

District I  
1625 N French Dr., Hobbs, NM 88240  
District II  
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

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

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 NMOC District Office.

### Closed-Loop System Permit or Closure Plan Application

(that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure)

Type of action: ☐ Permit ☒ Closure

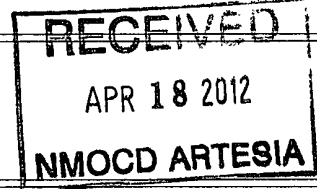
Instructions: Please submit one application (Form C-144 CLEZ) per individual closed-loop system request. For any application request other than for a closed-loop system that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure, please submit a Form C-144.

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.

1. Operator: COG Operating LLC OGRID #: 229137  
Address: 550 West Texas Ave, Suite 100, Midland, TX 79701  
Facility or well name: Kiowa State #2  
API Number: 30-015-39714 OCD Permit Number: 212206  
U/L or Qtr/Qtr F Section 36 Township 17S Range 27E County: Eddy  
Center of Proposed Design: Latitude \_\_\_\_\_ Longitude \_\_\_\_\_ NAD: ☐ 1927 ☐ 1983  
Surface Owner: ☐ Federal ☒ State ☐ Private ☐ Tribal Trust or Indian Allotment

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

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  
☒ Signed in compliance with 19.15.3.103 NMAC



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: \_\_\_\_\_

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 identify 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: \_\_\_\_\_ Disposal Facility Permit Number: \_\_\_\_\_  
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  
☐ 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): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

e-mail address: \_\_\_\_\_ Telephone: \_\_\_\_\_

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**OCD Approval:** ☐ Permit Application (including closure plan) ☒ Closure Plan (only)

OCD Representative Signature: ADade

Approval Date: 04/24/2012

Title: Dist ASepewis

OCD Permit Number: 212206

8.  
**Closure Report (required within 60 days of closure completion):** 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: 3/8/12

9.  
**Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only:**

*Instructions: Please identify 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: CRI

Disposal Facility Permit Number: R1966

Disposal Facility Name: GM INC

Disposal Facility Permit Number: 711-019-001

Were the closed-loop system operations and associated activities performed on or in areas that *will not* 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

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): Chasity Jackson

Title: Regulatory Analyst

Signature: Jackson

Date: 4/16/12

e-mail address: cjackson@concho.com

Telephone: 432-686-3087



# Daily Wellbore Schematics Report

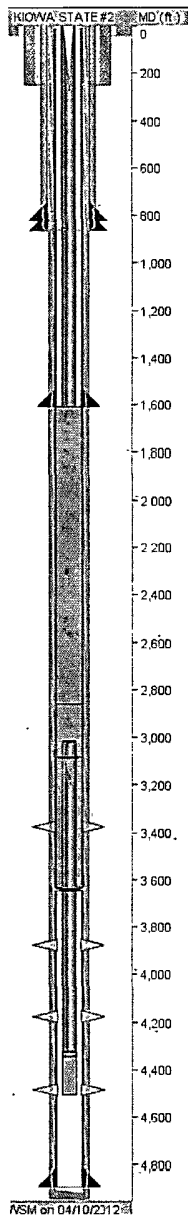
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ID: 30-015-39714

Well Name: KIOWA STATE #2

Event#: 3.00

Report Dates: 04/10/2012



## PIPE SPECIFICATION

STRING NAME	SECTION NAME	JOINT COUNT	START DEPTH	END DEPTH	LENGTH	OD SIZE	ID SIZE	WT GRDNT	GRD	CONN
SURFACE	FLOAT SHOE		250.60	252.00	1.40					
SURFACE	CASING	1	209.89	250.60	40.71	13 3/8	12.714.00	48.0	J-55	STC
SURFACE	INSERT FLOAT		209.89	209.89	0.00					
SURFACE	CASING	5	-1.33	209.89	211.22	13.38	12.714.00	48.0	J-55	STC
PRODUCTION	FLOAT SHOE		4936.60	4938.00	1.40					
PRODUCTION	CASING	1	4892.06	4936.60	44.54					
PRODUCTION	FLOAT COLLAR		4890.86	4892.06	1.20					
PRODUCTION	CASING	28	3645.89	4890.86	1244.97	5.50	4.89	17.0	J-55	LTC
PRODUCTION	MARKER JOINT	1	3631.00	3645.89	14.89	5.50	4.89	17.0	J-55	LTC
PRODUCTION	BOND COAT	18	2861.12	3631.00	769.88	5.50	4.89	17.0	J-55	LTC
PRODUCTION	DVTOOL		2858.92	2861.12	2.20					
PRODUCTION	BOND COAT	29	1608.66	2858.92	1250.26	5.50	4.89	17.0	J-55	LTC
PRODUCTION	CASING	36	12.25	1608.66	1596.41	5.50	4.89	17.0	J-55	LTC
PRODUCTION	LANDING JT		-2.82	12.25	15.07					
TUBING	BULL PLUG		4505.75	4506.13	0.38	2.88				
TUBING	MUD ANCHOR	5	4343.20	4505.75	162.55	2.88	2.50	6.7	N-80	
TUBING	DESANDER		4324.10	4343.20	19.10	2.88				
TUBING	SEAT NIPPLE		4322.90	4324.10	1.20	2.88				
TUBING	TUBING	38	3087.86	4322.90	1235.04	2.88	2.50	6.7	N-80	
TUBING	TUBING ANCHOR		3084.76	3087.86	3.10	5.50				
TUBING	TUBING	2	3019.76	3084.76	65.00	2.88	2.50	6.7	N-80	
TUBING	MARKER JOINT		3017.66	3019.76	2.10	2.88				
TUBING	TUBING	93	0.00	3017.66	3017.66	2.88	2.50	6.7	N-80	
INTERMEDIATE	FLOAT SHOE		864.60	866.00	1.40					
INTERMEDIATE	CASING	1	823.32	864.60	41.28	8.63	8.10	24.0	J-55	STC
INTERMEDIATE	FLOAT COLLAR		822.12	823.32	1.20					
INTERMEDIATE	CASING	20	-3.62	822.12	825.74	8.63	8.10	24.0	J-55	STC

## CEMENTING

STRING NAME	STAGE #	LEAD TOP (est) (ft)	LEAD TOP (ver) (ft)	TAIL TOP (est) (ft)	TAIL TOP (ver) (ft)
CONDUCTOR	1				
SURFACE	1	0.0	0.0	0.0	0.0
SURFACE	2	0.0	0.0	0.0	0.0
PRODUCTION	1			2859.0	2859.0
PRODUCTION	2	0.0	0.0	0.0	0.0
INTERMEDIATE	1	0.0	0.0	250.0	

## BHA STRING

DRILL EQUIP CODE	DESCRIPTION	LENGTH	OD SIZE	ID SIZE
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**ID:** 30-015-39714**Well Name:** KIOWA STATE #2**Event#:** 3.00**Report Dates:** 04/10/2012

PERFORATION							
ZONE	JOB REPORT DATE	ZONE NAME	TOP DEPTH	BOTTOM DEPTH	HOLE SIZE	PEN SIZE	SQUEEZED
1	02/28/2012	LOWER BLINEBRY	4360.00	4610.00	0.25	22.40	N
2	03/02/2012	MIDDLE BLINEBRY	4050.00	4300.00	0.25	22.40	N
3	03/03/2012	UPPER BLINEBRY	3765.00	3990.00	0.25	22.40	N
4	03/03/2012	PADDOCK	3250.00	3500.00	0.25	22.40	N