	ť	
<u>Distrize !</u> , 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> 811 S. First St., Artesia, NM 88210	HOBBS OCDState of New Mexico Energy Minerals and Natural Resources MAY 07 2013. Department	Form C-144 CLEZ Revised August 1, 2011
District III 1000 Rio Brazos Road, Aztec, NM 87410 <u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505	RECEIVED 1220 South St. Francis Dr. Santa Fe, NM 87505	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.
Close	ed-Loop System Permit or Closure Plan	Application
	round steel tanks or haul-off bins and propose to implen	
	Type of action: 🗌 Permit 🕅 Closure 🖌	
Instructions: Please submit one applicatio	m (Form C-144 CLEZ) per individual closed-loop system request und steel tanks or haul-off bins and propose to implement waste	. For any application request other than for a 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	n pollution of surface water, ground water or the
environment. Nor does approval relieve the op	perator of its responsibility to comply with any other applicable go	vernmental authority's rules, regulations or ordinances.
Operator: <u>ConocoPhillips Company</u>	OGRID #:	217817
Address: P. O. Box 51810 Midland, T		·
Facility or well name: BUCK 17 FEDE		
API Number: <u>30-025-40840</u>	OCD Permit Number:	P1-05381
U/L or Qtr/Qtr ASection		County: LEA
Center of Proposed Design: Latitude32	2.033025 Longitude -103.69171	NAD: 🛛 1927 🗌 1983
Surface Owner: 🕅 Federal 🗌 State 🗌 Pt	rivate 🔲 Tribal Trust or Indian Allotment	
Closed-loop System: Subsection H c		
	rkover or Drilling (Applies to activities which require prior ap	proval of a permit or notice of intent) 🔲 P&A
Operation: X Drilling a new well Wo		
Operation: X Drilling a new well Wo X Above Ground Steel Tanks or X Hau	l-off Bins	
 X Above Ground Steel Tanks or X Hau 3. Signs: Subsection C of 19.15.17.11 NMA ☐ 12"x 24", 2" lettering, providing Operation 	AC ator's name, site location, and emergency telephone numbers	
X Above Ground Steel Tanks or X Hau 3. Signs: Subsection C of 19.15.17.11 NMA	AC ator's name, site location, and emergency telephone numbers	
Above Ground Steel Tanks or A Hau Above Ground Steel Tanks or Hau Signs: Subsection C of 19.15.17.11 NMA 12"x 24", 2" lettering, providing Opera Signed in compliance with 19.15.16.81 Closed-loop Systems Permit Application	AC ator's name, site location, and emergency telephone numbers NMAC <u>n Attachment Checklist</u> : Subsection B of 19.15.17.9 NMAC	
 Above Ground Steel Tanks or Hau 3. Signs: Subsection C of 19.15.17.11 NMA 12"x 24", 2" lettering, providing Opera Signed in compliance with 19.15.16.8 1 4. Closed-loop Systems Permit Application Instructions: Each of the following items 	AC ator's name, site location, and emergency telephone numbers NMAC	
 Above Ground Steel Tanks or Hau Signs: Subsection C of 19.15.17.11 NMA 12"x 24", 2" lettering, providing Opera Signed in compliance with 19.15.16.81 Closed-loop Systems Permit Application Instructions: Each of the following items attached. Design Plan - based upon the appropriate 	AC ator's name, site location, and emergency telephone numbers NMAC <u>n Attachment Checklist</u> : Subsection B of 19.15.17.9 NMAC s must be attached to the application. Please indicate, by a cl priate requirements of 19.15.17.11 NMAC	eck mark in the box, that the documents are
 Above Ground Steel Tanks or Hau 3. Signs: Subsection C of 19.15.17.11 NMA 12"x 24", 2" lettering, providing Opera Signed in compliance with 19.15.16.81 4. Closed-loop Systems Permit Application Instructions: Each of the following items attached. Design Plan - based upon the approp Operating and Maintenance Plan - b 	AC ator's name, site location, and emergency telephone numbers NMAC <u>a Attachment Checklist</u> : Subsection B of 19.15.17.9 NMAC s must be attached to the application. Please indicate, by a cl priate requirements of 19.15.17.11 NMAC pased upon the appropriate requirements of 19.15.17.12 NMAC	neck mark in the box, that the documents are
 Above Ground Steel Tanks or Hau 3. Signs: Subsection C of 19.15.17.11 NMA 12"x 24", 2" lettering, providing Opera Signed in compliance with 19.15.16.81 4. Closed-loop Systems Permit Application Instructions: Each of the following items attached. Design Plan - based upon the approp Operating and Maintenance Plan - based Closure Plan (Please complete Box 	AC ator's name, site location, and emergency telephone numbers NMAC <u>a Attachment Checklist</u> : Subsection B of 19.15.17.9 NMAC s must be attached to the application. Please indicate, by a cl priate requirements of 19.15.17.11 NMAC pased upon the appropriate requirements of 19.15.17.12 NMAC 5) - based upon the 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
