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

Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505



For temporary pits, closed-loop systems, and below-grade tanks, submit to the appropriate NMOCD District Office.
For permanent pits and exceptions submit to the Santa Fe Environmental Bureau office and provide a copy to the appropriate NMOCD District Office.

## Proposed Alternative Method Permit or Closure Plan Application JUL -7 2008

Instructions: Please submit one application (Form C-144) per individual pit, closed-loop system, below-grade tank or alternative request

Please be advised that approval of this request does not relieve the operator of hability 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 ordinance

environment. Nor does approval relieve the operator of its responsibility to comp	oly with any other applicable governmental authority's rules, regulations or ordinances.
Operator: COG OPERATING LLC	OGRID #: 229137
Address: 550 WEST TEXAS, SUITE 1300 MIDLAND,	TX 79701
Facility or well name: HIGH LONESOME 26 FEDERA	
API Number: 30-015-35893 3 / 8 99 OCD I	Permit Number.
U/L or Qtr/Qtr <u>UL A</u> Section <u>26</u> Township <u>16</u>	S Range 29E County: EDDY
Center of Proposed Design: Latitude N/A	Longitude <u>N/A</u> NAD: □1927 □ 1983
Surface Owner: Nederal State Private Tribal Trust or Indian	
Pit: Subsection F or G of 19.15.17.11 NMAC	☐ Closed-loop System: Subsection H of 19.15.17.11 NMAC
Temporary: Drilling Workover	☐ Drying Pad ☐ Tanks ☒ Haul-off Bins ☐ Other
☐ Permanent ☐ Emergency ☐ Cavitation	Lined Unlined
Lincd Unlined	Lincr type: Thicknessmil
Liner type: Thicknessmıl	☐ Other
Other String-Reinforced	Scams: Welded Factory Other
Seams: Welded Factory Other	Volume:bblyd³
Volume: bbl Dimensions: L x W x D	Dimensions: Length x Width
Below-grade tank: Subsection I of 19.15.17.11 NMAC	Fencing: Subsection D of 19.15.17.11 NMAC
Volume:bbl	☐ Chain link, six feet in height, two strands of barbed wire at top
Type of fluid:	Four foot height, four strands of barbed wire evenly spaced between one and
Tank Construction material:	four feet
Secondary containment with leak detection	Netting: Subsection E of 19.15.17.11 NMAC
☐ Visible sidewalls, liner, 6-inch lift and automatic overflow shut-off	Screen Netting Other
☐ Visible sidewalls and liner	☐ Monthly inspections
☐ Visible sidewalls only	Signs: Subsection C of 19.15.17.11 NMAC
Other	12'x24', 2' lettering, providing Operator's name, site location, and
Liner type: Thickness mil HDPE PVC	emcrgency telephone numbers
☐ Other	☑ Signed in compliance with 19.15.3.103 NMAC
Alternative Method:	Administrative Approvals and Exceptions:
Submittal of an exception request is required. Exceptions must be	Justifications and/or demonstrations of equivalency are required. Please refer to
submitted to the Santa Fe Environmental Bureau office for consideration of approval.	19.15.17 NMAC for guidance.  Please check a box if one or more of the following is requested, if not leave
o. upp.o.u.i.	blank:
	Administrative approval(s): Requests must be submitted to the
	appropriate division district or the Santa Fe Environmental Bureau office for consideration of approval.
	Exception(s): Requests must be submitted to the Santa Fe Environmental Bureau office for consideration of approval.
	Divinoimental Diffeat office for consideration of approval.

