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

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.

invironment. The does approval reneve the operator of its responsionity to compry					
Operator: <u>COG Operating LLC</u>	OGRID #: 229137				
Address:One Concho Center 600 W. Illinois , Midland, TX 79701					
Facility or well name: Ouimet State Com #2H					
API Number: 30-015-40417 OC	2D Permit Number:213111				
U/L or Qtr/Qtr. <u>A</u> Section <u>2</u> Township <u>175</u>	S Range <u>29E</u> County: <u>Eddy</u>				
Center of Proposed Design: Latitude L					
Surface Owner: 🗍 Federal 🖾 State 🗌 Private 🗌 Tribal Trust or Indian All	lotment				
2. Subsection H of 19.15.17.11 NMAC Operation: 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					
	OCT 25 2013				
Signs: Subsection C of 19.15.17.11 NMAC 12"x 24", 2" lettering, providing Operator's name, site location, and emer					
Signed in compliance with 19.15.3.103 NMAC	NMOCD ARTESIA				
<ul> <li>Previously Approved Design (attach copy of design)</li> <li>Previously Approved Operating and Maintenance Plan</li> <li>API Number:</li> <li>API Number:</li> <li>Maste Removal Closure For Closed-loop Systems That Utilize Above Gr Instructions: Please indentify the facility or facilities for the disposal of liquid</li> </ul>	NMAC nents of 19.15.17.12 NMAC quirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC				
facilities are required. Disposal Facility Name: <u>CRI</u>	Disposal Facility Permit Number: <u>R1966</u>				
Disposal Facility Name: <u>GM INC</u>					
Will any of the proposed closed-loop system operations and associated activities occur on or in areas that <i>will not</i> be used for future service and operations? Yes (If yes, please provide the information below) No					
<ul> <li>Required for impacted areas which will not be used for future service and operations:</li> <li>Soil Backfill and Cover Design Specifications based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC</li> <li>Re-vegetation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC</li> <li>Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC</li> </ul>					
6. Operator Application Certification:					
I hereby certify that the information submitted with this application is true, a	ccurate and complete to the best of my knowledge and belief.				
Name (Print):Signature:					
e-mail address:					

Oit Conservation Division

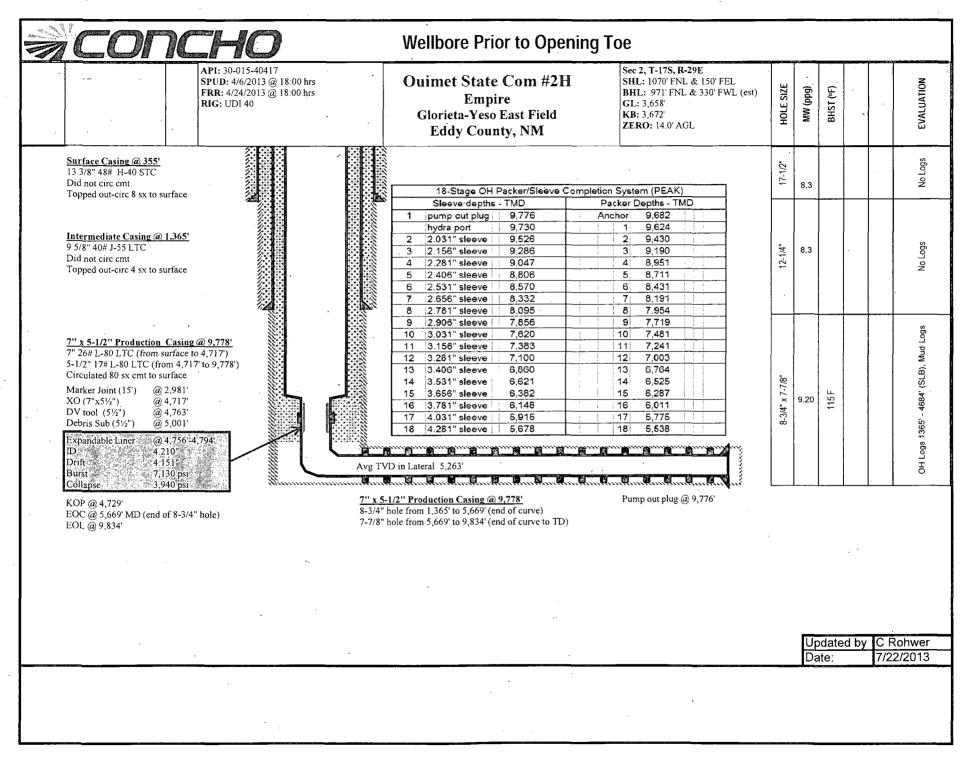
7. OCD Approval: Permit Application (including closure plan) Closure Plan (only)				
OCD Representative Signature:			Approval Date	e:
Title:	·	OCD Permit Number:		)((
<ul> <li><u>Closure Report (required within 60 days of closure completion)</u>: Subsection K of 19.15.17.13 NMAC</li> <li>Instructions: 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.</li> <li>Closure Completion Date: <u>8/20/13</u></li> </ul>				
9. <u>Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only:</u> 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:	CRI	Disposal Facility Permi	it Number:	<u>R1966</u>
Disposal Facility Name:	_GM INC	Disposal Facility Perm	it Number:	<u>711-019-001</u>
Were the closed-loop system operations and associated activities performed on or in areas that <i>will not</i> 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				
<ul> <li>Deperator Closure Certification:</li> <li>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.</li> </ul>				
Name (Print): <u>Chasity Jackson</u>		Title: <u>Regulatory</u>	<u>Analyst</u>	
Signature: CHWIM		Date: <u>10/2</u>	23/13	•
e-mail address: <u>cjackson@concho.com</u>	,	Celephone:432-686-308	37	

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Form C-144 CLEZ



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