

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.

**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 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 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.

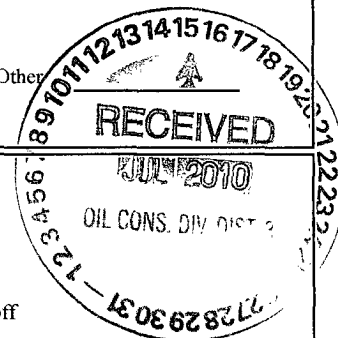
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Operator: **Burlington Resources Oil & Gas Company, LP** OGRID#: **14538**
 Address: **PO Box 4289, Farmington, NM 87499**
 Facility or well name: **HANCOCK 7**
 API Number: **30-045-07140** OCD Permit Number: _____
 U/L or Qtr/Qtr: **L(NW/SW)** Section: **30** Township: **28N** Range: **9W** County: **San Juan**
 Center of Proposed Design: Latitude: **36.63025** °N Longitude: **107.83354** °W NAD: ☐ 1927 ☒ 1983
 Surface Owner: ☒ Federal ☐ State ☐ Private ☐ Tribal Trust or Indian Allotment

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☐ **Pit:** Subsection F or G of 19.15.17.11 NMAC
 Temporary: ☐ Drilling ☐ Workover
☐ Permanent ☐ Emergency ☐ Cavitation ☐ P&A
☐ Lined ☐ Unlined Liner type: Thickness _____ mil ☐ LLDPE ☐ HDPE ☐ PVC ☐ Other _____
☐ String-Reinforced
 Liner Seams: ☐ Welded ☐ Factory ☐ Other _____ Volume: _____ bbl Dimensions L _____ x W _____ x D _____

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☒ **Closed-loop System:** Subsection H of 19.15.17.11 NMAC
 Type of Operation: ☒ P&A ☐ Drilling a new well ☐ Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent)
☐ Drying Pad ☒ Above Ground Steel Tanks ☐ Haul-off Bins ☐ Other _____
☐ Lined ☐ Unlined Liner type: Thickness _____ mil ☒ LLDPE ☐ HDPE ☐ PVD ☐ Other _____
 Liner Seams: ☐ Welded ☐ Factory ☐ Other _____

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☐ **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 _____
 Liner Type: Thickness _____ mil ☐ HDPE ☐ PVC ☐ Other _____

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☐ **Alternative Method:**
 Submittal of an exception request is required. Exceptions must be submitted to the Santa Fe Environmental Bureau office for consideration of approval.



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.

- _____

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.

1. **Project Overview:** The project aims to develop a comprehensive system for managing and analyzing data from various sources, including sensors, databases, and external APIs. The system will be designed to be scalable, secure, and user-friendly.
2. **Objectives:**
 - Develop a robust data ingestion pipeline capable of handling high-volume data streams.
 - Implement advanced data processing and analytics capabilities using machine learning algorithms.
 - Ensure data security and compliance with industry standards (e.g., GDPR, HIPAA).
 - Provide a flexible and intuitive user interface for data visualization and reporting.
3. **Scope:** The project scope includes the design, development, testing, and deployment of the system. It covers the integration of existing data sources and the implementation of new data processing modules.
4. **Timeline:** The project is scheduled to start in Q1 2024 and is expected to be completed by Q4 2024. Key milestones include:
 - Requirement gathering and analysis (Q1 2024).
 - System architecture design (Q2 2024).
 - Development and integration (Q3 2024).
 - Testing and validation (Q4 2024).
 - Deployment and monitoring (Q1 2025).
5. **Resources:** The project team consists of a Project Manager, Data Engineers, Data Scientists, and Software Developers. Necessary resources include hardware infrastructure, software licenses, and access to external data sources.
6. **Risks:** Potential risks include data quality issues, integration challenges with legacy systems, and changes in requirements. Mitigation strategies include regular communication, thorough testing, and flexible project management.
7. **Conclusion:** This project represents a significant step towards modernizing our data management processes. By leveraging cutting-edge technologies and a structured approach, we aim to deliver a high-quality solution that meets our business needs and provides valuable insights.

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.

- [illegible]

Instructions: Please complete the applicable boxes, Boxes 14 through 18, in regards to the proposed closure plan.

Proposed Closure Method: ☐ Waste Excavation and Removal

☐ Protocols and Procedures - based upon the appropriate requirements of 19.15.17.13 NMAC

- _____

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 identify 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: _____ 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 future service and

☐ Yes (If yes, please provide the information) ☐ No

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 19.15.17.13 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

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

☐ N/A

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

☐ N/A

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

☐ 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 feet 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

☐ 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

On-Site Closure Plan Checklist: (19.15.17.13 NMAC) *Instructions: Each of the following items must be attached to the closure plan. Please indicate, by a check mark in the box, that the documents are attached.*

☐ Siting Criteria Compliance Demonstrations - based upon the appropriate requirements of 19.15.17.10 NMAC

☐ Proof of Surface Owner Notice - based upon the appropriate requirements of Subsection F of 19.15.17.13 NMAC

☐ Construction/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 Subsection G of 19.15.17.13 NMAC

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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: _____
 Signature: _____ Date: _____
 e-mail address: _____ Telephone: _____

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OCD Approval: ☐ Permit Application (including closure plan) ☒ Closure Plan (only) ☐ OCD Conditions (see attachment)

OCD Representative Signature: _____ **Approval Date:** 1/5/11
Title: Compliance Officer **OCD Permit Number:** _____

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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:** 4/23/2010

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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.

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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: Envirotech / JFJ Landfarm % IEI Disposal Facility Permit Number: NM-01-0011 / NM-01-0010B
 Disposal Facility Name: Basin Disposal Facility Disposal Facility Permit Number: NM-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 compliance 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 Installation
☐ Re-vegetation Application Rates and Seeding Technique

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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

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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): Marie E. Jaramillo Title: Staff Regulatory Technician
 Signature: _____ Date: 3/12/10
 e-mail address: marie.e.jaramillo@conocophillips.com Telephone: 505-326-9865