 Above Ground Steel Tanks or Hau 3. Signs: Subsection C of 19.15.17.11 NMA 12"x 24", 2" lettering, providing Opera Signed in compliance with 19.15.16.81 4. Closed-loop Systems Permit Application Instructions: Each of the following items attached. Design Plan - based upon the approp Operating and Maintenance Plan - based Closure Plan (Please complete Box Previously Approved Design (attach complete Complete	AC ator's name, site location, and emergency telephone numbers NMAC <u>a Attachment Checklist</u> : Subsection B of 19.15.17.9 NMAC s must be attached to the application. Please indicate, by a cl priate requirements of 19.15.17.11 NMAC pased upon the appropriate requirements of 19.15.17.12 NMAC 5) - based upon the appropriate requirements of Subsection C popy of design) API Number:	neck mark in the box, that the documents are C of 19.15.17.9 NMAC and 19.15.17.13 NMAC
 Above Ground Steel Tanks or Hau Signs: Subsection C of 19.15.17.11 NMA 12"x 24", 2" lettering, providing Opera Signed in compliance with 19.15.16.81 Closed-loop Systems Permit Application Instructions: Each of the following items attached. Design Plan - based upon the approp Operating and Maintenance Plan - b Closure Plan (Please complete Box Previously Approved Design (attach c Previously Approved Operating and M 	AC ator's name, site location, and emergency telephone numbers NMAC <u>a Attachment Checklist</u> : Subsection B of 19.15.17.9 NMAC s must be attached to the application. Please indicate, by a cl priate requirements of 19.15.17.11 NMAC based upon the appropriate requirements of 19.15.17.12 NMAC 5) - based upon the appropriate requirements of Subsection C sopy of design) API Number: Maintenance Plan API Number:	neck mark in the box, that the documents are c of 19.15.17.9 NMAC and 19.15.17.13 NMAC
 Above Ground Steel Tanks or Hau 3. Signs: Subsection C of 19.15.17.11 NMA 12"x 24", 2" lettering, providing Opera Signed in compliance with 19.15.16.81 4. Closed-loop Systems Permit Application Instructions: Each of the following items attached. Design Plan - based upon the approp Operating and Maintenance Plan - b Closure Plan (Please complete Box Previously Approved Design (attach c Previously Approved Operating and M 5. Waste Removal Closure For Closed-loop 	AC ator's name, site location, and emergency telephone numbers NMAC <u>a Attachment Checklist</u> : Subsection B of 19.15.17.9 NMAC s must be attached to the application. Please indicate, by a cl priate requirements of 19.15.17.11 NMAC pased upon the appropriate requirements of 19.15.17.12 NMAC 5) - based upon the appropriate requirements of Subsection C popy of design) API Number:	neck mark in the box, that the documents are of 19.15.17.9 NMAC and 19.15.17.13 NMAC
 Above Ground Steel Tanks or Hau 3. Signs: Subsection C of 19.15.17.11 NMA 12"x 24", 2" lettering, providing Opera Signed in compliance with 19.15.16.81 4. Closed-loop Systems Permit Application Instructions: Each of the following items attached. Design Plan - based upon the approp Operating and Maintenance Plan - based upon the approp Closure Plan (Please complete Box Previously Approved Design (attach complete Box S. Waste Removal Closure For Closed-loop Instructions: Please indentify the facility facilities are required. Disposal Facility Name: 	AC ator's name, site location, and emergency telephone numbers NMAC <u>a Attachment Checklist</u> : Subsection B of 19.15.17.9 NMAC <u>s must be attached to the application. Please indicate, by a cl</u> priate requirements of 19.15.17.11 NMAC pased upon the appropriate requirements of 19.15.17.12 NMAC 5) - based upon the appropriate requirements of 19.15.17.12 NMAC 5) - based upon the appropriate requirements of Subsection C popy of design) API Number: <u>Maintenance Plan API Number:</u> <u>p Systems That Utilize Above Ground Steel Tanks or Haul</u> p or facilities for the disposal of liquids, drilling fluids and drive Disposal Facility Per	neck mark in the box, that the documents are c of 19.15.17.9 NMAC and 19.15.17.13 NMAC