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Siting Criteria (regarding permitting): 19.15.17.10 NMAC Instructions: The applicant must demonstrate compliance for each siting criteria below in the application. Recommendations of acceptable source material are provided below. Requests regarding changes to certain siting criteria may require administrative approval from the appropriate district office or may be considered an exception which must be submitted to the Santa Fe Environmental Bureau office for consideration of approval. Applicant must attach justification for request. Please refer to 19.15.17.10 NMAC for guidance. Siting criteria does not apply to drying pads or above-grade tanks associated with a closed-loop system.	^
Ground water is less than 50 feet below the bottom of the temporary pit, permanent pit, or below-grade tank.  - NM Office of the State Engineer - 1WATERS database search; USGS; Data obtained from nearby wells	☐ Yes ☐ No
Within 300 feet of a continuously flowing watercourse, or 200 feet of any other watercourse, lakebed, sinkhole, or playa lake (measured from the ordinary high-water mark).  - Topographic map; Visual inspection (certification) of the proposed site	☐ Yes ☐ No
Within 300 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application.  (Applies to temporary, emergency, or cavitation pits and below-grade tanks)  - Visual inspection (certification) of the proposed site; Aerial photo; Satellite image	☐ Yes ☐ No ☐ NA
Within 1000 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application.  (Applies to permanent pits)  - Visual inspection (certification) of the proposed site; Aerial photo; Satellite image	☐ Yes ☐ No ☐ NA
Within 500 horizontal feet of a private, domestic fresh water well or spring that less than five households use for domestic or stock watering purposes, or within 1000 horizontal feet of any other fresh water well or spring, in existence at the time of initial application.  - NM Office of the State Engineer - iWATERS database search; Visual inspection (certification) of the proposed site	Yes No
Within incorporated municipal boundaries or within a defined municipal fresh water well field covered under a municipal ordinance adopted pursuant to NMSA 1978, Section 3-27-3, as amended.  - Written confirmation or verification from the municipality; Written approval obtained from the municipality	☐ Yes ☐ No
Within 500 feet of a wetland.  - US Fish and Wildlife Wetland Identification map; Topographic map; Visual inspection (certification) of the proposed site	☐ Yes ☐ No
Within the area overlying a subsurface mine.  - Written confirmation or verification or map from the NM EMNRD-Mining and Mineral Division	☐ Yes ☐ No
Within an unstable area.  - Engineering measures incorporated into the design; NM Bureau of Geology & Mineral Resources; USGS; NM Geological Society; Topographic map	☐ Yes ☐ No
Within a 100-year floodplain FEMA map	Yes No
Temporary Pits, Emergency Pits, and Below-grade Tanks Permit Application Attachment Checklist: Subsection B of 19.15.17.9 Natructions: Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the do attached.    Hydrogeologic Report (Below-grade Tanks) - based upon the requirements of Paragraph (4) of Subsection B of 19.15.17.9 NMAC   Hydrogeologic Data (Temporary and Emergency Pits) - based upon the requirements of Paragraph (2) of Subsection B of 19.15.17.9 NMAC   Design Plan - based upon the appropriate requirements of 19.15.17.10 NMAC   Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC   Closure Plan - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC	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 do	cum outs aro
attached.  Geologic and Hydrogeologic Data (required for on-site closure) - based upon the requirements of Paragraph (3) of Subsection B of Sting Criteria Compliance Demonstrations (required for on-site closure) - based upon the appropriate requirements of 19.15.17.10  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 - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC	19.15.17.9
Previously Approved Design (attach copy of design) API Number:	

