State of New Mexico Energy Minerals and Natural Resources Department

Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505 Form C-144 CLEZ July 21, 2008

For closed-loop systems that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure, submit to the appropriate NMOCD District Office.

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Closed-Loop System Permit or Closure Plan Application

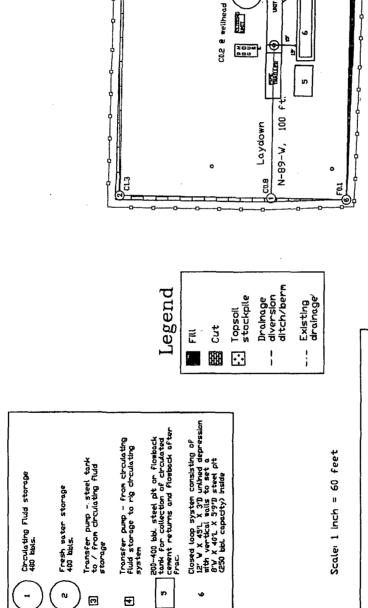
(that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure)

Type of action: ☐ Permit ☐ Closure

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

Please be advised that approval of this request does not relieve the operator of liability should operations result in polenvironment. Nor does approval relieve the operator of its responsibility to comply with any other applicable govern	Ilution of surface water, ground water or the imental authority's rules, regulations or ordinances.	
I.	THOLIAN MAN	
Operator:McElvain Oil & Gas Properties, Inc OGRID #: Address: 1050 17 th St , Suite 2500, Denver, CO 80265	ZZU44	
Facility or well name:Ruby #2		
U/L or Qtr/Qtr P Section 3 Township 29N Range 13W County: San Juar		
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Center of Proposed Design: Latitude36.74925 N Longitude108.18722 W	NAD: [1927 🔀 1983	
Surface Owner: Federal State Private Tribal Trust or Indian Allotment		
2. ☐ Closed-loop System: Subsection H of 19.15.17.11 NMAC Operation: ☐ Drilling a new well ☐ Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) ☐ P&A ☐ Above Ground Steel Tanks or ☐ Haul-off Bins		
Simple Charles Caclo IS 17 II NIMAC		
Signs: Subsection C of 19.15.17.11 NMAC		
☐ 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers ☐ Signed in compliance with 19.15.3.103 NMAC		
4.		
Closed-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.9 NMAC Instructions: Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are attached. Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC Closure Plan (Please complete Box 5) - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC Previously Approved Design (attach copy of design) API Number: Previously Approved Operating and Maintenance Plan API Number:		
Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19.15.17.13.D NMAC) Instructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two facilities are required.		
Disposal Facility Name:Solids- JFJ Landfarm Disposal Facility Permit Number:1		
Disposal Facility Name:Liqids-Key Four Corners, Inc Disposal Facility Permit Number:		
Will any of the proposed closed-loop system operations and associated activities occur on or in areas that will not be used for future service and operations? Yes (If yes, please provide the information below) No		
Required for impacted areas which will not be used for future service and operations: Soil Backfill and Cover Design Specifications based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC Re-vegetation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC		
6. Operator Application Certification:		
I hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief.		
Name (Print): Title:		
e-mail address:		

7. OCD Approval: ☐ Permit Application (including closure plan) ☐ Closure ₽	lan (only)
OCD Representative Signature:	Approval Date:
Title: Compliance Office	OCD Permit Number:
8. Closure Report (required within 60 days of closure completion): Subsection Instructions: Operators are required to obtain an approved closure plan prior to The closure report is required to be submitted to the division within 60 days of to section of the form until an approved closure plan has been obtained and the closure plan has been obtained and the closure plan has been obtained.	to implementing any closure activities and submitting the closure report. the completion of the closure activities. Please do not complete this
	☐ Closure Completion Date: 7/1/2010
9. Closure Report Regarding Waste Removal Closure For Closed-loop Systems Instructions: Please indentify the facility or facilities for where the liquids, drift two facilities were utilized. Disposal Facility Name:Industrial Ecosystems Inc Disposal Facility	Permit Number:13236
Disposal Facility Name:	Disposal Facility Permit Number:
Were the closed-loop system operations and associated activities performed on on \square Yes (If yes, please demonstrate compliance to the items below) \square No	r in areas that will not be used for future service and operations?
Required for impacted areas which will not be used for future service and operated. Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique	ions:
Operator Closure Certification: I hereby certify that the information and attachments submitted with this closure belief. I also certify that the closure complies with all applicable closure requirements.	
Name (Print): Deborah Powell	Title:Eng Tech Manager
Signature: Delly & Mell	Date:1/13/2011
e-mail address:Debbyp@McElvain.com	Telephone:303-893-0933



Permanent 6 ft. high chain link fence

F0.2