 Above Ground Steel Tanks or Hau 3. Signs: Subsection C of 19.15.17.11 NMA 12"x 24", 2" lettering, providing Opera Signed in compliance with 19.15.16.81 4. Closed-loop Systems Permit Application Instructions: Each of the following items attached. Design Plan - based upon the approp Operating and Maintenance Plan - b Closure Plan (Please complete Box Previously Approved Design (attach c Previously Approved Operating and M 5. Waste Removal Closure For Closed-loop Instructions: Please indentify the facility facilities are required. Disposal Facility Name: 	AC ator's name, site location, and emergency telephone numbers NMAC <u>a Attachment Checklist</u> : Subsection B of 19.15.17.9 NMAC <u>s must be attached to the application. Please indicate, by a cl</u> priate requirements of 19.15.17.11 NMAC pased upon the appropriate requirements of 19.15.17.12 NMAC 5) - based upon the appropriate requirements of 19.15.17.12 NMAC 5) - based upon the appropriate requirements of Subsection C opy of design) API Number: <u></u>	neck mark in the box, that the documents are c of 19.15.17.9 NMAC and 19.15.17.13 NMAC
Above Ground Steel Tanks or Hau Above Ground Steel Tanks or Hau Above Ground Steel Tanks or Hau Signs: Subsection C of 19.15.17.11 NMA 12"x 24", 2" lettering, providing Opera Signed in compliance with 19.15.16.8 1 Instructions: Each of the following items attached. Design Plan - based upon the approp Operating and Maintenance Plan - b Closure Plan (Please complete Box Operating and Maintenance Plan - b Closure Plan (Please complete Box Previously Approved Design (attach c Previously Approved Design (attach c Disposal Facility Name: Disposal Facility Name: Will any of the proposed closed-loop syste Yes (If yes, please provide the infor	AC ator's name, site location, and emergency telephone numbers NMAC <u>Attachment Checklist</u> : Subsection B of 19.15.17.9 NMAC s must be attached to the application. Please indicate, by a cl priate requirements of 19.15.17.11 NMAC pased upon the appropriate requirements of 19.15.17.12 NMAC 5) - based upon the appropriate requirements of 19.15.17.12 NMAC 5) - based upon the appropriate requirements of Subsection C topy of design) API Number: <u>Maintenance Plan API Number:</u> <u>Disposal Facility Per</u> <u>Disposal Facility Per</u> <u>Disposal Facility Per</u> <u>Emoperations and associated activities occur on or in areas that mation below</u>] No	neck mark in the box, that the documents are c of 19.15.17.9 NMAC and 19.15.17.13 NMAC
Above Ground Steel Tanks or Hau Signs: Subsection C of 19.15.17.11 NMA 12"x 24", 2" lettering, providing Opera Signed in compliance with 19.15.16.81 Instructions: Each of the following items attached. Operating and Maintenance Plan - b Operating and Maintenance Plan - b Closure Plan (Please complete Box Operating and Maintenance Plan - b Closure Plan (Please complete Box Previously Approved Design (attach c Previously Approved Operating and M S. Waste Removal Closure For Closed-loop Instructions: Please indentify the facility facilities are required. Disposal Facility Name: Will any of the proposed closed-loop syste Yes (If yes, please provide the infor Required for impacted areas which will no Soil Backfill and Cover Design Spe Re-vegetation Plan - based upon the	AC ator's name, site location, and emergency telephone numbers NMAC <u>a Attachment Checklist</u> : Subsection B of 19.15.17.9 NMAC <u>s must be attached to the application. Please indicate, by a cl</u> priate requirements of 19.15.17.11 NMAC pased upon the appropriate requirements of 19.15.17.12 NMAC 5) - based upon the appropriate requirements of Subsection C sopy of design) API Number: <u></u>	neck mark in the box, that the documents are C of 19.15.17.9 NMAC and 19.15.17.13 NMAC
Above Ground Steel Tanks or Hau 3. Signs: Subsection C of 19.15.17.11 NMA 12"x 24", 2" lettering, providing Opera Signed in compliance with 19.15.16.81 4. Closed-loop Systems Permit Application Instructions: Each of the following items attached. Design Plan - based upon the approp Operating and Maintenance Plan - b Closure Plan (Please complete Box Previously Approved Design (attach c Previously Approved Operating and M 5. Waste Removal Closure For Closed-loop Instructions: Please indentify the facility facilities are required. Disposal Facility Name: Will any of the proposed closed-loop syste Yes (If yes, please provide the infor Required for impacted areas which will na Soil Backfill and Cover Design Spe Re-vegetation Plan - based upon the Site Reclamation Plan - based upon the Site Reclamation Plan - based upon	AC ator's name, site location, and emergency telephone numbers NMAC <u>Attachment Checklist</u> : Subsection B of 19.15.17.9 NMAC s must be attached to the application. Please indicate, by a cl priate requirements of 19.15.17.11 NMAC pased upon the appropriate requirements of 19.15.17.12 NMAC 5) - based upon the appropriate requirements of Subsection C topy of design) API Number: <u>Aaintenance Plan API Number:</u> <u>p Systems That Utilize Above Ground Steel Tanks or Haule</u> or facilities for the disposal of liquids, drilling fluids and dri properties and associated activities occur on or in areas that mation below) No	neck mark in the box, that the documents are C of 19.15.17.9 NMAC and 19.15.17.13 NMAC
