District [
1625 N. French Dr., Hobbs, NM 88240
District [[
1301 W. Grand Avenue, Artesia, NM 88210
District [[]
1000 Rio Brazos Road, Aztec, NM 87410
District [V]
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

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.

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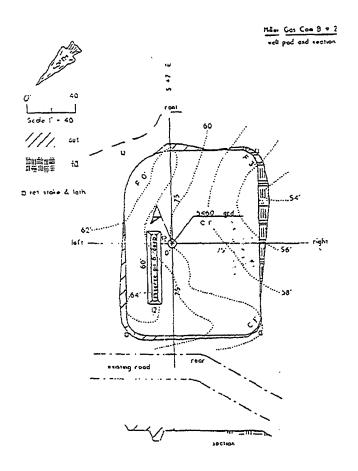
Proposed Alternative Method Permit or Closure Plan Application

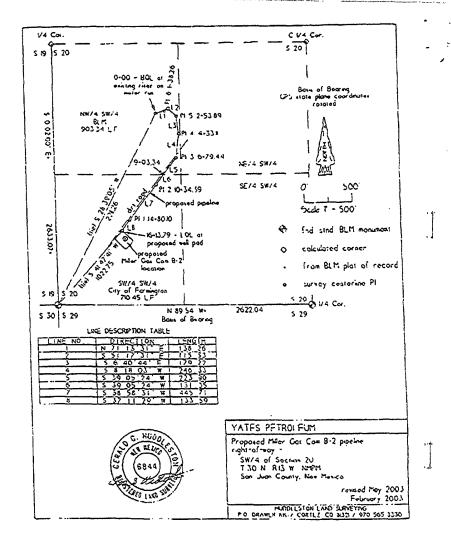
Proposed Alternative Method	Permit or Closure Plan Application
	ystem, below-grade tank, or proposed alternative method system, below-grade tank, or proposed alternative method
Instructions: Please submit one application (Form C-144) per is	ndividual pit, closed-loop system, below-grade tank or alternative request
	ability should operations result in pollution of surface water, ground water or the ply with any other applicable governmental authority's rules, regulations or ordinances.
Operator:McElvain Oil & Gas Properties, Inc	OGRID #:22044
Address:1050 17 th Street, Suite 1800	
	8 approved by OCD 5/23/2008 OIL_CONS. DIV.
	OCD Permit Number: DIST_3
	30NRange13WCounty:San Juan
Center of Proposed Design: Latitude36.79343 N	_Longitude108.23409W NAD: ☐1927 🖾 1983
Surface Owner: Federal State Private Tribal Trust or Indian	Allotment
☑ 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 ☐ Steel Pit	☐ Lined ☐ Unlined
☑ Lined ☐ Unlined	Liner type: Thicknessmil
Liner type: Thickness12mil	Other
☐ String-Reinforced	Scams: Welded Factory Other
Seams: Welded Factory Other	Volume:bblyd ³
Volume:2850bbl Dimensions: L_80 x W_25 x D8_	Dimensions: Lengthx 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 Four Feet -Hog wire- 1 Strand Barbed Wire - top
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	2 12'x24', 2' lettering, providing Operator's name, site location, and
Liner type: Thickness mil	emergency telephone numbers
Other	Signed in compliance with 19.15.3.103 NMAC
Alternative Method: Submittal of an exception request is required. Exceptions must be submitted to the Santa Fe Environmental Bureau office for consideration	Administrative Approvals and Exceptions: Justifications and/or demonstrations of equivalency are required. Please refer to 19.15.17 NMAC for guidance.
of approval.	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 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.

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 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. (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 Instructions: Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the deattached. 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. Siting Criteria Compliance Demonstrations - based upon the appropriate requirements of 19.15.17.10 NMAC Design Plan - based upon the appropriate requirements of 19.15.17.12 NMAC Closure Plan - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC	ocuments are
Previously Approved Design (attach copy of design) API Number: 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 de attached. Geologic and Hydrogeologic Data (required for on-site closure) - based upon the requirements of Paragraph (3) of Subsection B of Siting 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 Previously Approved Design (attach copy of design) API Number:	19.15.17.9

