure report. of the completion of the closure activities. Please do not complete this	
9. <u>Closure Report Regarding Waste Removal Closure For Closed-loop Syste</u> <i>Instructions: Please indentify the facility or facilities for where the liquids, a</i> <i>two facilities were utilized.</i>		
Disposal Facility Name:	Disposal Facility Permit Number:	
Disposal Facility Name:	Disposal Facility Permit Number:	
Were the closed-loop system operations and associated activities performed or Yes (If yes, please demonstrate compliance to the items below) No		
Required for impacted areas which will not be used for future service and open Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique	rations:	
10. Operator Closure Certification:		
I hereby certify that the information and attachments submitted with this closu belief. I also certify that the closure complies with all applicable closure requi		
Name (Print): Rhonda Rogers	Title: Staff Regulatory Technician	
Signature:	Date:	
e-mail address: rogerrs@conocophillips.com	Telephone: (432)688-9174	
e-mail address: rogerrs@conocopnillips.com	1elepnone: <u>(432)088-9174</u>	

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

ConocoPhillips Company Well: East Vacuum GB_SA 3229-009 Location: Sec. 32, T17S, R35E Date: 01/31/2013

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

 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 rig's 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