

District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 S. First St., Artesia, NM 88210
District III
1000 Rio Brazos Road, Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy Minerals and Natural Resources
Department
Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-147
Revised March 31, 2015

APPROVED

Recycling Facility Only

Type of action: ☒ Permit ☐ Registration ☐ Modification ☐ Closure ☐ Other (explain) _____

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.

1. Operator: Bighorn Aqua Solutions (For multiple operators attach page with information) OGRID #: 371526
Address: 1380 Rio Rancho Blvd, Rio Rancho, NM 87124
Facility or well name (include API# if associated with a well): Bighorn Aqua Solutions (Halfway Run)
OCD Permit Number: _____ (For new facilities the permit number will be assigned by the district office)
U/L or Qtr/Qtr _____ Section 27 Township 20 Range 32 County: LEA
Surface Owner: ☐ Federal ☐ State ☒ Private ☐ Tribal Trust or Indian Allotment

2. ☒ **Recycling Facility:**
Location of recycling facility (if applicable): Latitude 32.544684 Longitude 103.757168 NAD: ☐ 1927 ☐ 1983
Proposed Use: ☐ Drilling* ☐ Completion* ☐ Production* ☐ Plugging*
*The re-use of produced water may NOT be used until fresh water zones are cased and cemented
☐ Other, requires permit for other uses. Describe use, process, testing, volume of produced water and ensure there will be no adverse impact on groundwater or surface water.
☒ Fluid Storage
☒ Above ground tanks ☐ Activity permitted under 19.15.17 NMAC explain type _____
☐ Activity permitted under 19.15.36 NMAC explain type: _____ ☐ Other explain _____
☐ Closure Report (required within 60 days of closure completion): ☐ Recycling Facility Closure Completion Date: _____

3. **Variances:**
Justifications and/or demonstrations that the proposed variance will afford reasonable protection against contamination of fresh water, human health, and the environment.
Check the below box only if a variance is requested:
☐ Variance(s): Requests must be submitted to the appropriate division district for consideration of approval. If a Variance is requested, include the variance information on a separate page and attach it to the C-147 as part of the application.
If a Variance is requested, it must be approved prior to implementation.

4. **Operator Application Certification:**
I hereby certify that the information and attachments submitted with this application are true, accurate and complete to the best of my knowledge and belief.
Name (Print): Randy Velard Title: Officer
Signature: [Signature] Date: 8/24/16
e-mail address: _____ Telephone: 505-239-1661 / 505-591-4555
Bighorn Aqua Solutions @ AOL. Com

5. **OCD Representative Signature:** Kristen D. Lynch *Kristen D. Lynch* Approval/Registration Date: 9/20/2016
Title: Environmental Specialist OCD Permit Number: 1RF-8
☒ OCD Conditions Follow NMOCD Rules and Regulations for Maintaining this Facility
☐ Additional OCD Conditions on Attachment

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