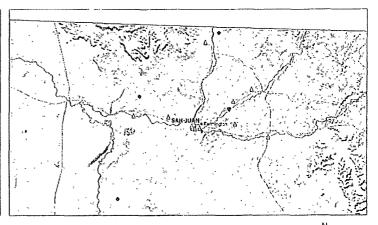
Permanent Pits Permit Application Checklist: Subsection B of 19.15.17.9 NMAC Instructions: Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the deattached. Hydrogeologic Report - based upon the requirements of Paragraph (1) of Subsection 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 ₂ 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	ocuments are
	7 Alternative
Type: Drilling Workover Emergency Cavitation Permanent Pit Below-grade Tank Closed-loop System 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 con	
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 NMAC for guidance.	
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 ☐ NA
Ground water is between 50 and 100 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 ☐ NA
Ground water is more than 100 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 ☐ NA
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
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; 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	☐ Ycs ⊠ No
Within a 100-year floodplain.	☐ Yes 🏻 No

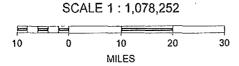
cleasure plan. Pleases Indicate, by a check much in the bas, that the documents are entitleded.	Vaste Excavation and Removal Closure Plan Checklist: (19.15.17.13 NMAC) Instructions: Each of the following items must be attached to the
Contimation Sampling Plan (if applicable) - based upon the appropriate requirements of Subsection 6 of 19.15.17.13 NNAC Disposed Facility Banne and Permi Number (for liquids, drilling fitting and and rill attings)	closure plan. Please indicate, by a check mark in the box, that the documents are attached.
Spisoast Facility Name and Permit Number (for liquids, drilling fluids and drill cathings)	Confirmation Sampling Plan (if applicable) - based upon the appropriate requirements of Subsection F of 19 15.17.13 NMAC.
Re-vegetation Plan - based upon the appropriate requirements of Subsection of 19.15.17.13 NMAC	
Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC Instructions: Please indicate, was fulfilly been be subjected by the subjected by the subject of byte in the subject of global shadows and an incompanies. Disposal Facility Name: Disposal Facility	
Waste Removal Closure For Closed-loop Systems That Utilize HauLoff Bins Only: (19.15.17.13.D)NMAC) Instructions: Please indicating of facilities for the dispusal of Highlish, drilling Builds and drill cathings. Disposal Facility Permit Number:	
or facilities for the disponal of liquids, drilling fluids and drill cuttings. Disposal Facility Name: Disposal Facility Name: Disposal Facility Name: Disposal Facility Permit Number: Shing Criteria Compliance Demonstrations - based upon the appropriate requirements of 19.15.17.13 NMAC Construction and Design of Burial Trench (if applicable) based upon the appropriate requirements of 19.15.17.13 NMAC Construction and Design of Burial Trench (if applicable) based upon the appropriate requirements of 19.15.17.13 NMAC Confirmation Sampling Plan (if applicable) - based upon the appropriate requirements of 19.15.17.13 NMAC Confirmation Sampling Plan (if applicable) - based upon the appropriate requirements of 19.15.17.13 NMAC Disposal Facility Name and Permit Number (for liquids, drilling fluids and drill cuttings or m case on-site closure standards cannot be achieved) Soil Cover Design - based upon the appropriate requirements of Subsection 16 19.15.17.13 NMAC Servegetation Plan - based upon the appropriate requirements of Subsection 16 19.15.17.13 NMAC Soil Cover Design - based upon the appropriate requirements of Subsection 16 19.15.17.13 NMAC Soil Cover Design - based upon the appropriate requirements of Subsection 16 19.15.17.13 NMAC Soil Cover Design - based upon the appropriate requirements of Subsection 16 19.15.17.13 NMAC Soil Cover Design - based upon the appropriate requirements of Subsection 16 19.15.17.13 NMAC Destarter Amplication Extractions: 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):Deborah K Powell	
Disposal Facility Name: Disposal Facility Permit Number: Disposal Facility Name and in International Permit Number: Disposal Facility Name and international Permit Number: Disposal Facility Name and international Design of Partial Trench (if applicable) Disposal Facility Name and international Disposal Permit Number (in Finds) Disposal Facility Name and Irri applicable) Disposal Facility Name and Permit Number (in Finds), diffusion of Subsection For 1915.17.13 NMAC Disposal Facility Name and Permit Number (in Finds), diffusion of Subsection For 1915.17.13 NMAC Disposal Facility Name and permit Number (in Finds), diffusion gluss and drift extings or mease on siste closure standards cannot be achieved) Disposal Facility Name and port the appropriate requirements of Subsection For 1915.17.13 NMAC Disposal Facility Name and goon the appropriate requirements of Subsection For 1915.17.13 NMAC Disposal Facility Name and goon the appropriate requirements of Subsection For 1915.17.13 NMAC Disposal Facility Name and goon the appropriate requirements of Subsection For 1915.17.13 NMAC Disposal Facility Name and goon the appropriate requirements of Subsection For 1915.17.13 NMAC Disposal Facility Name and goon the appropriate requirements of Subsection For 1915.17.13 NMAC Disposal Facility Name and goon the appropriate requirements of Subsection For 1915.17.13 NMAC Disposal Facility Name and goon the appropriate requirements of Subsection For 1915.17.13 NMAC Disposal Facility Name and goon the appropriate requirements of Subsection For 1915.1	
