District I-	State of New Mexico	Form C-144 CLEZ
1625 N. French Dr., Hobbs, NM 88240	Energy Minerals and Natural Resources	Revised June 16, 2009
District II 1301 W. Grand Avenue, Artesia, NM 88210	HOBBS OCD Department	For closed-loop systems that only use above
District III	Oil Conservation Division	ground steel tanks or haul-off bins and propose
District IV	JAN 07 2014 1220 South St. Francis Dr. Santa Fe, NM 87505	to implement waste removal for closure, submit to the appropriate NMOCD District Office.
1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505	

<u>Closed</u> <u>System Permit or Closure Plan Application</u> (that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure)

Type of action: Permit Closure

Instructions: Please submit one application (Form C-144 CLEZ) per individual closed-loop system request. For any application request other than for a closed-loop system that only use above ground steel tanks or haul-off bins and propose to implement waste 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 pollution of surface water, ground water or the environment. Nor does approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances.

Facility or well name: Cocksin Queen Unit # # 207 API Number: 30:025:29:3114 Qui of uri Qr Section Y Section <td< th=""><th>Derator: OXX USIA TUC.</th><th>OGRID #: 16676</th></td<>	Derator: OXX USIA TUC.	OGRID #: 16676		
API Number: OCD Permit Numher: Pl.OB[6] UJ, or QurQu Section Township Range SEC County: Leg Center of Proposed Design: Latitude 32.7968 Longitude [03, 6, 6, 2] NAD: [7927] 1983 Surface Owner, @rederoll State Private Tribal Trust or Indian Allotment 2	Address: P.O. Box 50250	M: 26m2, TX 79710		
UfL or QirQir Section Yearship Example 33E County: Leeg Center of Proposed Design: Latitude 32.7.705 B Longitude [03, 6,6,2,1,7] NAD: [7927] 1983 Sturface Owner [Pederal] State Private Tribal Trust or Indian Allotment 2 [Closed-loop System: Subsection II 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) P&A 2 [Closed-loop System: Intended Trust or Identify the state in the state intended to the apple of the state intended to the apple of the appropriate requirements of Subsection C of 19.15.17.11 NMAC 3 [Signed in compliance with 10.51.68 NMAC [Closed-loop System Permit Application Attachment Checklist: Subsection C of 19.15.17.11 NMAC 4 [Oberating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.11 NMAC [Oberating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC 2 [Oberating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC [Oberating and Maintenance Plan - API Number: 2 [Previously Approved Design (attach copy of design) API Number: [Disposal Facility Rome: [Oberating and Maintenance Plan - API Nu				
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Signature: Date:	Soil Backfill and Cover Design Specifications ba	ased upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC		
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Form C-144 CLEZ Off Conservation Division .FEAN & 2011 Page Lof2	e-mail address:	Telephone:		
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OCD Approval: Permit Application (including closure plan) Closure Plan (only) OCD Representative Signature:					
Title: OCD Permit Number: Corrace Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC Instructions: Operators are required to obtain an exproved closure plan prior to implementing any closure activities and submitting the closure report is required to obtain an exproved closure plan prior to implementing any closure activities. Plense do not complete this section of the form until an approved closure plan has been obtained and the closure activities have been completed. Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: Instructions: Please indexity if he facility of neitities for where the liquids, drilling fluids and drill cuttings were disposed. Use attachment if more that two facilities were utilized. Disposal Facility Name:	OCD Approval: Permit Application (including closure plan) Closure F	Plan (only)			
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e-mail address: dauid_Stewant@BY.COM Telephone: <u>432-665-5717</u> II. OCD Closure Review: Closure Approved (upon approved closure plan) Closure Denied Denial Date: OCD Representative Signature: Approval Date:	Operator Closure Certification: I hereby certify that the information and attachments submitted with this closure rebelief. I also certify that the closure complies with all applicable closure requirem Name (Print):	ents and conditions specified in the approved closure plan.			
OCD Closure Review: Closure Approved (upon approved closure plan) Closure Denied Denial Date: OCD Representative Signature: Approval Date:					
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Title: OCD Parmit Number:	OCD Representative Signature:	Approval Date:			
	Title:				

Accepted for Record Only 01-08-14

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