Closed-Logn System Permit or Closure Plan Application Chart only we above geriffedeling in the anal propose in forgelenent water convoral for closure) Premit © Closure Description: Places which an equivalent of the CLEE, per diarking descriptions requires to an equivalent on the expected on the should bits and encode properties the encode on equivalent on the expected on the expected of its expensibility to comply with any other application requires the equivalent of the expected of its expensibility to comply with any other application equivalent on equivalent on equivalent on equivalent on expected o	District I 1625 N. French Dr., Hobbs, NM 88240 District III 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 MAY 28	1220 South St. Francis Dr.	Form C-144 CLEZ July 21, 2008 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.	
dual duap system that only use above ground steed tarks or hand-off bias and propose to implement wrate removal for closure places behavior applicable approval for the present of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances. Presets a bixed and approval of hise required of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances. Presets a bixed and approval of hise required of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances. Presets a bixed and the approval of hise state 30. OGRID #: 215099 Address:	<u>Closed-Loop System Permit or Closure Plan Application</u> (that only use above growned steel tanks or haul-off bins and propose to implement waste removal for closure)			
Operator: OGRID #:I56099 Address: OQRID #:ORRIP #: _	closed-loop system that only use above ground steel to Please be advised that approval of this request does not re environment. Nor does approval relieve the operator of i	tanks or haul-off bins and propose to implement waste elieve the operator of liability should operations result i	removal for closure, please submit a Form C-144. n pollution of surface water, ground water or the	
Pacifity or well name: Oual 11 Stac 3H API Number: 30:025241141 OCD Permit Number: PL:06111 U/L or Qu'Qtr M. Section 11 Township 198 Range 34E County: Lea Center of Proposed Design: Latitude 32: 40: 6.52" N. Longitude 193 32: 10: 20" N. NAD: [] 1927 [2] 1983 Surface Owner: Pederal [2] State [Private [] Tribut Trast or Indian Allotment * Consed-Loop System: Subsection H of 19.15.17.11 NMAC		OGRID #:21509	9	
API Number: 30-025-41141 OCD Permit Number: P1-06111 U/L or Qtf/Qtr M	Address: 600 N. Marienfeld Street, Suite 600; Mi	idland. TX 79701		
U/L or Qir/Qir _ M_ Section _ 11 _ Township _ 19S_ Range _ 34E_ County: _ Lea Center of Proposed Design: Latitude _ 322 40° 6.52" N_ Longitude _ 103° 32° 16.00" W_ NAD: _ 1927 🔄 1983 Surface Owner: _ Pederal 🔄 State _ Private _ Tribal Trust or Indian Allotment * * *	Facility or well name: <u>Quail 11 State 3H</u>			
Center of Proposed Design: Latitude <u>32° 40° 6.52° N</u> _Longitude <u>103° 32° 16 20° W</u> _NAD: <u>1927</u> [2] 1983 Surface Owner: <u>Federal State</u> <u>Private</u> <u>Tribat Trust or Indian Allotment</u> t Center of Proposed Design: Subsection H of 19.15.17.11 NMAC Operation: <u>Control Design State</u> <u>Private</u> <u>Operators</u> <u>State</u> <u>Private</u> <u>Priva</u>	API Number:	OCD Permit Number: P1-061	11	
Surface Owner: Federal 🗟 State Private Tribal Trust or Indian Allotment 2 Closed-loop System: Subsection H of 19.15.17.11 NMAC Operation: Diffing a new well Werkover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) P&A Above Ground Steel Tanks or Ø Haul-off Bins * Signes: Subsection C of 19.15.17.11 NMAC [12"x 24", 2" tettering, providing Operator's name, site location, and emergency telephone numbers Ø Signed in compliance with 19.15.3.103 NMAC * Closed-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.9 NMAC Instructions: Each of the following items must be attached to the application. Please timfacts, by a check mark in the box, that the documents are attached. © Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC © Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC © Operating and Maintenance Plan - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC Previously Approved Design (attach copy of design) API Number: Previously Approved Design (attach copy of design) API Number: Previously Approved Operating and Maintenance Plan API Number: Disposal Facility Name:	U/L or Qtr/Qtr <u>M</u> Section <u>11</u> Township	0 <u>19S</u> Range <u>34E</u> County: <u>Lea</u>		
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) □ P&A Above Ground Steel Tanks or ☑ Haul-off Bins	Center of Proposed Design: Latitude 32° 40' 6.52" N Longitude 103° 32' 16.20" W NAD: 1927 🛛 1983			