by a check mark in the box, that the documents are attached.	
by a check mark in the box, that the documents are attached.	Disposal Facility Name: Disposal Facility Permit Number:
Signing Criteria Compliance Demonstrations - based upon the appropriate requirements of 19.15.17.10 NMAC Proof of Surface Owner Nutrice - based upon the appropriate requirements of 19.15.17.13 NMAC Construction and Design of Burial Trench (if applicable) based upon the appropriate requirements of 19.15.17.13 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 19.15.17.13 NMAC Waste Macterial Sampling Plan - based upon the appropriate requirements of 19.15.17.13 NMAC Disposal Facility Name and Permit Number (for lequids, drilling fluids and drill cuttings or m case on-site closure standards cannot be achieved) Soil Cover Design - based upon the appropriate requirements of 5 subsection 1 of 19.15.17.13 NMAC Revegetation Plan - based upon the appropriate requirements of Subsection 1 of 19.15.17.13 NMAC Revegetation Plan - based upon the appropriate requirements of Subsection 1 of 19.15.17.13 NMAC Size Reventation Plan - based upon the appropriate requirements of Subsection 1 of 19.15.17.13 NMAC Size Revegetation Plan - based upon the appropriate requirements of Subsection 1 of 19.15.17.13 NMAC Size Revegetation Plan - based upon the appropriate requirements of Subsection 1 of 19.15.17.13 NMAC Size Revegetation Plan - based upon the appropriate requirements of Subsection 1 of 19.15.17.13 NMAC Provide the standard of the subsection of 19.15.17.13 NMAC Title:	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,
Proof of Surface Owner Notice - based upon the appropriate requirements of Subsection in of 19.15.17.13 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 Soil Cover Design - based upon the propriate requirements of Subsection of 10.15.17.13 NMAC Revegetation Plan - based upon the appropriate requirements of Subsection of 10.15.17.13 NMAC Size Revegetation Plan - based upon the appropriate requirements of Subsection of 19.15.17.13 NMAC Size Reclamation Plan - based upon the appropriate requirements of Subsection of 19.15.17.13 NMAC Propriate Cartification: 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): Deborah K Powell Title: Engineering Tech_Supervisor Signature: DebbyP@McElvain.com Telephone: 303-893-0933 OCD Approval: Permit Application (including closure plan) Closure Plan (only) OCD Representative Signature: Application (including closure plan) Closure Plan (only) OCD Representative Signature: Application (including closure plan): Subsection K of 19.15.17.13 NMAC Closure Report frequired within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC Closure Report frequired within 60 days of closure completion: Subsection K of 19.15.17.13 NMAC Closure Report frequired make a property of the following thems must be attached to the closure report. Please indicate, by a check mark in the box, that the documents are attached. Proof of Deed Notice (if applicable) Designation (Print): Marker and Premit Number Signature: Date: Designation (Print): Marker and Complete to the best of my knowledge and belief. I also certify that the closure complete with all applicable closure requirements and conditions specified in t	Construction and Design of Burial Trench (if applicable) based upon the appropriate requirements of 19.15.17.11 NMAC
Waste Material Sampling Plan - based upon the appropriate requirements of Subsection F of 19.15.17.13 NAAC	
Disposal Facility Name and Permit Number (for liquids, drilling fluids and drill cuttings or me ase on-site closure standards cannot be achieved) Soil Cover Design - based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC Revegetation Plan - based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC Size Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC Size 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. Name (Print): Deborah K Powell	
Signature:	Disposal Facility Name and Permit Number (for liquids, drilling fluids and drill cuttings or m case on-site closure standards cannot be achieved)
Sise 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.	
Operator Application Certification: Thereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief. Name (Print): _Deborah K Powel	
Thereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief. Name (Print): _Deborah K Powel	
Name (Print): _Deborah K Powell	
Signature: DebbyP@McElvain.com	
c-mail address: DebbyP@McElvain.com	
OCD Approval: Permit Application (including closure plan) Closure Plan (only) OCD Representative Signature:	ignature: Date: _7/15/2008
OCD Representative Signature:	-mail address: DebbyP@McFlyain.com Telephone: 303-893-0933
OCD Representative Signature:	
Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC Closure Completion Date: Closure Method: Maste Excavation and Removal On-Site Closure Method Alternative Closure Method If different from approved plan, please explain.	OCD Approval: Permit Application (including closure plan) Closure Plan (only)
