

District I  
625 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 April 3, 2017

## 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: COG Operating LLC (For multiple operators attach page with information) OGRID #: 229137  
Address: 600 W. Illinois Ave. Midland, Texas 79707  
Facility or well name (include API# if associated with a well): Willow 17 State SWD #1  
OCD Permit Number: 2RF-130 (For new facilities the permit number will be assigned by the district office)  
U/L or Qtr/Qtr P Section 17 Township 25 S Range 28 E County: Eddy  
Surface Owner: ☐ Federal ☒ State ☐ Private ☐ Tribal Trust or Indian Allotment

2. **Recycling Facility:**

Location of recycling facility (if applicable): Latitude 32.124341 Longitude -104.101518 NAD83

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 ground water 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: 05/14/2019

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): Request 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): Tim Reed Title: Water Resource Analyst

Signature: [Signature] Date: 7/12/19

e-mail address: treed@canche.com Telephone: 432-258-8399

OCD Representative Signature: Victoria Nunez Approval/Registration Date: 02/24/2021

Title: Environmental Specialist OCD Permit Number: 2RF-130

☐ OCD Conditions \_\_\_\_\_  
☐ Additional OCD Conditions on Attachment \_\_\_\_\_