Operation: Drilling a new well □ Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) □ P&A □ Above Ground Steel Tanks or Haul-off Bins 3. Signs: Subsection C of 19.15.17.11 NMAC □ 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers Signs: Signs: Signed in compliance with 19.15.3.103 NMAC * Closed-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.9 NMAC Instructions: Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are attached. Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.11 NMAC Operating and Maintenance Plan - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC © Operating and Maintenance Plan - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC © Asse Removal Closere For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19.15.17.13.D NMAC) Instructions: Prase indentify the fuellity or facilities for the disposal of Biguids, drilling flaids and drill cutings. Use attachment funore than two facilities are required. Disposal Facility Name: R360 Disposal Facility Permit Number: Will any of the proposed closed-loop system ope				
12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers Signed in compliance with 19.15.3.103 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			
4. Closed-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.9 NMAC Instructions: Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are attached. Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC Closure Plan (Please complete Box 5) - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC Previously Approved Design (attach copy of design) API Number: Previously Approved Operating and Maintenance Plan API Number: Maste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19.15.17.13.D NMAC) Instructions: Previously Approved Operating and Maintenance Plan API Number: State Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19.15.17.13.D NMAC) Instructions: Previously Name: R360 Disposal Facility Permit Number: NM-01-0006 Disposal Facility Name: R360 Disposal Facility Permit Number: NM-01-0006 Disposal Facility Name: Safe for future service and operations: Site Relavation H of 19.15.17.13 NMAC Will any of the proposed closed-loop s	12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers			
□ Previously Approved Operating and Maintenance Plan API Number: \$ Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19.15.17.13.D NMAC) Instructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two facilities are required. Disposal Facility Name: R360 Disposal Facility Name: Disposal Facility Permit Number: 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 Site Reclamation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC * 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):	Closed-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.9 NMAC Instructions: Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are attached. Image:			
5. Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19.15.17.13.D NMAC) Instructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two facilities are required. Disposal Facility Name: R360 Disposal Facility Permit Number: NM-01-0006 Disposal Facility Name: R360 Disposal Facility Permit Number: NM-01-0006 Disposal Facility Name: Disposal Facility Permit Number: NM-01-0006 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 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 Ste Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC 6. Operator Application Certification: Title: Ste Reclamation Plan -				
Disposal Facility Name:	5. Waste Removal Closure For Closed-loop Systems Instructions: Please indentify the facility or facilith	s That Utilize Above Ground Steel Tanks or Haul	<u>-off Bins Only</u> : (19.15.17.13.D NMAC)	
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 □ Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC • <td></td> <td></td> <td></td>				
□ 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 I 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: 1 hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief. Name (Print):				
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 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):			it will not be used for future service and operations?	
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):	 Soil Backfill and Cover Design Specifications Re-vegetation Plan - based upon the appropria 	s based upon the appropriate requirements of Sub ate requirements of Subsection I of 19.15.17.13 NM.	AC	
Signature: Date: e-mail address: Telephone:	Operator Application Certification:	this application is true, accurate and complete to the	best of my knowledge and belief.	
Signature: e-mail address: Telephone:	Name (Print):			
e-mail address: Telephone:				
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FORM LEI/// LEZ ENTERNO ENTERNO DA LA PARA ENTERNO	e-mail address: Form C-144 CLEZ	I elephone: Oil Conservation Division	Page 1 of 4 JUN 0 9 2014	

7. OCD Approval: Permit Application (including closure plan) Closure Plan (only)			
OCD Representative Signature:			
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: <u>4/6/14</u>		
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:			
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			
 Dperator 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): _Aricka Easterling	Title:Regulatory Analyst		
Signature: aucha Eastuling	Date:5/23/2014		
e-mail address:_aeasterling@cimarex.com	Telephone:918-560-7060		
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