District 1 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

State of New Mexico Energy Minerals and Natural Resources Department

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

July 21, 2008 For temporary pits, closed-loop sytems, and below-grade

Form C-144

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

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API Number:

Temporary Permanent

Lined

Volume

Liner Type.

1220 S St. Francis Dr , Santa Fe, NM 87505 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 X Closure of a pit, closed-loop system, below-grade tank, or proposed alternative method Modification to an existing permit Closure plan only submitted for an existing permitted or non-permitted pit, closed-loop system, below-grade tank, or proposed alternative method Instructions: Please submit one application (Form C-144) per individual pit, closed-loop system, below-grade tank or alternative 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 OGRID#: 14538 Address: PO Box 4289, Farmington, NM 87499 Facility or well name: Calloway 100 30-045-34795 OCD Permit Number. U/L or Qtr/Qtr: B(NW/NE) Section. 27 Township: 31N Range: County: Center of Proposed Design: Latitude: 36.87376 ٥N Longitude: 107.974862 °W NAD: X 1927 1983 Surface Owner: X Private Tribal Trust or Indian Allotment Federal Pit: Subsection F or G of 19 15.17.11 NMAC Drilling Workover Emergency Cavitation LLDPE HDPE PVC Other Unlined Liner type: Thickness mil String-Reinforced Factory Volume X Closed-loop System: Subsection H of 19.15 17 11 NMAC Type of Operation X Drilling a new well Workover or Drilling (Applies to activities which require prior approval of a permit or P&A notice of intent) Drying Pad X Above Ground Steel Tanks Haul-off Bins Other X Lined Unlined Thickness 20 mil X LLDPE HDPE Liner type X Welded X Factory 189101127. inan 2010 Below-grade tank: Subsection I of 19.15 17 11 NMAC OIL CONS. DIV. DIST Type of fluid bbl 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 HDPE Other Thickness mil

Form C-144

Alternative Method:

Oil Conservation Division

Submittal of an exception request is required Exceptions must be submitted to the Santa Fe Environmental Bureau office for consideration of approval

Page 1 of 5

Fewcing: 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 four foot height, four strands of barbed wire evenly spaced between one and four feet Alternate Please specify 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	tution or churci	is)		
Signed in compliance with 19 15 3 103 NMAC				
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 Within 300 feet of a continuously flowing watercourse, or 200 feet of any other watercourse, lakebed, sinkhole, or playa	□Yes	□No		
lake (measured from the ordinary high-water mark). - Topographic map; Visual inspection (certification) of the proposed site 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 Within 1000 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application. (Applied to permanent pits)	Yes NA Yes NA	□No		
 Visual inspection (certification) of the proposed site, Aerial photo; Satellite image 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. 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 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 Within the area overlying a subsurface mine. - 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 Society, Topographic map Within a 100-year floodplain - FEMA map	Yes Yes Yes Yes	□ No □ No □ No		

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Temporary Pits, Emergency Pits and Below-grade Tanks Permit Application Attachment Checklist: Subsection B of 19.15.179 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 Number		
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		
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 Sting Criteria Compliance Demonstrations - based upon the appropriate requirements of 19.15 17 10 NMAC Climatological Factors Assessmen 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 Laner Specifications and Compatibility Assessment - based upon the appropriate requirements of 19.15.17.11 NMAC Quality Control/Quality Assurance Construction and Installation Plar Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.11 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 Erosion Control 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 Burial Alternative Closure Method (Exceptions must be submitted to the Santa Fe Environmental Bureau for consideration)		
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		

