District 1 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 IVState of New Mex Energy Minerals and Natura Department Oil Conservation Div 1220 South St. Francis Santa Fe, NM 87505District IV 1220 South St. France Santa Fe, NM 87505State of New Mex Energy Minerals and Natura Department Oil Conservation Div 1220 South St. France Santa Fe, NM 87505	I Resources SEP 25 2013 For closed-loop systems that only use above ground steel tanks orthail off bins and propose to implement waste removation closure, submit to the appropriate NMOCD District Office.	
Closed-Loop System Permit or Clo	sure Plan Application	
(that only use above ground steel tanks or haul-off bins and pro Type of action:	<u>pose to implement waste removal for closure)</u> 🛛 Closure	
Instructions: Please submit one application (Form C-144 CLEZ) per individual closed-loc closed-loop system that only use above ground steel tanks or haul-off bins and propose to lease be advised that approval of this request does not relieve the operator of liability should c	implement waste removal for closure, please submit a Form C-144. perations result in pollution of surface water, ground water or the	
nvironment. Nor does approval relieve the operator of its responsibility to comply with any of	her applicable governmental authority's rules, regulations or ordinances.	
Operator: Cimarex Energy Co. of Colorado	OGRID #: 162683	
Address:600 N. Marienfeld Street, Suite 600; Midland, TX 79701		
Facility or well name: <u>Irwin 23-14 Federal 4H</u>		
API Number: 30-015-39894 OCD Permit Number:		
U/L or Qtr/Qtr <u>A</u> Section <u>23</u> Township <u>19S</u> Range <u>30E</u> County:	Eddy	
Center of Proposed Design: Latitude 32' 38' 58.25" N Longitude 103' 56' 11.5	<u>2" W</u> NAD: □1927 ⊠ 1983	
Surface Owner: 🛛 Federal 🗌 State 🗋 Private 🗋 Tribal Trust or Indian Allotment		
Image: Subsection H of 19.15.17.11 NMAC Operation: Image: Operation Distribution Image: Ope	require prior approval of a permit or notice of intent)	
Signs: Subsection C of 19.15.17.11 NMAC □ 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telep ⊠ Signed in compliance with 19.15.3.103 NMAC	hone numbers	
4. Closed-loop Systems Permit Application Attachment Checklist: Subsection B of 19 Instructions: Each of the following items must be attached to the application. Please 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. </td <td><i>indicate, by a check mark in the box, that the documents are</i> 15.17.12 NMAC of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC</td>	<i>indicate, by a check mark in the box, that the documents are</i> 15.17.12 NMAC of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC	
Previously Approved Operating and Maintenance Plan API Number:		
5. Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Instructions: Please indentify the facility or facilities for the disposal of liquids, drillin facilities are required.	ng fluids and drill cuttings. Use attachment if more than two	
Disposal Facility Name: <u>CR1</u> Disp	Disal Facility Permit Number: <u>NM-01-0006</u>	
Disposal Facility Name: Disp Will any of the proposed closed-loop system operations and associated activities occur o Yes (If yes, please provide the information below) No	osal Facility Permit Number:	
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 I of 1 Re-vegetation Plan - based upon the appropriate requirements of Subsection I of 1 Site Reclamation Plan - based upon the appropriate requirements of Subsection G	9.15.17.13 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): Aricka Easterling		
Signature:		
e-mail address:aeasterling@cimarex.com	Telephone:918-560-7060	

Form C-144 CLEZ

Oil Conservation Division

7. OCD Approval: Permit Application (includ	ting closure plan)
OCD Representative Signature:	
Title:	
^{8,} <u>Closure Report (required within 60 days of cla</u> Instructions: Operators are required to obtain a The closure report is required to be submitted to	osure completion): Subsection K of 19.15.17.13 NMAC an approved closure plan prior to implementing any closure activities and submitting the closure report, o the division within 60 days of the completion of the closure activities. Please do not complete this an has been obtained and the closure activities have been completed.
	Closure Completion Date: <u>3/13/13</u>
	osure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: cilities for where the liquids, drilling fluids and drill cuttings were disposed. Use attachment if more than
	Disposal Facility Permit Number: <u>NM-01-0006</u> Disposal Facility Permit Number:
Were the closed-loop system operations and asso	be to the items below) 🛛 No
Required for impacted areas which will not be us Site Reclamation (Photo Documentation)	ted for future service and operations:
 Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding 	ing Technique
Re-vegetation Application Rates and Seedi Operator Closure Certification: I hereby certify that the information and attachmeter	ing Technique ents submitted with this closure report is true, accurate and complete to the best of my knowledge and th all applicable closure requirements and conditions specified in the approved closure plan.
Re-vegetation Application Rates and Seedi Decision Closure Certification: I hereby certify that the information and attachment	ents submitted with this closure report is true, accurate and complete to the best of my knowledge and
Re-vegetation Application Rates and Seedi Operator Closure Certification: I hereby certify that the information and attachme belief. I also certify that the closure complies with	ents submitted with this closure report is true, accurate and complete to the best of my knowledge and th all applicable closure requirements and conditions specified in the approved closure plan.

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