

District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, Artesia, NM 88210
District III
1000 Rio Brazos Road, Aztec, NM 87410
District IV
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

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.

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

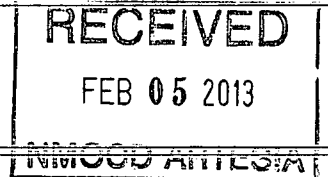
Instructions: Please submit one application (Form C-144 CLEZ) per individual closed-loop system request. For any application request other than for a closed-loop system that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure, please submit a Form C-144.

Please be advised that approval of this request does not relieve the operator of liability should operations result in 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.

1.
Operator: COG OPERATING LLC OGRID #: 229137
Address: One Concho Center 600 W. Illinois Ave. MIDLAND, TX 79701
Facility or well name: Pinto 36 State Com #5H
API Number: 30-015-39970 OCD Permit Number: 212580
U/L or Qtr/Qtr M Section 36 Township 18S Range 25E County: Eddy
Center of Proposed Design: Latitude _____ Longitude _____ 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

3.
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: _____

5.
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: _____ Disposal Facility Permit Number: _____
Disposal Facility Name: _____ 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 I 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: _____
Signature: _____ Date: _____
e-mail address: _____ Telephone: _____

7. **OCD Approval:** Permit Application (including closure plan) Closure Plan (only)

OCD Representative Signature: JR Dade Approval Date: 2/7/13

Title: Dist R Super OCD Permit Number: 212580

8. **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: 9/14/12

9. **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: CRI Disposal Facility Permit Number: R1966

Disposal Facility Name: GM INC Disposal Facility Permit Number: 711-019-001

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

10. **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): Chasity Jackson Title: Regulatory Analyst

Signature: CJackson Date: 1/21/13

e-mail address: cjackson@concho.com Telephone: 432-686-3087

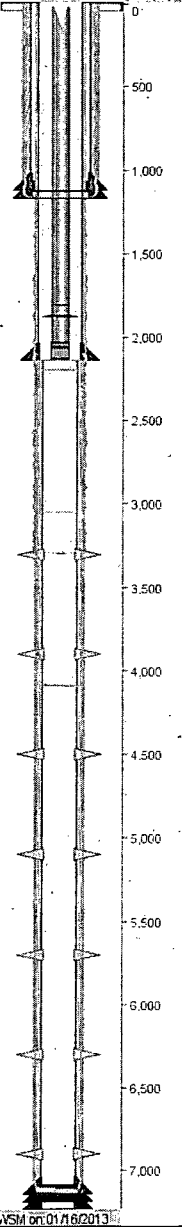
ID: 30-015-39970

Well Name: PINTO 36 STATE COM #5H

Event#: 4

Report Dates: 01/16/2013

PINTO 36 STATE COM #5H MD (ft)



PIPE SPECIFICATION

STRING NAME	SECTION NAME	JOINT COUNT	START DEPTH	END DEPTH	LENGTH	OD SIZE	ID SIZE	WT GRDNT	GRD	CONN
CONDUCTOR	CASING		0.00	40.00	40.00	20.00	19.12	94.0	H-40	STC
SURFACE	GUIDE SHOE		1164.94	1166.00	1.06	10.63			J-55	LTC
SURFACE	CASING	1	1119.75	1164.94	45.19	9.63	8.77	36.0	J-55	LTC
SURFACE	FLOAT SHOE		1118.15	1119.75	1.60	10.63			J-55	LTC
SURFACE	CASING	25	-5.73	1118.15	1123.88	9.63	8.77	36.0	J-55	LTC
PRODUCTION	GUIDE SHOE		7232.25	7234.00	1.75	5.50	4.89		L80	LTC
PRODUCTION	CASING	1	7188.57	7232.25	43.68	5.50	4.89	17.0	L80	LTC
PRODUCTION	FLOAT COLLAR		7187.15	7188.57	1.42	5.50	4.89		L80	LTC
PRODUCTION	CASING	1	7143.10	7187.15	44.05	5.50	4.89	17.0	L80	LTC
PRODUCTION	TRIGGER TOE SUB		7140.85	7143.10	2.25	5.50	4.89		L80	LTC
PRODUCTION	CASING	119	2137.68	7140.85	5003.17	5.50	4.89	17.0	L80	LTC
PRODUCTION	CROSSOVER		2135.45	2137.68	2.23	7.00	6.28		L80	LTC
PRODUCTION	CASING	48	-10.75	2135.45	2146.20	7.00	6.28	26.0	L80	LTC
TUBING	BULL PLUG		2126.37	2127.17	0.80	2.88	2.44	6.5	L80	EUE
TUBING	MUD ANCHOR	2	2062.10	2126.37	64.27	2.88	2.44	6.5	L80	EUE
TUBING	SLOTTED TBG SUB		2058.00	2062.10	4.10	2.88	2.44	6.5	L80	EUE
TUBING	SEAT NIPLE		2057.20	2058.00	0.80	2.88	1.90	6.5	L80	EUE
TUBING	TUBING PUMP		2029.20	2057.20	28.00	2.88	2.44	6.5	L80	EUE
TUBING	TUBING	5	1872.00	2029.20	157.20	2.88	2.44	6.5	L80	EUE
TUBING	TUBING ANCHOR		1869.30	1872.00	2.70	5.50	2.44	6.5	L80	EUE
TUBING	TUBING	2	1805.10	1869.30	64.20	2.88	2.44	6.5	L80	EUE
TUBING	MARKER JOINT		1803.10	1805.10	2.00	2.88	2.44	6.5	L80	EUE
TUBING	TUBING	55	15.00	1803.10	1788.10	2.88	2.44	6.5	L80	EUE
TUBING	KB		0.00	15.00	15.00					
TUBING	TBG DRANE		0.00	0.00	0.00					

CEMENTING

STRING NAME	STAGE #	LEAD TOP (est) (ft)	LEAD TOP (ver) (ft)	TAIL TOP (est) (ft)	TAIL TOP (ver) (ft)
SURFACE	1	0.0	0.0		
SURFACE	2				
PRODUCTION	1	0.0	0.0		
PRODUCTION	2				

BHA STRING

DRILL EQUIP CODE	DESCRIPTION	LENGTH	OD SIZE	ID SIZE

PERFORATION

ZONE	JOB REPORT DATE	ZONE NAME	TOP DEPTH	BOTTOM DEPTH	HOLE SIZE	PEN SIZE	SQUEEZED
1	08/28/2012	PADDOCK	6700.00	7100.00	0.43	23.00	N

ID: 30-015-39970

Well Name: PINTO 36 STATE COM #5H

Event#: 4

Report Dates: 01/16/2013

PERFORATION							
ZONE	JOB REPORT DATE	ZONE NAME	TOP DEPTH	BOTTOM DEPTH	HOLE SIZE	PEN SIZE	SQUEEZED
2	08/28/2012	PADDOCK	6100.00	6500.00	0.43	23.00	N
3	08/28/2012	PADDOCK	5500.00	5900.00	0.43	23.00	N
4	08/28/2012	PADDOCK	4900.00	5300.00	0.43	23.00	N
5	08/28/2012	PADDOCK	4300.00	4700.00	0.43	23.00	N
6	08/28/2012	PADDOCK	3700.00	4100.00	0.43	23.00	N
7	08/28/2012	PADDOCK	3100.00	3500.00	0.43	23.00	N