Above Ground Steel Tanks or Hau 3. Signs: Subsection C of 19.15.17.11 NMA 12"x 24", 2" lettering, providing Opera Signed in compliance with 19.15.16.81 4. Closed-loop Systems Permit Application Instructions: Each of the following items attached. Design Plan - based upon the approp Operating and Maintenance Plan - b Closure Plan (Please complete Box Previously Approved Design (attach compression) Previously Approved Operating and M 5. Waste Removal Closure For Closed-loop Instructions: Please indentify the facility facilities are required. Disposal Facility Name: Disposal Facility Name: Will any of the proposed closed-loop syste Yes (If yes, please provide the infor Required for impacted areas which will no Soil Backfill and Cover Design Spe Re-vegetation Plan - based upon the Site Reclamation Plan - based upon the Site Reclamation Plan - based upon the	AC ator's name, site location, and emergency telephone numbers NMAC <u>Attachment Checklist</u> : Subsection B of 19.15.17.9 NMAC s must be attached to the application. Please indicate, by a cl priate requirements of 19.15.17.11 NMAC priate requirements of 19.15.17.12 NMAC based upon the appropriate requirements of 19.15.17.12 NMAC 5) - based upon the appropriate requirements of Subsection C sopy of design) API Number: <u>Maintenance Plan API Number</u> : <u>p Systems That Utilize Above Ground Steel Tanks or Haul</u> or facilities for the disposal of liquids, drilling fluids and dri Disposal Facility Per memoperations and associated activities occur on or in areas that mation below) No based upon the appropriate requirements of Subsection S crifications - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMA the appropriate requirements of Subsection G of 19.15.17.13 NMA the appropriate requirements of Su	neck mark in the box, that the documents are C of 19.15.17.9 NMAC and 19.15.17.13 NMAC -off Bins Only: (19.15.17.13.D NMAC) Il cuttings. Use attachment if more than two mit Number:
Above Ground Steel Tanks or Hau 3. Signs: Subsection C of 19.15.17.11 NMA 12"x 24", 2" lettering, providing Opera Signed in compliance with 19.15.16.81 4. Closed-loop Systems Permit Application Instructions: Each of the following items attached. Design Plan - based upon the approp Operating and Maintenance Plan - b Closure Plan (Please complete Box Previously Approved Design (attach c Previously Approved Operating and M 5. Waste Removal Closure For Closed-loop Instructions: Please indentify the facility facilities are required. Disposal Facility Name: Will any of the proposed closed-loop syste Yes (If yes, please provide the infor Required for impacted areas which will no Soil Backfill and Cover Design Spe Re-vegetation Plan - based upon the Site Reclamation Plan - based upon 6. Operator Application Certification: I hereby certify that the information subm	AC ator's name, site location, and emergency telephone numbers NMAC <u>Attachment Checklist</u> : Subsection B of 19.15.17.9 NMAC <u>s must be attached to the application. Please indicate, by a cl</u> priate requirements of 19.15.17.11 NMAC based upon the appropriate requirements of 19.15.17.12 NMAC 5) - based upon the appropriate requirements of Subsection C boyy of design) API Number: <u>Maintenance Plan API Number:</u> <u>p Systems That Utilize Above Ground Steel Tanks or Haul</u> <i>o or facilities for the disposal of liquids, drilling fluids and dri</i> <u>Disposal Facility Per</u> mation below) No <i>No</i> <i>ot be used for future service and operations:</i> cifications based upon the appropriate requirements of Subsection I of 19.15.17.13 NMZ the appropriate requirements of Subsection I of 19.15.17.13 NMZ the appropriate requirements of Subsection G of 19.15.17.13 NMZ the appropriate requirements of Subsection I of 19.15.17.13 NMZ the a	neck mark in the box, that the documents are C of 19.15.17.9 NMAC and 19.15.17.13 NMAC
