

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  
July 21, 2008

For temporary pits, closed-loop systems, and below-grade tanks, submit to the appropriate NMOCD District Office.  
For permanent pits and exceptions submit to the Santa Fe Environmental Bureau office and provide a copy to the appropriate NMOCD District Office.

5750

Pit, Closed-Loop System, Below-Grade Tank, or  
Proposed Alternative Method Permit or Closure Plan Application

- Type of action: ☐ Permit of a pit, closed-loop system, below-grade tank, or proposed alternative method  
☐ Closure of a pit, closed-loop system, below-grade tank, or proposed alternative method  
☒ Modification to an existing permit  
☐ Closure plan only submitted for an existing permitted or non-permitted pit, closed-loop system, below-grade tank, or proposed alternative method

**Instructions:** Please submit one application (Form C-144) per individual pit, closed-loop system, below-grade tank or alternative request

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.

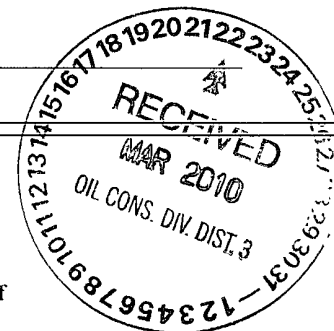
1.  
Operator: Energen Resources OGRID #: 162928  
Address: 2010 Afton Place, Farmington, New Mexico 87401  
Facility or well name: Carson 201S  
API Number: 3003930239 OCD Permit Number: \_\_\_\_\_  
U/L or Qtr/Qtr K Section 7 Township 30N Range 04W County: Rio Arriba  
Center of Proposed Design: Latitude 36.82383 Longitude -107.2998 NAD: ☐ 1927 ☒ 1983  
Surface Owner: ☒ Federal ☐ State ☐ Private ☐ Tribal Trust or Indian Allotment

2.  
☐ **Pit:** Subsection F or G of 19.15.17.11 NMAC  
Temporary: ☐ Drilling ☐ Workover  
☐ Permanent ☐ Emergency ☐ Cavitation ☐ P&A  
☐ Lined ☐ Unlined Liner type: Thickness \_\_\_\_\_ mil ☐ LLDPE ☐ HDPE ☐ PVC ☐ Other \_\_\_\_\_  
☐ String-Reinforced  
Liner Seams: ☐ Welded ☐ Factory ☐ Other \_\_\_\_\_ Volume: \_\_\_\_\_ bbl Dimensions: L \_\_\_\_\_ x W \_\_\_\_\_ x D \_\_\_\_\_

3.  
☐ **Closed-loop System:** Subsection H of 19.15.17.11 NMAC  
Type of Operation: ☐ P&A ☐ Drilling a new well ☐ Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent)  
☐ Drying Pad ☐ Above Ground Steel Tanks ☐ Haul-off Bins ☐ Other \_\_\_\_\_  
☐ Lined ☐ Unlined Liner type: Thickness \_\_\_\_\_ mil ☐ LLDPE ☐ HDPE ☐ PVC ☐ Other \_\_\_\_\_  
Liner Seams: ☐ Welded ☐ Factory ☐ Other \_\_\_\_\_

4.  
☒ **Below-grade tank:** Subsection I of 19.15.17.11 NMAC  
Volume: \_\_\_\_\_ bbl Type of fluid: Produced Water  
Tank Construction material: \_\_\_\_\_  
☐ Secondary containment with leak detection ☐ Visible sidewalls, liner, 6-inch lift and automatic overflow shut-off  
☐ Visible sidewalls and liner ☒ Visible sidewalls only ☐ Other \_\_\_\_\_  
Liner type: Thickness \_\_\_\_\_ mil ☐ HDPE ☐ PVC ☐ Other \_\_\_\_\_

5.  
☐ **Alternative Method:**  
Submittal of an exception request is required. Exceptions must be submitted to the Santa Fe Environmental Bureau office for consideration of approval.



