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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 G 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): Dusid Stewart Signature: Date: S[(3](3) e-mail address: deside Stewart Ooty, com Telephone: Yes (32-685-57.17)			
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 G of 19.15.17.13 NMAC Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC 6 6 6 6 7 7 7 7 8 9 9 9 10 11 10 </td <td>Will any of the proposed closed-loop system operations and associated activities occur on or in areas tha</td> <td></td>	Will any of the proposed closed-loop system operations and associated activities occur on or in areas tha		
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): David Stewatter Signature: Date: 5[(3](3) e-mail address: devid_stewatter Telephone: 432-685-5717	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 Subackfill Re-vegetation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NM.	AC	
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):			
Signature: Date: 5[13[13] e-mail address: de uid_stewart @ 0xy.com Telephone: 432-685-5717 N	I hereby certify that the information submitted with this application is true, accurate and complete to the		
Signature: Date: 5[13[13] e-mail address: de uid_stewart @ 0xy.com Telephone: 432-685-5717 N	Name (Print): Dusid Stewart Title: Rec	ulatory Hevison	
e-mail address: de vid_stewart@0+4.com Telephone: 432-685-5717			

7. <u>OCD Approva</u> l: Permit Application (including closure plan) Oosure Plan (only)
OCD Representative Signature: 4000000000000000000000000000000000000
OCD Representative Signature: $OCD Representative Signature: OCD Representative Signature: Approval Date: 5 - 20 - 20 (3) Title: DTST. MGE OCD Permit Number: PI - 0E232 $
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:
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 that 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? Ves (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:

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New Mexico Drilling Daily Circulating System Inspection For Closed Loop Systems

Wellname:	Permit #:	Rig Mobe Date:	
County:		Rig Demobe Date:	

Inspection Date	Time	By Whom	Any drips or leaks from steel tanks, lines or pumps not contained?* Explain.	Has any hazardous waste been disposed of in system?
unitere er men etnig fors rug ut første det se pår som er men				
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ana ana amin'ny fisiana amin'ny fisiana amin'ny fisiana amin'ny fisiana amin'ny fisiana amin'ny fisiana amin'ny	an a			

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All circulating systems to be inspected DAILY during drilling operations.

*Any leak of the steel tanks, lines or pumps shall be reported to the NMOCD and repaired within 48 hours.

Page of

NM Daily Circulating System Inspection - Closed loop REV 0 8/4/2008

C-144CLEZ P&A Attachment RIG LAY-OUT