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16				
Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Ste Instructions: Please identify the facility or facilities for the disposal of liquids, drilling		acilities		
are required		,		
Disposal Facility Name.				
Disposal Facility Name	Disposal Facility Permit #.			
Will any of the proposed closed-loop system operations and associated activitie Yes (If yes, please provide the information No	es occur on or in areas that will not be used for future ser	vice and operations?		
Required for impacted areas which will not be used for future service and operations				
Soil Backfill and Cover Design Specification - based upon the appropriate Re-vegetation Plan - based upon the appropriate requirements of Subsection	· ·			
Site Reclamation Plan - based upon the appropriate requirements of Subsection Plan - based upon the appropriate requirements of Subsection Plan - based upon the appropriate requirements of Subsection Plan - based upon the appropriate requirements of Subsection Plan - based upon the appropriate requirements of Subsection Plan - based upon the appropriate requirements of Subsection Plan - based upon the appropriate requirements of Subsection Plan - based upon the appropriate requirements of Subsection Plan - based upon the appropriate requirements of Subsection Plan - based upon the appropriate requirements of Subsection Plan - based upon the appropriate requirements of Subsection Plan - based upon the appropriate requirements of Subsection Plan - based upon the appropriate requirements of Subsection Plan - based upon the appropriate requirements of Subsection Plan - based upon the appropriate requirements of Subsection Plan - based upon the appropriate requirements of Subsection Plan - based upon the appropriate requirements of Subsection Plan - based upon the appropriate requirements of Subsection Plan - based upon the appropriate requirements of Subsection Plan - based upon the appropriate requirements of Subsection Plan - based upon the appropriate requirements of Subsection Plan - based upon the appropriate requirements of Subsection Plan - based upon the appropriate requirements of Subsection Plan - based upon the appropriate requirements of Subsection Plan - based upon the appropriate requirements of Subsection Plan - based upon the appropriate requirements of Subsection Plan - based upon the appropriate requirements of Subsection Plan - based upon the appropriate requirements of Subsection Plan - based upon the appropriate requirements of Subsection Plan - based upon the appropriate requirements of Subsection Plan - based upon the appropriate requirements of Subsection Plan - based upon the appropriate requirements of Subsection Plan - based upon the appropriate requirements of Subsection Plan - based upo				
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. R.		Requests regarding changes to certain		
siting criteria may require administrative approval from the appropriate district office or may be consideration of approval. Justifications and/or demonstrations of equivalency are required. P		Environmental Bureau office for		
Ground water is less than 50 feet below the bottom of the buried waste		Yes No		
- NM Office of the State Engineer - (WATERS database search, USGS. Data obt	ained from nearby wells	□N/A		
Ground water is between 50 and 100 feet below the bottom of the buried waste		☐Yes ☐No		
- NM Office of the State Engineer - (WATERS database search, USGS, Data obtained)		│		
-	•			
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 obta	ained from nearby wells	∐N/A		
Within 300 feet of a continuously flowing watercourse, or 200 feet of any other signif (measured from the ordinary high-water mark)	icant watercourse or lakebed, sinkhole, or playa lake	Yes No		
- Topographic map; Visual inspection (certification) of the proposed site				
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 imag	re			
		Yes No		
Within 500 horizontal feet of a private, domestic fresh water well or spring that less the purposes, or within 1000 horizontal fee of any other fresh water well or spring, in exist - NM Office of the State Engineer - iWATERS database, Visual inspection (certif	stence at the time of the initial application			
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 ob	tained from the municipality			
Within 500 feet of a wetland - US Fish and Wildlife Wetland Identification map, Topographic map; Visual ins	waster (continuation) of the promoted site	Yes No		
	pection (certification) of the proposed site	Yes No		
Within the area overlying a subsurface mine - Written confirantion or verification or map from the NM EMNRD-Mining and	Mineral Division			
Within an unstable area		Yes No		
- Engineering measures incorporated into the design, NM Bureau of Geology & N	Ameral Resources, USGS; NM Geological Society,			
Topographic map				
Within a 100-year floodplain		Yes No		
- FEMA map				
On-Site Closure Plan Checklist: (19 15.17.13 NMAC) Instructions: Each	of the following items must be attached to the closure	nlan Plansa indicata hy a		
check mark in the box, that the documents are attached.	of the following teems must bee undered to the closure	print Trease mareine, by a		
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 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 Sul	bsection G of 19 15 17 13 NMAC			

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Survey county that the authorisation administed with this application in true, accurate and complete to the best of my knowledge and belief Name (Print)	i9 Operator Application Certification:					
Signature: Onco Department Date Department Date Department Date Department Date Department						
e-mail address. Telephone 20 OCD Approval: Permit Application (including closur falling) Permit Number:	Name (Print) Title					
OCD Approval: Permit Application (including closury folian)	Signature: Date					
OCD Approval Permit Application (including closur/plan) OCD Representative Signature: Approval Date: Ap	e-mail address. Telephone					
OCD Representative Signature: Approval Date: Approva						
Closure Report Trecuired within 60 days of closure completion) Land colours extension and submitting the closure report is required to the submitted to the dismission superported to the submitted to the dismission within 60 days of the completion of the closure activities. Please do not complete this section of the form with an approved closure plan have been obtained and the closure activities. Please do not complete this section of the form with an approved closure plan have been obtained and the closure activities have been completed. Closure Completion Date:	OCD Approval: Permit Application (including closure plan) Closure Plan (only) OCD Conditions (see attachment) OCD Representative Signature: Approval Date:					
Closure Method: Waste Excavation and Removal On-site Closure Method Alternative Closure Method X Waste Removal (Closed-loop systems only)	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 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 Closure Notice (surface owner and division) Confirmation Sampling Analytical Results (if applicable) Disposal Facility Name and Permit Number Name Na	Closure Method: Waste Excavation and Removal On-site Closure Method Alternative Closure Method Waste Removal (Closed-loop systems only)					
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 Closure Notice (surface owner and division) Disposal Facility Name and Permit Number Longitude. NAD 1927 1983 1800 1927 1983 1800 1927 1983 1800 1927 1983 1800 1927 1983 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800 1800	23					
Disposal Facility Name. Disposal Facility Name. Basin Disposal Facility Disposal Facility Name. Disposal Facility Name. Basin Disposal Facility Disposal Facility Name. 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 compiliane to the items below) No (Original Approved Drying Pad was not utilized for this location) Required for impacted areas which will not be used for future service and operations: Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installatior 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 Gode 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	Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only:					
Disposal Facility Name. Disposal Facility Name. Disposal Facility Name. Disposal Facility Permit Number. Disposal Facility Permit Number. MM-01-005 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 complitane to the items below)						
Disposal Facility Name. Basin Disposal Facility 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 compiliane to the items below) X No (Original Approved Drying Pad was not utilized for this location) Required for imputed areas which will not be used for future service and operations: Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installatior 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) 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 25 Operator Closure Certification: Interby 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). Crystal Tafoya Title: Regulatory Technician						
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 compliane to the items below) No (Original Approved Drying Pad was not utilized for this location) Required for impacted areas which will not be used for future service and operations: Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installatior Proof of 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) 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						
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Site Reclamation (Photo Documentation) On-site Closure Location Latitude Longitude. NAD 1927 1983 25 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). Crystal Tafoya Title: Regulatory Technician	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 Installatior					
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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). Crystal Tafoya Title: Regulatory Technician	On-site Closure Location Latitude Longitude. NAD 1927 1983					
Name (Print). Crystal Tafoya Title: Regulatory Technician	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 also certify that					
e-mail address crystal tafoya@conocphillips.com Telephone: 505-326-9837	e-mail address crystal tafoya@conocphillips com Telephone: 505-326-9837					