

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.

8156

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: <u>ELM RIDGE EXPLORATION CO LLC</u>	OGRID #: <u>149052</u>
Address: <u>PO BOX 156 Bloomfield, NM 87413</u>	
Facility or well name: <u>Burro Canyon # 2</u>	
API Number: <u>30-039-21168</u>	OCD Permit Number: _____
U/L or Qtr/Qtr <u>H</u> Section <u>21</u> Township <u>24N</u> Range <u>04W</u> County: <u>Rio Arriba County</u>	
Center of Proposed Design: Latitude <u>0</u> Longitude <u>-0</u> NAD: <input type="checkbox"/> 1927 X 1983	
Surface Owner: Federal <input type="checkbox"/> State <input type="checkbox"/> Private <input type="checkbox"/> Tribal Trust or Indian Allotment <input checked="" type="checkbox"/>	

2.
X Closed-loop System: Subsection H of 19.15.17.11 NMAC
Operation: <input type="checkbox"/> Drilling a new well Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) <input checked="" type="checkbox"/> P&A
X Above Ground Steel Tanks or <input type="checkbox"/> Haul-off Bins

3.
Signs: Subsection C of 19.15.17.11 NMAC
<input type="checkbox"/> 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers
X Sign 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.
<input type="checkbox"/> Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC
<input type="checkbox"/> Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC
<input type="checkbox"/> 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
<input type="checkbox"/> Previously Approved Design (attach copy of design) API Number: _____
<input checked="" type="checkbox"/> Previously Approved Operating and Maintenance Plan API Number: <u>30-045-28195</u>

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 identify 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: <u>Carson Unit WDW 242</u> Disposal Facility Permit Number: <u>SWD-933</u>
Disposal Facility Name: <u>Envirotech Landfarm</u> Disposal Facility Permit Number: <u>NM-0-0011</u>
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? <input type="checkbox"/> Yes (If yes, please provide the information below) X No
Required for impacted areas which will not be used for future service and operations
<input type="checkbox"/> Soil Backfill and Cover Design Specifications - based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC
<input type="checkbox"/> Re-vegetation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC
<input type="checkbox"/> 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): <u>Sharla Bemrose</u> Title: <u>Administrative Specialist</u>
Signature: _____ Date: <u>12-8-10</u>
e-mail address: <u>Amackey1@elmridge.net</u> Telephone: <u>505-632-3476 x 201</u>