Above Ground Steel Tanks or Hau 3. Signs: Subsection C of 19.15.17.11 NMA 12"x 24", 2" lettering, providing Opera Signed in compliance with 19.15.16.81 4. Closed-loop Systems Permit Application Instructions: Each of the following items attached. Design Plan - based upon the approp Operating and Maintenance Plan - b Closure Plan (Please complete Box Previously Approved Design (attach compression) Previously Approved Operating and M 5. Waste Removal Closure For Closed-loop Instructions: Please indentify the facility facilities are required. Disposal Facility Name: Disposal Facility Name: Will any of the proposed closed-loop syste Soil Backfill and Cover Design Spe Re-vegetation Plan - based upon the Soil Backfill and Cover Design Spe Re-vegetation Plan - based upon the Site Reclamation Plan - based upon the Site Reclamation Plan - based upon the I hereby certify that the information subm Name (Print): Ashley Martin Name (Print):	AC ator's name, site location, and emergency telephone numbers NMAC <u>a Attachment Checklist</u> : Subsection B of 19.15.17.9 NMAC <u>s must be attached to the application. Please indicate, by a cl</u> priate requirements of 19.15.17.11 NMAC based upon the appropriate requirements of 19.15.17.12 NMAC based upon the appropriate requirements of Subsection C opy of design) API Number: <u>Maintenance Plan API Number:</u> <u>p Systems That Utilize Above Ground Steel Tanks or Haul-</u> <i>p or facilities for the disposal of liquids, drilling fluids and dri</i> <u>Disposal Facility Per</u> <u>Disposal Facility Per</u> <u>en operations and associated activities occur on or in areas that</u> <u>mation below</u>] No <i>to be used for future service and operations:</i> e appropriate requirements of Subsection I of 19.15.17.13 NMA the appropriate requirements of Subsection G of 19.15.17.13 NMA the appropriate requirements of Subsection I of 19.15.17.13 NMA the appropri	neck mark in the box, that the documents are C of 19.15.17.9 NMAC and 19.15.17.13 NMAC
Above Ground Steel Tanks or Hau 3. Signs: Subsection C of 19.15.17.11 NMA 12"x 24", 2" lettering, providing Opera Signed in compliance with 19.15.16.81 4. Closed-loop Systems Permit Application Instructions: Each of the following items attached. Design Plan - based upon the approp Operating and Maintenance Plan - b Closure Plan (Please complete Box Previously Approved Design (attach compression) Previously Approved Operating and M 5. Waste Removal Closure For Closed-loop Instructions: Please indentify the facility facilities are required. Disposal Facility Name: Disposal Facility Name: Will any of the proposed closed-loop syste Soil Backfill and Cover Design Spe Re-vegetation Plan - based upon the Soil Backfill and Cover Design Spe Re-vegetation Plan - based upon the Site Reclamation Plan - based upon the Site Reclamation Plan - based upon the I hereby certify that the information subm Name (Print): Ashley Martin Name (Print):	AC ator's name, site location, and emergency telephone numbers NMAC <u>a Attachment Checklist</u> : Subsection B of 19.15.17.9 NMAC <u>s must be attached to the application. Please indicate, by a cl</u> priate requirements of 19.15.17.11 NMAC based upon the appropriate requirements of 19.15.17.12 NMAC based upon the appropriate requirements of Subsection C based for the disposal of liquids, drilling fluids and drive confacilities for the disposal of liquids, drilling fluids and drive p Systems That Utilize Above Ground Steel Tanks or Haul- p or facilities for the disposal of liquids, drilling fluids and drive p Disposal Facility Per comportations and associated activities occur on or in areas that mation below) No based for future service and operations: based in the appropriate requirements of Subsection 1 of 19.15.17.13 NMA the appropriate requirements of Subsection I of 19.15.17.13 NMA the appropriate requirements of Subsection G of 19.15.17.13 NMA the appropriate require	neck mark in the box, that the documents are c of 19.15.17.9 NMAC and 19.15.17.13 NMAC

<u>OCD Approval:</u> Permit Application (including elosure plan) //Closure Plan (only)			
OCD Representative Signature:	Approval Date: <u>5-22-2013</u>		
Title:	OCD Permit Number: <u>P1-05351</u>		
 <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: _03/27/2013 			
0			
<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: R360 PERMAIN BASIN LLC	Disposal Facility Permit Number: <u>NM-01-0006</u>		
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 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): Ashley Martin	Title: <u>Staff Regulatory Technician</u>		
Signature: CMUMPALE	Date:04/10/2013		
e-mail address: Ashley.Martin@conocophillips.com	Telephone: (432)688-6938		