Permanent Pits Permit Application 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	locuments are
attached.	
Hydrogeologic Report - based upon the requirements of Paragraph (1) of Subsection B of 19.15.17.9 NMAC Siting Criteria Compliance Demonstrations - based upon the appropriate requirements of 19.15.17.10 NMAC	
Climatological Factors Assessment	
Certified Engineering Design Plans - based upon the appropriate requirements of 19.15.17.11 NMAC	
Dike Protection and Structural Integrity Design - based upon the appropriate requirements of 19.15.17.11 NMAC	
Leak Detection Design - based upon the appropriate requirements of 19.15.17.11 NMAC	
Liner Specifications and Compatibility Assessment - based upon the appropriate requirements of 19.15.17.11 NMAC	
Quality Control/Quality Assurance Construction and Installation Plan	
Operating and Maintenance Plan - based upon the appropriate requirements of 19.15,17.12 NMAC	
Freeboard and Overtopping Prevention Plan - based upon the appropriate requirements of 19.15.17.11 NMAC	
Nuisance or Hazardous Odors, including H <sub>2</sub> S, Prevention Plan	
Emergency Response Plan	
Oil Field Waste Stream Characterization	
Monitoring and Inspection Plan	
Erosion Control Plan	
Closure Plan - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC	
Proposed Closure: 19.15.17.13 NMAC	
Type: Drilling Workover Emergency Cavitation Permanent Pit Below-grade Tank Closed-loop System	Alternative
D. ICH Mala Day C. D. J.	
Proposed Closure Method: Waste Excavation and Removal	
On-site Closure Method (only for temporary pits and closed-loop systems)	
☐ In-place Burial ☐ On-site Trench Burial ☐ Alternative Closure Method (Exceptions must be submitted to the Santa Fe Environmental Bureau for co	neideration)
Anchianve Closure Mediod (Exceptions must be submitted to the Santa Te Environmental Buleau tot et	misideration)
Siting Criteria (regarding on-site closure methods only): 19.15.17.10 NMAC	
Instructions: Each siting criteria requires a demonstration of compliance in the closure plan. Recommendations of acceptable	
source material are provided below. Requests regarding changes to certain siting criteria may require administrative approval from	
the appropriate district office or may be considered an exception which must be submitted to the Santa Fe Environmental Bureau	
office for consideration of approval. Justifications and/or demonstrations of equivalency are required. Please refer to 19.15.17.10	1
NMAC for guidance.	
Ground water is less than 50 feet below the bottom of the buried waste.	Yes No
- NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells	NA I
Ground water is between 50 and 100 feet below the bottom of the buried waste	Yes No
- NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells	□ NA
Ground water is more than 100 feet below the bottom of the buried waste.	Yes No
- NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells	∏ NA
14W Office of the State Engineer - TWA TERS database scarcif, 0303, Data obtained from hearby wells	L INA
Within 300 feet of a continuously flowing watercourse, or 200 feet of any other watercourse, lakebed, sinkhole, or playa lake	☐ Yes ☐ No
(measured from the ordinary high-water mark).	
- Topographic map; Visual inspection (certification) of the proposed site	
• •	<b>—</b> —
Within 300 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application.	Yes No
- Visual inspection (certification) of the proposed site; Aerial photo; Satellite image	
Within 500 horizontal feet of a private, domestic fresh water well or spring that less than five households use for domestic or stock	☐ Yes ☐ No
watering purposes, or within 1000 horizontal feet of any other fresh water well or spring, in existence at the time of initial application.	L 163 L 140
- NM Office of the State Engineer - iWATERS database; Visual inspection (certification) of the proposed site	}
Within incorporated municipal boundaries or within a defined municipal fresh water well field covered under a municipal ordinance	☐ Yes ☐ No
adopted pursuant to NMSA 1978, Section 3-27-3, as amended.	
- Written confirmation or verification from the municipality; Written approval obtained from the municipality	
Within 500 feet of a wetland.	☐ Yes ☐ No
- US Fish and Wildlife Wetland Identification map; Topographic map; Visual inspection (certification) of the proposed site	L 162   140
201 ion and Wenner Wenner technication map, 10pographic map, 11star inspection (continuation) of the proposed site	
Within the area overlying a subsurface mine.	☐ Yes ☐ No
- Written confirmation or verification or map from the NM EMNRD-Mining and Mineral Division	
Within an unstable area.	
- Engineering measures incorporated into the design; NM Bureau of Geology & Mineral Resources; USGS; NM Geological	☐ Yes ☐ No
Society; Topographic map	
Within a 100-year floodplain	☐ Yes ☐ No
- FEMA map	