|                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                          |                                                                     |                                                                                                                                                                                                                                                                                                              |                                                                     |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                    |                                                                                                                                                                                                                                                                                                            |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |                                                                                                                                                                                                                                                                                                                                                    |                                                                     |                                                                                                                                                                                                   |                                                                     |                                                                                                                                                                                   |                                                                     |                                                                                                                                                                                                                   |                                                                     |                                                                                   |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 6.                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p><b>Fencing:</b> Subsection D of 19.15.17.11 NMAC (<i>Applies to permanent pits, temporary pits, and below-grade tanks</i>)</p> <p><input type="checkbox"/> Chain link, six feet in height, two strands of barbed wire at top (<i>Required if located within 1000 feet of a permanent residence, school, hospital, institution or church</i>)</p> <p><input type="checkbox"/> Four foot height, four strands of barbed wire evenly spaced between one and four feet</p> <p><input checked="" type="checkbox"/> Alternate. Please specify <u>4 ft Hog Wire with a top rail</u>.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                          |                                                                     |                                                                                                                                                                                                                                                                                                              |                                                                     |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                    |                                                                                                                                                                                                                                                                                                            |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |                                                                                                                                                                                                                                                                                                                                                    |                                                                     |                                                                                                                                                                                                   |                                                                     |                                                                                                                                                                                   |                                                                     |                                                                                                                                                                                                                   |                                                                     |                                                                                   |                                                                     |
| 7.                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p><b>Netting:</b> Subsection E of 19.15.17.11 NMAC (<i>Applies to permanent pits and permanent open top tanks</i>)</p> <p><input checked="" type="checkbox"/> Screen <input type="checkbox"/> Netting <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Monthly inspections (If netting or screening is not physically feasible)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                          |                                                                     |                                                                                                                                                                                                                                                                                                              |                                                                     |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                    |                                                                                                                                                                                                                                                                                                            |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |                                                                                                                                                                                                                                                                                                                                                    |                                                                     |                                                                                                                                                                                                   |                                                                     |                                                                                                                                                                                   |                                                                     |                                                                                                                                                                                                                   |                                                                     |                                                                                   |                                                                     |
| 8.                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p><b>Signs:</b> Subsection C of 19.15.17.11 NMAC</p> <p><input type="checkbox"/> 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers</p> <p><input checked="" type="checkbox"/> Signed in compliance with 19.15.3.103 NMAC</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                          |                                                                     |                                                                                                                                                                                                                                                                                                              |                                                                     |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                    |                                                                                                                                                                                                                                                                                                            |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |                                                                                                                                                                                                                                                                                                                                                    |                                                                     |                                                                                                                                                                                                   |                                                                     |                                                                                                                                                                                   |                                                                     |                                                                                                                                                                                                                   |                                                                     |                                                                                   |                                                                     |
