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Signed in compliance v	with 19.15.3.103	NMAC	<u></u>						
4. Closed-loop Systems Permi	h Annilastian Att	nahmant Chaeldlate Suba	notion P of 10 1	C 17 0 NIMAC			NMOCD ARTESIA		
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DCD Approval:	Permit Application (including closure plan)	∧ · □	Closure Plan (only)			
CD Representative Sign	nature: 510000	jko –	•	Approval Date:	1/23/2013	_
litle:	Jist & Sepencer	ļ	OCD P4	ermit Number:	213807	_
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Closure Report (required nstructions: Operators are the closure report is requir.	d within 60 days of closure completion): e required to obtain an approved closure plai ed to be submitted to the division within 60 a approved closure plan has been obtained an	h prior to imp days of the co	plementing any closure a completion of the closure	activities and submitti activities. Please do mpleted.		
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	ng Waste Removal Closure For Closed-lc by the facility or facilities for where the liquid					
Disposal Facility Name:			Disposal fa	cility Permit Number:		-
Disposal Facility Name:		<u> </u>	Disposal fa	cility Permit Number:		
Nere the closed-loop syste	m operations and associated activities perfor	med on or in	areas that <i>will not</i> be us	ed for future service a	nd operations?	
Yes (If yes), p	please demonstrate compliance to the items l	jelow)	l I No			
Required for impacted area	is which will not be used for future service and	operations:				
	ation (Photo Documentation)	!				
Soil Backfillir	ng and Cover Installation	1 9 1				
	n Application Rates and Seeding Technique					
10.		<u></u>	· · · · · · · · · · · · · · · · · · ·			
Operator Closure Certif	ication:					
I hereby certify that the inf	ormation and attachments submitted with th	s closure rep	ort is true, accurate and	complete to the best	of my knowledge ·	
and belief. I also certify the	at the closure complies with all applicable clos	sure requirem	nents and conditions spe	cified in the approved	closure plan.	
Name (Print)	Guinn Burks	 	Title:	Recla	mation Foreman	
Signature:	Buine Buth	2	Date:	7-9-	13	
e-mail address:	guinn.burks@apachecorp	com	Telephone:	4	132-556-9143	
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