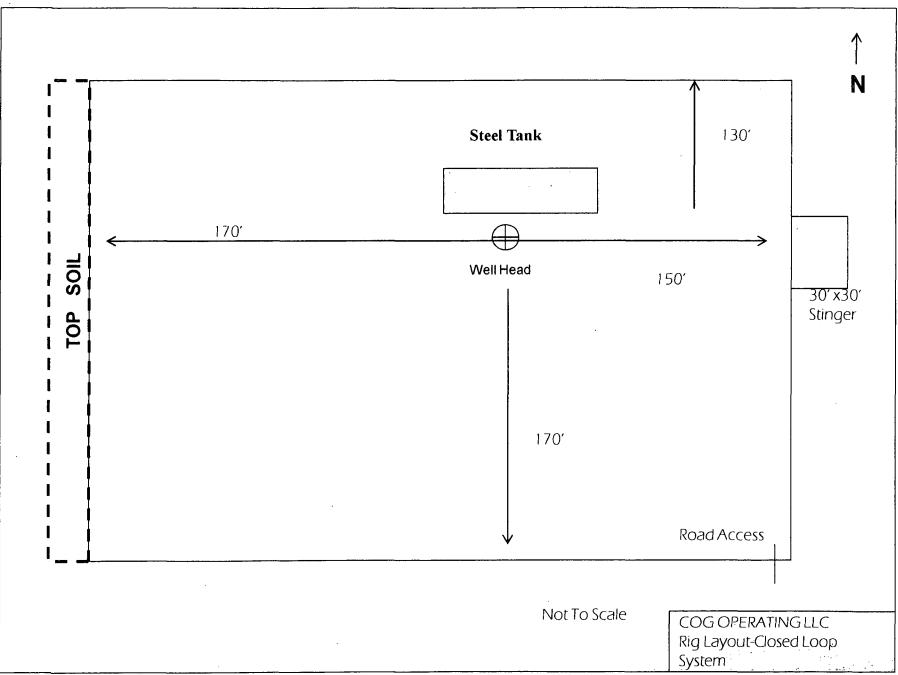
District I 1625 N. French Dr., District II 1301 W. Grand Ave District III 1000 Rio Brazos Ro District IV 1220 S. St. Francis I	Hobbs, NM 88 nue, Artesia, N ad, Aztec, NM Dr., Santa Fe, N	²²⁴⁰ M 882 HOBBS OCD E 87410 NOV 0 5 201 M 87505	1220 South Santa Fe	n St. Francis e, NM 8750	.Dr. 5	to implement to the app	Form C-144 CL July 21, 2 ad-loop systems that only use above teel tanks or haul-off bins and propo- ment waste removal for closure, subn propriate NMOCD District Office.
		Close8EEE00p	System Pern	nit or Clos	ure Plar	n Applica	ition
	(that only us	e above ground steel					
			Type of action:	Permit [] Closure		
closed-loop system	n that only us	e above ground steel tan	ks or haul-off bins ar	nd propose to im	plement was	te removal for	upplication request other than for a closure, please submit a Form C-144. of surface water, ground water or the
nvironment. Nor d	oes approval r	elieve the operator of its	responsibility to comp	ply with any othe	r applicable	governmental	authority's rules, regulations or ordinar
1. Operator:	COG OPE	RATING LLC		OGRID #:	2291	37	:
		CHO CENTER, 600 V					
							LEA
							NAD: 1927 1983
		State Private Tri					
2.							
Operation: 🛛 D Above Ground 3. <u>Signs</u> : Subsection	rilling a new d Steel Tanks on C of 19.15	or 🛛 Haul-off Bins	rilling (Applies to ac				permit or notice of intent)
Operation: D Above Ground 3. Signs: Subsection 12"x 24", 2" I Signed in com	rilling a new y d Steel Tanks on C of 19.15 ettering, prov upliance with	well 🗌 Workover or Dr or 🛛 Haul-off Bins .17.11 NMAC iding Operator's name, 19.15.3.103 NMAC	rilling (Applies to ac	nergency teleph	one number:	S	permit or notice of intent)
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7. <u>OCD Approval</u>: Permit Application (including closure plan) Closure Plan (only)						
OCD Representative Signature:	Approval Date:					
Title:	OCD Permit Number:					
8. <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:					
9. <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:	Disposal Facility Permit Number:					
Disposal Facility Name:	Disposal Facility Permit Number:					
Were the closed-loop system operations and associated activities performed Yes (If yes, please demonstrate compliance to the items below)						
Required for impacted areas which will not be used for future service and on the service and the service area area and the service area area area area area area area ar	perations:					
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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