1625 N. French Dr., Hobbs, NM 88240 Energy Minerals and Natural Resources Revised April 3, 2017 District II Department . District III Oil Conservation Division
1000 Rio Brazos Road, Aztec, NM 87410 <u>District IV</u> 1220 South St. Francis Dr. NMOCD
1220 S. St. Francis Dr., Santa Fe, NM 87505 Santa Fe, NM 87505
Recycling Facility Only DISTRICT III
Type of action: Permit Registration Modification Closure Other (explain)
1. Operator: LOGOS Operating, LLC (For multiple operators attach page with information) OGRID #: 289408
Address: 2010 Afton Place, Farmington, NM 87401
Facility or well name (include API# if associated with a well): <u>Athena 2308 14L 1H & 2H 30-045-35632 & 30-045-35633</u>
OCD Permit Number: 3RF-34 (For new facilities the permit number will be assigned by the district office) U/L or Otr/Otr L Section 14
U/L or Qtr/Qtr <u>L</u> Section <u>14</u> Township <u>23N</u> Range <u>8W</u> County: <u>San Juan</u> Surface Owner: State Private Tribal Trust or Indian Allotment
$\stackrel{2}{\boxtimes} \frac{1}{\text{Recycling Facility:}} \qquad $
Location of recycling facility (if applicable): Latitude <u>36.225657°N</u> Longitude <u>107.658266°W</u> NAD83
Proposed Use: Drilling* Completion* Production* Plugging *
*The re-use of produced water may NOT be used until fresh water zones are cased and cemented
Other, requires permit for other uses. Describe use, process, testing, volume of produced water and ensure there will be no adverse impact on
groundwater or surface water.
⊠ Fluid Storage
Above ground tanks Activity permitted under 19.15.17 NMAC explain type
Activity permitted under 19.15.36 NMAC explain type:
Closure Report (required within 60 days of closure completion): Recycling Facility Closure Completion Date:12/12/18
3.
Variances:
Justifications and/or demonstrations that the proposed variance will afford reasonable protection against contamination of fresh water, human health, and the
environment. Check the below box only if a variance is requested:
 Variance(s): Requests must be submitted to the appropriate division district for consideration of approval. If a Variance is requested, include the variance information on a separate page and attach it to the C-147 as part of the application. If a Variance is requested, it must be approved prior to implementation.
variance information on a separate page and attach it to the C-147 as part of the application. If a Variance is requested, it must be approved prior to implementation. 4.
variance information on a separate page and attach it to the C-147 as part of the application. If a Variance is requested, it must be approved prior to implementation.
 variance information on a separate page and attach it to the C-147 as part of the application. If a Variance is requested, it must be approved prior to implementation. 4. <u>Operator Application Certification</u>: I hereby certify that the information and attachments submitted with this application are true, accurate and complete to the best of my knowledge and belief.
 variance information on a separate page and attach it to the C-147 as part of the application. If a Variance is requested, it must be approved prior to implementation. 4. <u>Operator Application Certification</u>: I hereby certify that the information and attachments submitted with this application are true, accurate and complete to the best of my knowledge and belief. Name (Print): <u>Tamra Sessions</u> Title: <u>Regulatory Specialist</u> (Contermine): <u>Tamra Sessions</u> Title: <u>Regulatory Specialist</u> (Contermine): <u>Tamra Sessions</u> (Contermine): <u>Tamra Session</u> (Contermine): <u>Tam</u>
 variance information on a separate page and attach it to the C-147 as part of the application. If a Variance is requested, it must be approved prior to implementation. 4. <u>Operator Application Certification</u>: I hereby certify that the information and attachments submitted with this application are true, accurate and complete to the best of my knowledge and belief.
 variance information on a separate page and attach it to the C-147 as part of the application. If a Variance is requested, it must be approved prior to implementation. 4. Operator Application Certification: I hereby certify that the information and attachments submitted with this application are true, accurate and complete to the best of my knowledge and belief. Name (Print): <u>Tamra Sessions</u> Signature: <u>Mamberson</u> Title: <u>Regulatory Specialist</u> Date: <u>Mamberson</u> Date: <u>Mamberson Dateson Dateson <u>Mamberson Dateson </u></u>
variance information on a separate page and attach it to the C-147 as part of the application. If a Variance is requested, it must be approved prior to implementation. 4. Operator Application Certification: I hereby certify that the information and attachments submitted with this application are true, accurate and complete to the best of my knowledge and belief. Name (Print): Tamra Sessions Title: Regulatory Specialist Signature: Date: Date: D449 Telephone: 505-324-4145
variance information on a separate page and attach it to the C-147 as part of the application. If a Variance is requested, it must be approved prior to implementation. 4. Operator Application Certification: I hereby certify that the information and attachments submitted with this application are true, accurate and complete to the best of my knowledge and belief. Name (Print): Tamra Sessions Title: Regulatory Specialist Signature: Date: I hereby certify that the information and attachments submitted with this application are true, accurate and complete to the best of my knowledge and belief. Name (Print): Tamra Sessions Date: I hereby certify that the information and attachments submitted with this application are true, accurate and complete to the best of my knowledge and belief. Name (Print): Tamra Sessions Date: I hereby certify that the information and attachments submitted with this application are true, accurate and complete to the best of my knowledge and belief. Name (Print): Tamra Sessions Date: I hereby certify that the information and attachments submitted with this application. Date: I hereby certify that the information and attachments submitted with this application. Date: Signature: I hereby certify that the information. I hereby certify that the information. I hereby certify that the information.
variance information on a separate page and attach it to the C-147 as part of the application. If a Variance is requested, it must be approved prior to implementation. 4. Operator Application Certification: I hereby certify that the information and attachments submitted with this application are true, accurate and complete to the best of my knowledge and belief. Name (Print): Tamra Sessions Title: Regulatory Specialist Signature: Date: I hereby certify that the information and attachments submitted with this application are true, accurate and complete to the best of my knowledge and belief. Name (Print): Tamra Sessions Title: Regulatory Specialist Signature: Image: Im
variance information on a separate page and attach it to the C-147 as part of the application. If a Variance is requested, it must be approved prior to implementation. 4. Operator Application Certification: I hereby certify that the information and attachments submitted with this application are true, accurate and complete to the best of my knowledge and belief. Name (Print): Tamra Sessions Title: Regulatory Specialist Signature: Date: I hereby certify that the information and attachments submitted with this application are true, accurate and complete to the best of my knowledge and belief. Name (Print): Tamra Sessions Date: I hereby certify that the information and attachments submitted with this application are true, accurate and complete to the best of my knowledge and belief. Name (Print): Tamra Sessions Date: I hereby certify that the information and attachments submitted with this application are true, accurate and complete to the best of my knowledge and belief. Name (Print): Tamra Sessions Date: I hereby certify that the information and attachments submitted with this application. Date: I hereby certify that the information and attachments submitted with this application. Date: Signature: I hereby certify that the information. I hereby certify that the information. I hereby certify that the information.

Oil Conservation Division

Page 1 of J