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Waste Excavation and Removal Closure Plan Checklist: (19.15.17.13 NMAC) Instructions: Each of the following items must be attached to the
closure plan. Please indicate, by a check mark in the box, that the documents are attached.
Protocols and Procedures - based upon the appropriate requirements of 19.15.17.13 NMAC
Confirmation Sampling Plan (if applicable) - based upon the appropriate requirements of Subsection F of 19.15.17.13 NMAC
Disposal Facility Name and Permit Number (for liquids, drilling fluids and drill cuttings)
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
Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC
Waste Removal Closure For Closed-loop Systems That Utilize 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.
Disposal Facility Name: CRI OR G M INC. Disposal Facility Permit Number: CRI (R9166) G M INC (711-019-001)
On-Site Closure Plan Checklist: (19.15.17.13 NMAC) Instructions: Each of the following items must be attached to the closure plan. Please indicate,
by a check mark in the box, that the documents are attached.
Siting Criteria Compliance Demonstrations - based upon the appropriate requirements of 19.15.17.10 NMAC
Proof of Surface Owner Notice - based upon the appropriate requirements of Subsection F of 19.15.17.13 NMAC
Construction and Design of Burial Trench (if applicable) based upon the appropriate requirements of 19.15.17.11 NMAC
Protocols and Procedures - based upon the appropriate requirements of 19.15.17.13 NMAC
Confirmation Sampling Plan (if applicable) - based upon the appropriate requirements of Subsection F of 19.15.17.13 NMAC
Waste Material Sampling Plan - based upon the appropriate requirements of Subsection F of 19.15.17.13 NMAC
Disposal Facility Name and Permit Number (for liquids, drilling fluids and drill cuttings or in case on-site closure standards cannot be achieved)
Soil Cover Design - 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
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.
Thereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and benefit
Name (Print): PHYLLIS A. EDWARDS Title: REGULATORY ANALYST
Signature: Chyllis a. Edward Date: 7-1-08
Signature: Date: 7-1-08
July and Comments of the state
e-mail address: pedwards@conchoresources.com Telephone: 432-685-4340
OCD Approval: Permit Application (including closure plan)  Closure Plan (only)
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OCD Approval: Permit Application (including closure plan) Closure Plan (only)  OCD Representative Signature: Approval Date: 7/9/08  Title: 070876
OCD Approval: Permit Application (including closure plan) Closure Plan (only)  OCD Representative Signature: Approval Date: 7/9/08  Title: Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC
OCD Approval: Permit Application (including closure plan) Closure Plan (only)  OCD Representative Signature: Approval Date: 7/9/08  Title: Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC  Closure Completion Date:
OCD Approval: Permit Application (including closure plan) Closure Plan (only)  OCD Representative Signature: Approval Date: 7/9/05  Title: Subsection K of 19.15.17.13 NMAC  Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC  Closure Method:
OCD Approval: Permit Application (including closure plan) Closure Plan (only)  OCD Representative Signature: Approval Date: 7/9/05  Title: Subsection K of 19.15.17.13 NMAC Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC Closure Method: Waste Excavation and Removal On-Site Closure Method Alternative Closure Method
OCD Approval: Permit Application (including closure plan) Closure Plan (only)  OCD Representative Signature: Approval Date: 7/9/05  Title: Subsection K of 19.15.17.13 NMAC  Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC  Closure Method:
OCD Approval: Permit Application (including closure plan)   Closure Plan (only)  OCD Representative Signature: Approval Date: 7/9/08  Title: Subsection K of 19.15.17.13 NMAC   Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC   Closure Method:   Closure Completion Date:    Closure Method:   Alternative Closure Method   Alternative Closure Method   If different from approved plan, please explain.
OCD Approval: Permit Application (including closure plan)   Closure Plan (only)  OCD Representative Signature: Approval Date: 7/9/08  Title: Subsection K of 19.15.17.13 NMAC   Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC   Closure Completion Date:    Closure Method:   Alternative Closure Method   Alternative Closure Method   If different from approved plan, please explain.  Closure Report Attachment Checklist: Instructions: Each of the following items must be attached to the closure report. Please indicate, by a check
OCD Approval: Permit Application (including closure plan)   Closure Plan (only)  OCD Representative Signature: Approval Date: 7/4/08  Title: Subsection K of 19.15.17.13 NMAC   Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC   Closure Method:   Closure Completion Date:     Waste Excavation and Removal   On-Site Closure Method   Alternative Closure Method   If different from approved plan, please explain.  Closure Report Attachment Checklist: Instructions: Each of the following items must be attached to the closure report. Please indicate, by a check mark in the box, that the documents are attached.
OCD Approval: Permit Application (including closure plan)   Closure Plan (only)  OCD Representative Signature: Approval Date: 7/9/08  Title: Subsection K of 19.15.17.13 NMAC   Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC   Closure Completion Date:     Waste Excavation and Removal   On-Site Closure Method   Alternative Closure Method   If different from approved plan, please explain.  Closure Report Attachment Checklist: Instructions: Each of the following items must be attached to the closure report. Please indicate, by a check mark in the box, that the documents are attached.   Proof of Closure Notice