Closure Method: 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 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 Re-vegetation Application Rates and Seeding Technique Site Reclamation (Photo Documentation) On-site Closure Location: Latitude Longitude NAD: 1927 1983 Operator Closure Certification: Interchecklist 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 information and attachments submitted with all applicable closure requirements and conditions specified in the approved closure plan. Name (Print): Title: Date:	OCD Approval: Decemit Application (including closure plan) Closure Plan (only) OCD Representative Signature: 3 Sunskin Sousil Approval Date: 7-18-08
Closure Method: 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 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 Re-vegetation Application Rates and Seeding Technique Site Reclamation (Photo Documentation) On-site Closure Location: Latitude Longitude NAD: 1927 1983 Operator Closure Certification: Interchecklist 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 information and attachments submitted with all applicable closure requirements and conditions specified in the approved closure plan. Name (Print): Title: Date:	OCD Approval: Decemit Application (including closure plan) Closure Plan (only) OCD Representative Signature: 3 Sunskin Sousil Approval Date: 7-18-08
Waste Excavation and Removal On-Site Closure Method Alternative Closure Method If different from approved plan, please explain.	OCD Approval: Recomit Application (including closure plan) Closure Plan (only) OCD Representative Signature: Sumban Souell Approval Date: 7-18-08 OCD Permit Number:
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 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 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): Title: Signature: Date:	CD Approval: Permit Application (including closure plan) Closure Plan (only) CD Representative Signature: Supplied Devel Approval Date: 7-18-08 Citle: Enviro Spec OCD Permit Number: Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC
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 Re-vegetation Application Rates and Seeding Technique Site Reclamation (Photo Documentation) On-site Closure Location: Latitude	CD Approval: Permit Application (including closure plan) Closure Plan (only) CD Representative Signature: Sunskin Soul Approval Date: 7-18-08 Citle: Enviro Spec OCD Permit Number: 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
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 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):	OCD Approval: Permit Application (including closure plan) Closure Plan (only) OCD Representative Signature: Sundan Soul Approval Date: 7-18-08 Title: English Spec OCD Permit Number: OCD Permit Number: 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.
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 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): Title: Date:	DCD Approval: Permit Application (including closure plan) Closure Plan (only) DCD Representative Signature: Standard Source Completion: Approval Date: 7-18-08 Citle: Environ Spec OCD Permit Number: OCD Permit Number: 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 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 tark in the box, that the documents are attached. Proof of Closure Notice
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	OCD Approval: Report Attachment Checklist: Instructions: Each of the following items must be attached to the closure report. Please indicate, by a check ark in the box, that the documents are attached. Proof of Closure Notice Proof of Closure Notice Proof of Closure Notice Proof of Deed Notice (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	Closure Plan (only) Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC Closure Completion Date: Closure Method: Closure 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
Re-vegetation Application Rates and Seeding Technique Site Reclamation (Photo Documentation) On-site Closure Location: Latitude	Closure Plan (only) Closure Plan (only)
Site Reclamation (Photo Documentation) On-site Closure Location: Latitude	DCD Approval: Permit Application (including closure plan) Closure Plan (only) DCD Representative Signature:
On-site Closure Location: Latitude	CD Approval: Permit Application (including closure plan) Closure Plan (only) CD Representative Signature:
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):	CD Approval: Permit Application (including closure plan) Closure Plan (only) CD Representative Signature: Permit Application (including closure plan) Closure Plan (only) 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 Closure Notice Proof of Closure Notice Proof of Deed Notice (if applicable) Plot Plan Confirmation Sampling Analytical Results Waste Material Sampling Analytical Results Usingosal Facility Name and Permit Number Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique
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):	DCD Approval: Permit Application (including closure plan) Closure Plan (only) DCD Representative Signature:
Signature: Date:	DCD Approval: Permit Application (including closure plan) Closure Plan (only) DCD Representative Signature:
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	CD Approval: Permit Application (including closure plan) Closure Plan (only)
	CD Approval: Permit Application (including closure plan) Closure Plan (only)



