District I

1625 N. French Dr , Hobbs, NM 88240

District II

1301 W Grand Ave , Artesia, NM 88210

District III

1000 Rio Brazos Rd, 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 July 21, 2008

For temporary pits, closed-loop sytems, 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

| 73 | 41 |
|-------|----|
| / ~ / | 1/ |

Pit, Closed-Loop System, Below-Grade Tank, or Proposed Alternative Method Permit or Closure Plan Application

| Type of action: | Permit of a pit, closed-loop system, below-grade tank, or proposed | alternative method |
|-----------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------|
| | Closure of a pit, closed-loop system, below-grade tank, or proposed | l alternative method |
| | X Modification to an existing permit | |
| | Closure plan only submitted for an existing permitted or non-permit below-grade tank, or proposed alternative method | tted pit, closed-loop system, |

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 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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Operator: Burlington Resources Oil & Gas Company, LP Address: PO Box 4289, Farmington, NM 87499 |
| |
| Facility or well name: SAN JUAN 30-6 UNIT 96N |
| API Number: 30-039-30836 OCD Permit Number |
| U/L or Qtr/Qtr: H(SE/NE) Section: 26 Township: 30N Range: 7W County: Rio Arriba |
| Center of Proposed Design: Latitude: 36.7838 °N Longitude: 107.531838 °W NAD: 1927 X 1983 |
| Surface Owner: X Federal State Private Tribal Trust or Indian Allotment |
| X Pit: Subsection F or G of 19 15 17.11 NMAC Temporary X Drilling Workover Permanent Emergency Cavitation P&A X Lined Unlined Liner type Thickness 20 mil X LLDPE HDPE PVC Other X String-Reinforced Liner Seams: X Welded X Factory Other Volume 7700 bbl Dimensions L 120' x W 55' x D 12' |
| Closed-loop System: Subsection H of 19 15 17 11 NMAC Type of Operation |
| Below-grade tank: Subsection I of 19 15 17.11 NMAC Volume: bbl Type of fluid Tank Construction material: Secondary containment with leak detection Visible sidewalls, liner, 6-inch lift and automatic overflow shut-off Visible sidewalls and liner Visible sidewalls only Other |
| Visible sidewalls and liner Visible sidewalls only Other Liner Type Thickness mil HDPE PVC Other |
| Submittal of an exception request is required Exceptions must be submitted to the Santa Fe Environmental Bureau office for consideration of approval |

| Fencing: Subsection D of 19 15 17 11 NMAC (Applies to permanent pit, temporary pits, and below-grade tanks) Chain link, six feet in height, two strands of barbed wire at top (Required if located within 1000 feet of a permanent residence, school, hospital, institution or church) Four foot height, four strands of barbed wire evenly spaced between one and four feet X Alternate. Please specify 4' hogwire fence with a single strand of barbed wire on top. | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------|
| 7 Netting: Subsection E of 19.15 17 11 NMAC (Applies to permanent pits and permanent open top tanks) Screen Netting Other Monthly inspections (If netting or screening is not physically feasible) | | |
| Signs: Subsection C of 19 15.17 11 NMAC 12" X 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers X Signed in compliance with 19.15 3.103 NMAC | | |
| Administrative Approvals and Exceptions: Justifications and/or demonstrations of equivalency are required. Please refer to 19 15.17 NMAC for guidance Please check a box if one or more of the following is requested, if not leave blank: Administrative approval(s) Requests must be submitted to the appropriate division district of the Santa Fe Environmental Bureau office for consideration of approval (Fencing/BGT Liner) Exception(s) Requests must be submitted to the Santa Fe Environmental Bureau office for consideration of approval | | |
| 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 - IWATERS 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. | Yes | No |
| (Applies to temporary, emergency, or cavitation pits and below-grade tanks) - Visual inspection (certification) of the proposed site; Aerial photo; Satellite image | □NA | |
| Within 1000 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application. (Applied to permanent pits) - Visual inspection (certification) of the proposed site; Aerial photo; Satellite image | ∐Yes ∏NA | ∐No |
| Within 500 horizonal 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. | Yes | □No |
| - NM Office of the State Engineer - iWATERS database search; 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 adopted pursuant to NMSA 1978, Section 3-27-3, as amended | Yes | No |
| Written confirmation or verification from the municipality; Written approval obtained from the municipality 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 Within a 100-year floodplain | Yes | ∐No ∏No |
| - FEMA map | □ 165 | |

Form C-144 Oil Conservation Division Page 2 of 5

| Temporary Pits, Emergency Pits and Below-grade Tanks 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. |
| 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 |
| Siting Criteria Compliance Demonstrations - based upon the appropriate requirements of 19.15.17 10 NMAC |
| 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 Boxes 14 through 18, if applicable) - 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 or Permit |
| 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. |
| Geologic and Hydrogeologic Data (only for on-site closure) - based upon the requirements of Paragraph (3) of Subsection B of 19.15.17.9 |
| Siting Criteria Compliance Demonstrations (only for on-site closure) - based upon the appropriate requirements of 19 15.17.10 NMAC |
| 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 Boxes 14 through 18, if applicable) - 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 |
| Previously Approved Operating and Maintenance Plan API |
| 13 |
| 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 documents are attached. |
| Hydrogeologic Report - based upon the requirements of Paragraph (I) 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 H2S, 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 |
| 14 |
| Proposed Closure: 19 15 17 13 NMAC Instructions: Please complete the applicable boxes, Boxes 14 through 18, in regards to the proposed closure plan. |
| Type: Drilling Workover Emergency Cavitation P&A Permanent Pit Below-grade Tank Closed-loop System |
| Alternative |
| Proposed Closure Method. Waste Excavation and Removal |
| Waste Removal (Closed-loop systems only) |
| On-site Closure Method (only for temporary pits and closed-loop systems) |
| In-place Burial On-site Trench |
| Alternative Closure Method (Exceptions must be submitted to the Santa Fe Environmental Bureau for consideration) |
| 15 |
| 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 Parmit Number (for liquids, drilling fluids and drill outtings) |
| ☐ 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 1 of 19.15.17.13 NMAC |
| Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC |
| L. 3-12-12-12-12-12-12-12-12-12-12-12-12-12- |

| Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19 15 17 13 D No Instructions Please identify the facility or facilities for the disposal of liquids, drilling fluids and drill cultings. Use attachment if more the | MAC) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| facilities are required | |
| Disposal Facility Name Disposal Facility Permit # | |
| Disposal Facility Name Disposal Facility Permit #: | ···· |
| Will any of the proposed closed-loop system operations and associated activities occur on or in areas that will not be used for Yes (If yes, please provide the information No | future service and |
| Required for impacted areas which will not be used for future service and operations Soil Backfill and Cover Design Specification - based upon the appropriate requirements of Subsection H of 19 15 17 12 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 | 3 NMAC |
| 17 | |
| 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 precedian siting criteria may require administrative approval from the appropriate district office or may be considered an exception which must be submoffice for consideration of approval Sustifications and/or demonstrations of equivalency are required. Please refer to 19 15 17 10 NMAC for guidance in the consideration of approval. | nitted to the Santa Fe Environmental Bureau |
| Ground water is less than 50 feet below the bottom of the buried waste. - NM Office of the State Engineer - iWATERS database search, USGS Data obtained from nearby wells | Yes No |
| Ground water is between 50 and 100 feet below the bottom of the buried waste | - Yes No |
| - NM Office of the State Engineer - 1WATERS database search, USGS, Data obtained from nearby wells | |
| Ground water is more than 100 feet below the bottom of the buried waste | Yes No |
| - NM Office of the State Engineer - tWATERS database search, USGS, Data obtained from nearby wells | □ N/A |
| Within 300 feet of a continuously flowing watercourse, or 200 feet of any other significant watercourse or 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 - Visual inspection (certification) of the proposed site, Aerial photo, satellite image | Yes No |
| | Yes No |
| 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 fee of any other fresh water well or spring, in existence at the time of the initial application - 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 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 - 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 | Yes No |
| - Written confirantion 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 Society, | Yes No |
| Topographic map Within a 100-year floodplain - FEMA map | Yes No |
| On-Site Closure Plan Checklist: (19.15 17 13 NMAC) Instructions: Each of the following items must bee attached to the by a check mark in the box, that the documents are attached. | e closure plan. Please indicate, |
| 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/Design Plan of Burial Trench (if applicable) based upon the appropriate requirements of 19 15 17.11 NMAC | |
| Construction/Design Plan of Temporary Pit (for in place burial of a drying pad) - 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 1 | NMAC |
| Waste Material Sampling Plan - based upon the appropriate requirements of Subsection F of 19 15.17 13 NMAC | landa connet halt) |
| Disposal Facility Name and Permit Number (for liquids, drilling fluids and drill cuttings or in case on-site closure stand Soil Cover Design - based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC | aards cannot be achieved) |
| 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 inthornation submitted with this application is true accurate and complete to the best of my knowledge and belief |
| Name (Print) Marie E Jaramillo /// Title Staff Regulatory Technician |
| Signature Date Date |
| e-mail address // marie e.ja/arthillo@conocophillips com Telephone 505-326-9865 |
| |
| 20 OCD Approval: Permit Application including flosure plan) Closure Plan (only) OCD Conditions (see aftachment) |
| |
| OCD Representative Signature:Approval Date:Approval Date: |
| Title: Como ignee Office OCD Permit Number: |
| |
| |
| 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: |
| 22 |
| Closure Method: |
| Waste Excavation and Removal On-site Closure Method Alternative Closure Method Waste Removal (Closed-loop systems only) |
| If different from approved plan, please explain |
| 23 |
| 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 Disposal Facility Permit Number |
| Disposal Facility Name. Disposal Facility Permit Number. |
| 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 comphilane to the items below) No |
| Seguired 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 |
| 24 |
| 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 (surface owner and division) |
| Proof of Deed Notice (required for on-site closure) |
| Plot Plan (for on-site closures and temporary pits) |
| Confirmation Sampling Analytical Results (if applicable) |
| Waste Material Sampling Analytical Results (if applicable) |
| 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 |
| |
| Operator Closure Certification: |
| I hereby certify that the information and attachments submitted with this closure report is ture, 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) Title |
| |
| Sugnature |
| Signature Date |

Burlington Resources Oil & Gas Company, LP San Juan Basin

Modification for a temporary pit Drilling/Completion and Workover

2ND Pit Closure Extension

Extension for three months to meet closure/cover requirements in Rule 19.15.17.13.A(6)

- BR did not meet the closure requirements specified in the referenced rule due to a deficiency in the system. Closure will be scheduled and initiated as soon as the sampling results are reviewed and pass for onsite closure.
- <u>(Revised Closure Date of 03/10/11)</u> is requested to complete closure activities.
- Other than the revised closure date there will be no modifications to the design, operation and maintenance, or closure plans for this location.

BR realizes this does not relieve any of the requirements of Part 17.