

30-021-20477  
2031-243F

20.

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

OCD Representative Signature: *Ed Martin*

Approval Date: 2/12/10

Title: DISTRICT SUPERVISOR OCD Permit Number: \_\_\_\_\_

21.

**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: 6/1/09

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 indentify 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 compliance to the items below) ☐ No

*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

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.*

|                                                                                                    |                                                                  |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Proof of Closure Notice (surface owner and division)                      | N/A                                                              |
| <input type="checkbox"/> Proof of Deed Notice (required for on-site closure)                       | N/A                                                              |
| <input type="checkbox"/> Plot Plan (for on-site closures and temporary pits)                       | Already Provided                                                 |
| <input type="checkbox"/> Confirmation Sampling Analytical Results (if applicable)                  | Same                                                             |
| <input type="checkbox"/> Waste Material Sampling Analytical Results (required for on-site closure) | Same                                                             |
| <input type="checkbox"/> Disposal Facility Name and Permit Number                                  | Same                                                             |
| <input type="checkbox"/> Soil Backfilling and Cover Installation                                   | Per Original C-144                                               |
| <input type="checkbox"/> Re-vegetation Application Rates and Seeding Technique                     | Already Provided                                                 |
| <input type="checkbox"/> Site Reclamation (Photo Documentation)                                    | N/A                                                              |
| On-site Closure Location: Latitude <u>Already Provided</u> Longitude <u>Same</u>                   | NAD: <input type="checkbox"/> 1927 <input type="checkbox"/> 1983 |

25.

**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): LYNN Clay Title: Artificial Lift Specialist

Signature: *Lynn Clay* Date: 7/14/09

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