<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Avenue, Artesia, NM 88210 District III 1000 Rio Brazos Road, Aztec, NM 87410 District IV

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

Name (Print):

e-mail address:

kconnally@concho.com

Signature:

State of New Mexico Energy Minerals and Natural Resources

Department Oil Conservation Division 1220 South St. Francis Dr. Santa Fe. NM 87505

HOBBS OCD

Form C-144 CLEZ July 21, 2008

SEPonches 2010 op systems that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closuro mit to the appropriate NMOCD Discourse MECEIVED

Permitting Tech

432-221-0336

09/24/2012

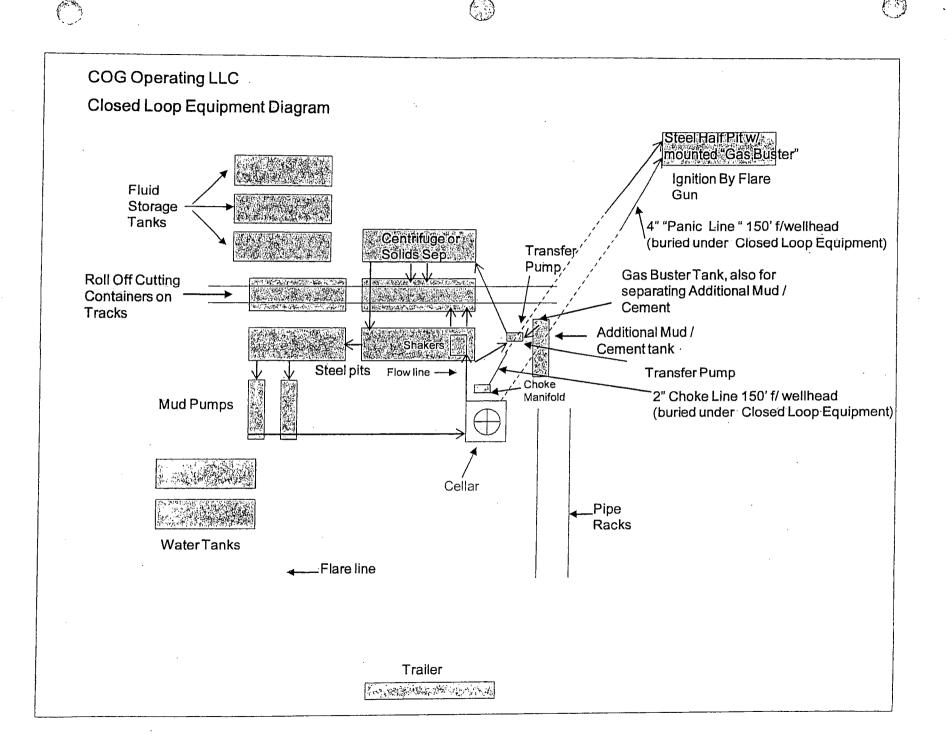
SEP 1 2 2013

Date:

Telephone:

		-	LINZ IS NO 10. 50	
Closed-Loop System Per	mit or Closure Plan fibins and per oct Rule 1 Per per oct to the sub-	- 45 17; Form C-1	A4clez is no use ator still has to use ator System is being Loop System is being Loop System procedure s; During this procedure system and haul contents System and haul contents	
(that only use above ground steel tanks or haul-of	Thins and no SUD RULE 1	mitted, but the open	-Loop Systems procedures	
Type of action:	Peri required to be some required to the	e OCD the all intent	System and Hass	
Instructions: Please submit one application (Form C-144 CLEZ) per indi closed-loop system that only use above ground steel tanks or haul-off bins			ator still has is being ator System is being Loop System is procedure so During this procedure so During this procedure so System and haul contents system and haul contents system and haul contents commit a Form C-144.	
Please be advised that approval of this request does not relieve the operator of	liability should we required	urtace	e water, ground water or the	
environment. Nor does approval relieve the operator of its responsibility to co	mply with any \	Jumental authority	's rules, regulations or ordinance	
Operator: COG OPERATING LLC	OGRID #: 229137			
Address: ONE CONCHO CENTER, 600 W ILLINOIS AVE	MIDLAND, TX 79701		Y	
Facility or well name: NELSON FEDERAL #4			DON	
Address: ONE CONCHO CENTER, 600 W ILLINOIS AVE Facility or well name: NELSON FEDERAL #4 API Number: 30-025- 4 388 U/L or Qtr/Qtr UL F Section 10 Township 1 Center of Proposed Design: Latitude N/A	OCD Permit Number:	SME		
U/L or Qtr/Qtr ULF Section 10 Township 1	7S Range 32E	County:	<u>LEA</u>	
Center of Proposed Design: Latitude N/A	Longitude N/A	NAD:	□1927 □ 1983	
Surface Owner: Federal State Private Tribal Trust or Indian	n Allotment			
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)				
☐ Above Ground Steel Tanks or ☐ Haul-off Bins				
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 19.15.3.103 NMAC	smergency telephone numbers			
4.				
Closed-loop Systems Permit Application Attachment Checklist: Sul Instructions: Each of the following items must be attached to the appli		ock mark in the h	y that the documents are	
attached.	cunon. I leuse maicule, by a ch	eck mark in the oo	x, mui me uocumems are	
Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC				
 ✓ Operating and Maintenance Plan - based upon the appropriate requ ✓ Closure Plan (Please complete Box 5) - based upon the appropriate 			AC and 19.15.17.13 NMAC	
Previously Approved Design (attach copy of design) API Numb	-			
Previously Approved Operating and Maintenance Plan API Number	per:	-		
s. Waste Removal Closure For Closed-loop Systems That Utilize Above	e Ground Steel Tanks or Haul-	off Rins Only: (1)	9 15 17 13 D NMAC)	
Instructions: Please indentify the facility or facilities for the disposal of				
facilities are required. Disposal Facility Name: CRI	Disposal Facility Permi	t Number:	11966	
Disposal Facility Name: CRI Disposal Facility Name: GM INC	Disposal Facility Permit			
Will any of the proposed closed-loop system operations and associated a	ctivities occur on or in areas that	will not be used for	or 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 an		. II (10.15)		
 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				
Operator Application Certification:				
I hereby certify that the information submitted with this application is tr	ue, accurate and complete to the	best of my knowle	dge and belief.	

OCD Approval: Permit Application (including closure plan) Closure	Plan (only)		
OCD Representative Signature:	Approval Date:		
Title:	OCD Permit Number: FOR RECORD ONLY		
8. Closure Report (required within 60 days of closure completion): Subsection 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 of section of the form until an approved closure plan has been obtained and the complete the submitted to the division within 60 days of section of the form until an approved closure plan has been obtained and the complete the submitted to the division within 60 days of section of the form until an approved closure plan has been obtained and the complete the submitted to the division within 60 days of closure completion):	to implementing any closure activities and submitting the closure report. the completion of the closure activities. Please do not complete this		
9. Closure Report Regarding Waste Removal Closure For Closed-loop System Instructions: Please indentify the facility or facilities for where the liquids, dr			
two facilities were utilized.			
Disposal Facility Name:	Disposal Facility Permit Number:		
Disposal Facility Name:			
Were the closed-loop system operations and associated activities performed on C Yes (If yes, please demonstrate compliance to the items below) No	or in areas that will not be used for future service and operations?		
Required for impacted areas which will not be used for future service and operal Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique	tions:		
Operator Closure Certification: I hereby certify that the information and attachments submitted with this closure belief. I also certify that the closure complies with all applicable closure require Name (Print):	ments and conditions specified in the approved closure plan.		
Signature:	ı		
e-mail address:	Telephone:		



Closed Loop Operation & Maintenance Procedure

All drilling fluid circulated over shaker(s) with cuttings discharged into roll off container.

Fluid and fines below shaker(s) are circulated with transfer pump through centrifuge(s) or solids separator with cuttings and fines discharged into roll off container.

Fluid is continuously re-circulated through equipment with polymer added to aid separation of cutting fines.

Roll off containers are lined and de-watered with fluids re-circulated into system.

Additional tank is used to capture unused drilling fluid or cement returns from casing jobs:

This equipment will be maintained 24 hrs./day by solids control personnel and or rig crews that stay on location.

Cuttings will be hauled to either:

CRI (permit number R9166) or GMI (permit number 711-019-001)

dependent upon which rig is available to drill this well.