OCD Approval: Permit Application (including closure plan)   Closure Plan (only)  OCD Representative Signature: Approval Date: //4/06/  Title: Subsection K of 19.15.17.13 NMAC   Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC   Closure Completion Date:    Closure Method:   Alternative Closure Method   Alternative Closure Method   If different from approved plan, please explain.  Closure Report Attachment Checklist: Instructions: Each of the following items must be attached to the closure report. Please indicate, by a check mark in the box, that the documents are attached.   Proof of Closure Notice   Proof of Deed Notice (if applicable)
OCD Approval: Permit Application (including closure plan)   Closure Plan (only)  OCD Representative Signature: Approval Date: 1/9/09  Title: Subsection K of 19.15.17.13 NMAC   Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC   Closure Completion Date:
OCD Approval: Permit Application (including closure plan)   Closure Plan (only)  OCD Representative Signature: Approval Date: 7/4/08  Title: Subsection K of 19.15.17.13 NMAC   Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC   Closure Method:   Closure Completion Date:     Waste Excavation and Removal   On-Site Closure Method   Alternative Closure Method   If different from approved plan, please explain.  Closure Report Attachment Checklist: Instructions: Each of the following items must be attached to the closure report. Please indicate, by a check mark in the box, that the documents are attached.   Proof of Closure Notice   Proof of Deed Notice (if applicable)   Plot Plan   Confirmation Sampling Analytical Results
OCD Approval: Permit Application (including closure plan)   Closure Plan (only)  OCD Representative Signature:   Subsection   Closure Plan (only)  Title:   Subsection   Closure Report (required within 60 days of closure completion): Subsection   Closure Completion   Closure Method   Closure Method   Closure Method   Closure Report Attachment Checklist: Instructions: Each of the following items must be attached to the closure report. Please indicate, by a check mark in the box, that the documents are attached.   Proof of Closure Notice   Proof of Closure Notice   Proof of Deed Notice (if applicable)   Plot Plan   Confirmation Sampling Analytical Results   Waste Material Sampling Analytical Results
OCD Approval: Permit Application (including closure plan)   Closure Plan (only)  OCD Representative Signature:
OCD Approval: Permit Application (including closure plan)   Closure Plan (only)  OCD Representative Signature:   Subsection   Subsection   Closure Plan (only)  Title:   Subsection   Subsection   Subsection   Closure   Closure
OCD Approval: Permit Application (including closure plan)   Closure Plan (only)  OCD Representative Signature:
OCD Approval: Permit Application (including closure plan)   Closure Plan (only)  OCD Representative Signature: Approval Date: 1/4/08  Title: Subsection K of 19.15.17.13 NMAC    Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC   Closure Completion Date:   Closure Completion Date:   Closure Method   If different from approved plan, please explain.  Closure Report Attachment Checklist: Instructions: Each of the following items must be attached to the closure report. Please indicate, by a check mark in the box, that the documents are attached.   Proof of Closure Notice   Proof of Deed Notice (if applicable)   Plot Plan   Confirmation Sampling Analytical Results   Waste Material Sampling Analytical Results   Disposal Facility Name and Permit Number   Soil Backfilling and Cover Installation   Revegetation Application Rates and Seeding Technique   Site Reclamation (Photo Documentation)
OCD Approval: Permit Application (including closure plan)   Closure Plan (only)  OCD Representative Signature: Approval Date: //4/05  Title: Subsection K of 19.15.17.13 NMAC   Closure Completion Date:   Closure Method:   Closure Completion Date:   Closure Method:   Closure Completion Date:   Closure Method   Alternative Closure Method   If different from approved plan, please explain.   Closure Report Attachment Checklist: Instructions: Each of the following items must be attached to the closure report. Please indicate, by a check mark in the box, that the documents are attached.   Proof of Closure Notice   Proof of Deed Notice (if applicable)   Plot Plan   Confirmation Sampling Analytical Results   Disposal Facility Name and Permit Number   Soil Backfilling and Cover Installation   Revegetation Application Rates and Seeding Technique   Site Reclamation (Photo Documentation)   On-site Closure Location: Latitude   Longitude   NAD:   1927   1983
OCD Approval: Permit Application (including closure plan)   Closure Plan (only)  OCD Representative Signature: Approval Date: 1/4/08  Title: Subsection K of 19.15.17.13 NMAC    Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC   Closure Completion Date:   Closure Completion Date:   Closure Method   If different from approved plan, please explain.  Closure Report Attachment Checklist: Instructions: Each of the following items must be attached to the closure report. Please indicate, by a check mark in the box, that the documents are attached.   Proof of Closure Notice   Proof of Deed Notice (if applicable)   Plot Plan   Confirmation Sampling Analytical Results   Waste Material Sampling Analytical Results   Disposal Facility Name and Permit Number   Soil Backfilling and Cover Installation   Revegetation Application Rates and Seeding Technique   Site Reclamation (Photo Documentation)