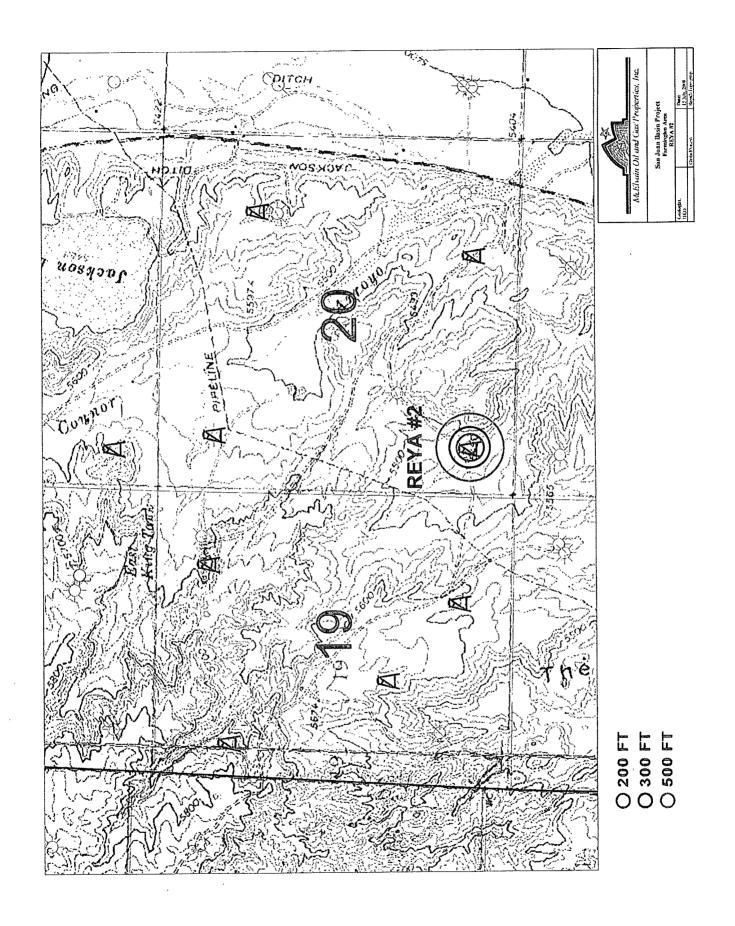


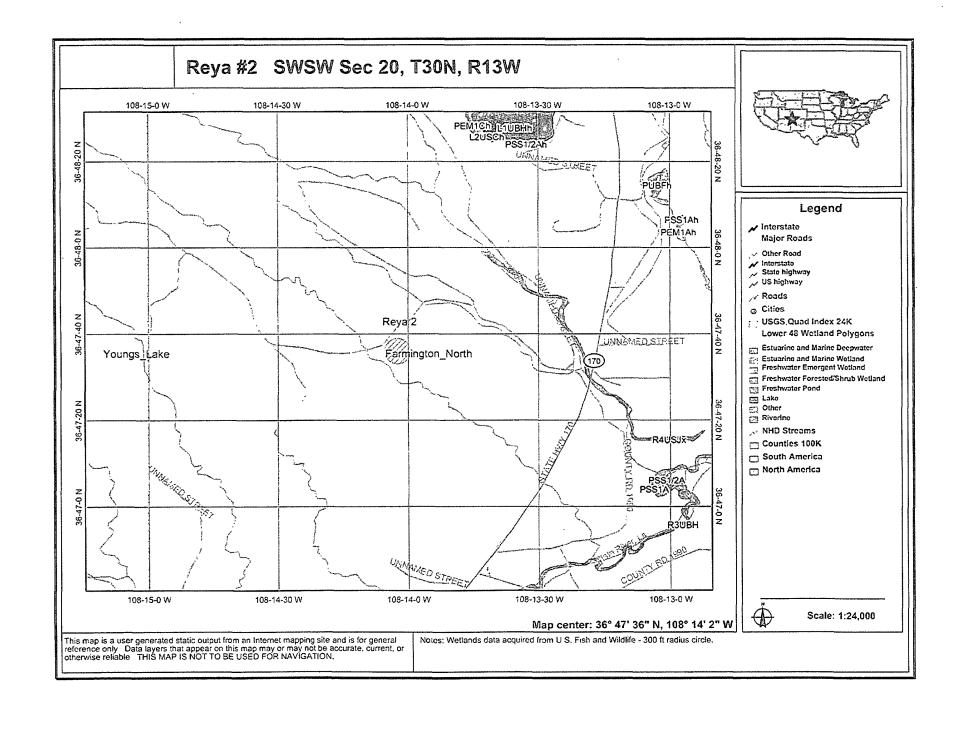
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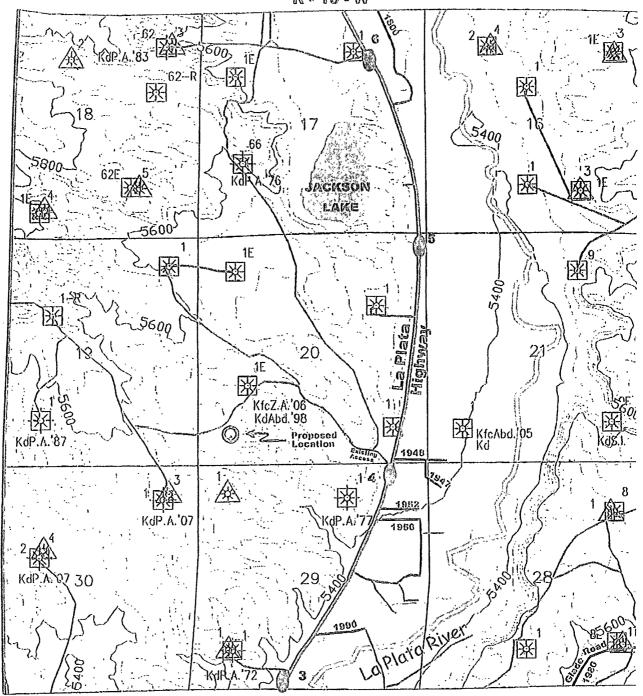












McElvain Oil & Gas Properities, Inc.

VICINITY WAP

Reva #2. 683' FSL - 711' FWL SECTION 20, T30N / R13W SAN JUAN COUNTY, NEW MEXICO

C.I. = 40° SCALE: 1"=2000" POSTED TO: 9-21-2007

Prepared by: HOPKINS MAP SERVICE

McElvain Oil & Gas Properties, Inc. San Juan Basin Temporary Pit Closure Plan

In accordance with Rule 19.15.17.13 NMAC the following procedure describes the closure plan for the McElvain Oil & Gas temporary pit on the Reya #2 well located in the SWSW of Sec 20, T30N, 13W.

Closure Requirements:

- 1. The temporary pit will be closed in place by on-site burial prior to the pit extension closure date of December 5, 2008 as granted by the NMOCD.
- 2. The Division will be notified at least 72 hours in advance prior to onsite closure.
- 3. The surface owner will be provided with the proposal by certified mail for the on-site closure procedure.
- 4. All liquids will be removed from the temporary permit prior to closure and the liquids disposed of in a division approved facility.
- 5. A minimum five point composite sample of the pit contents will be analyzed for benzene, BTEX, TPH, and chlorides and reported on form C-141.
- 6. The pit will be covered with compacted, non-waste containing, earthen material with a division prescribed soil cover. The site will be re-contoured and re-seeded to comply with Subsections G, H, and I of 19.15.17.13 NMAC.
- 7. A minimum 4" steel marker will be installed at the center of the on-site burial.
- 8. The C-144 closure report and the location of the on-site burial will be reported on form C-105 within 60 days of closing and a deed notice filed with the appropriate county clerk.