OCD Approval: Permit Application (including closure plan)   Closure Plan (only)  OCD Representative Signature:   Supplication (including closure plan)   Closure Plan (only)  Title:   Supplication (including closure plan)   Closure Plan (only)  Octobre Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC   Closure Method:   Closure Completion Date:   Closure Method   Alternative Closure Method   If different from approved plan, please explain.  Closure Report Attachment Checklist: Instructions: Each of the following items must be attached to the closure report. Please indicate, by a check mark in the box, that the documents are attached.   Proof of Closure Notice   Proof of Closure Notice   Proof of Closure Notice   Proof of Closure Notice (if applicable)   Plot Plan   Confirmation Sampling Analytical Results   Waste Material Sampling Analytical Results   Disposal Facility Name and Permit Number   Soil Backfilling and Cover Installation   Re-vegetation Application Rates and Seeding Technique   Site Reclamation (Photo Documentation)   On-site Closure Location: Latitude   Longitude   NAD:   1927   1983
OCD Approval: Permit Application (including closure plan)   Closure Plan (only)  OCD Representative Signature:
OCD Approval: Permit Application (including closure plan)   Closure Plan (only)  OCD Representative Signature:   Supplication (including closure plan)   Closure Plan (only)  Title:   Supplication (including closure plan)   Closure Plan (only)  Octobre Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC   Closure Method:   Closure Completion Date:   Closure Method   Alternative Closure Method   If different from approved plan, please explain.  Closure Report Attachment Checklist: Instructions: Each of the following items must be attached to the closure report. Please indicate, by a check mark in the box, that the documents are attached.   Proof of Closure Notice   Proof of Closure Notice   Proof of Closure Notice   Proof of Closure Notice (if applicable)   Plot Plan   Confirmation Sampling Analytical Results   Waste Material Sampling Analytical Results   Disposal Facility Name and Permit Number   Soil Backfilling and Cover Installation   Re-vegetation Application Rates and Seeding Technique   Site Reclamation (Photo Documentation)   On-site Closure Location: Latitude   Longitude   NAD:   1927   1983
OCD Approval: Permit Application (including closure plan) Closure Plan (only)  OCD Representative Signature: Approval Date: 1/4/08  Title: Subscience Permit Number: 070076  Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC Closure Completion Date:  Closure Method: Alternative Closure Method Alternative Closure Method If different from approved plan, please explain.  Closure Report Attachment Checklist: Instructions: Each of the following licens must be attached to the closure report. Please indicate, by a check mark in the box, that the documents are attached.  Proof of Closure Notice Proof of Deed Notice (if applicable) Plot Plan Confirmation Sampling Analytical Results Waste Material Sampling Analytical Results Disposal Facility Name and Permit Number Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique Site Reclamation (Photo Documentation) On-site 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.
OCD Approval: Permit Application (including closure plan)   Closure Plan (only)  OCD Representative Signature:
OCD Approval: Permit Application (including closure plan)   Closure Plan (only)  OCD Representative Signature:   Second   Second   Subsection   Closure Plan (only)  Title:   Subsection   Subsection   Subsection   Subsection   Closure Completion   Closure Report Attachment Checklist: Instructions: Each of the following items must be attached to the closure report. Please indicate, by a check mark in the box, that the documents are attached.   Proof of Closure Notice   Closure Completion   Confirmation Sampling Analytical Results   Closure Completion   Confirmation Sampling Analytical Results   Closure Completion   Closure Completion
OCD Approval: Permit Application (including closure plan) Closure Plan (only)  OCD Representative Signature: Approval Date: 1/4/08  Title: Subscience Permit Number: 070076  Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC Closure Completion Date:  Closure Method: Alternative Closure Method Alternative Closure Method If different from approved plan, please explain.  Closure Report Attachment Checklist: Instructions: Each of the following licens must be attached to the closure report. Please indicate, by a check mark in the box, that the documents are attached.  Proof of Closure Notice Proof of Deed Notice (if applicable) Plot Plan Confirmation Sampling Analytical Results Waste Material Sampling Analytical Results Disposal Facility Name and Permit Number Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique Site Reclamation (Photo Documentation) On-site 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.

## Closed Loop Operation & Maintenance Procedure

All drilling fluid circulated over shaker(s) with cuttings discharged into roll off container.

Fluid and fines below shaker(s) are circulated with transfer pump through centrifuge(s) or solids separator with cuttings and fines discharged into roll off container.

Fluid is continuously re-circulated through equipment with polymer added to aid separation of cutting fines.

Roll off containers are lined and de-watered with fluids re-circulated into system.

Additional tank is used to capture unused drilling fluid or cement returns from casing jobs.

This equipment will be maintained 24 hrs./day by solids control personnel and or rig crews that stay on location.

Cuttings will be hauled to either:

CRI (permit number R9166) or GMI (permit number 711-019-001)

dependent upon which rig is available to drill this well.