| 9.                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p><b>Administrative Approvals and Exceptions:</b></p> <p>Justifications and/or demonstrations of equivalency are required. Please refer to 19.15.17 NMAC for guidance.</p> <p><b>Please check a box if one or more of the following is requested, if not leave blank:</b></p> <p><input type="checkbox"/> Administrative approval(s): Requests must be submitted to the appropriate division district or the Santa Fe Environmental Bureau office for consideration of approval.</p> <p><input type="checkbox"/> Exception(s): Requests must be submitted to the Santa Fe Environmental Bureau office for consideration of approval</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                          |                                                                     |                                                                                                                                                                                                                                                                                                              |                                                                     |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                    |                                                                                                                                                                                                                                                                                                            |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |                                                                                                                                                                                                                                                                                                                                                    |                                                                     |                                                                                                                                                                                                   |                                                                     |                                                                                                                                                                                   |                                                                     |                                                                                                                                                                                                                   |                                                                     |                                                                                   |                                                                     |
| 10.                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p><b>Siting Criteria (regarding permitting):</b> 19.15.17.10 NMAC</p> <p><b>Instructions:</b> <i>The applicant must demonstrate compliance for each siting criteria below in the application. Recommendations of acceptable source material are provided below. Requests regarding changes to certain siting criteria may require administrative approval from the appropriate district office or may be considered an exception which must be submitted to the Santa Fe Environmental Bureau office for consideration of approval. Applicant must attach justification for request. Please refer to 19.15.17.10 NMAC for guidance. Siting criteria does not apply to drying pads or above-grade tanks associated with a closed-loop system.</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> <p>Ground water is less than 50 feet below the bottom of the temporary pit, permanent pit, or below-grade tank.</p> <p style="margin-left: 20px;">- NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells</p> </td> <td style="width: 20%; text-align: right; padding: 5px;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </td> </tr> <tr> <td style="padding: 5px;"> <p>Within 300 feet of a continuously flowing watercourse, or 200 feet of any other significant watercourse or lakebed, sinkhole, or playa lake (measured from the ordinary high-water mark).</p> <p style="margin-left: 20px;">- Topographic map, Visual inspection (certification) of the proposed site</p> </td> <td style="text-align: right; padding: 5px;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td style="padding: 5px;"> <p>Within 300 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application (<i>Applies to temporary, emergency, or cavitation pits and below-grade tanks</i>)</p> <p style="margin-left: 20px;">- Visual inspection (certification) of the proposed site; Aerial photo; Satellite image</p> </td> <td style="text-align: right; padding: 5px;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/> <input type="checkbox"/> NA </td> </tr> <tr> <td style="padding: 5px;"> <p>Within 1000 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application. (<i>Applies to permanent pits</i>)</p> <p style="margin-left: 20px;">- Visual inspection (certification) of the proposed site; Aerial photo; Satellite image</p> </td> <td style="text-align: right; padding: 5px;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/> <input type="checkbox"/> NA </td> </tr> <tr> <td style="padding: 5px;"> <p>Within 500 horizontal feet of a private, domestic fresh water well or spring that less than five households use for domestic or stock watering purposes, or within 1000 horizontal feet of any other fresh water well or spring, in existence at the time of initial application.</p> <p style="margin-left: 20px;">- NM Office of the State Engineer - iWATERS database search; Visual inspection (certification) of the proposed site</p> </td> <td style="text-align: right; padding: 5px;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td style="padding: 5px;"> <p>Within incorporated municipal boundaries or within a defined municipal fresh water well field covered under a municipal ordinance adopted pursuant to NMSA 1978, Section 3-27-3, as amended</p> <p style="margin-left: 20px;">- Written confirmation or verification from the municipality; Written approval obtained from the municipality</p> </td> <td style="text-align: right; padding: 5px;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </td> </tr> <tr> <td style="padding: 5px;"> <p>Within 500 feet of a wetland.</p> <p style="margin-left: 20px;">- US Fish and Wildlife Wetland Identification map; Topographic map; Visual inspection (certification) of the proposed site</p> </td> <td style="text-align: right; padding: 5px;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </td> </tr> <tr> <td style="padding: 5px;"> <p>Within the area overlying a subsurface mine.</p> <p style="margin-left: 20px;">- Written confirmation or verification or map from the NM EMNRD-Mining and Mineral Division</p> </td> <td style="text-align: right; padding: 5px;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </td> </tr> <tr> <td style="padding: 5px;"> <p>Within an unstable area.</p> <p style="margin-left: 20px;">- Engineering measures incorporated into the design; NM Bureau of Geology &amp; Mineral Resources; USGS; NM Geological Society; Topographic map</p> </td> <td style="text-align: right; padding: 5px;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </td> </tr> <tr> <td style="padding: 5px;"> <p>Within a 100-year floodplain.</p> <p style="margin-left: 20px;">- FEMA map</p> </td> <td style="text-align: right; padding: 5px;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </td> </tr> </table> | <p>Ground water is less than 50 feet below the bottom of the temporary pit, permanent pit, or below-grade tank.</p> <p style="margin-left: 20px;">- NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells</p> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <p>Within 300 feet of a continuously flowing watercourse, or 200 feet of any other significant watercourse or lakebed, sinkhole, or playa lake (measured from the ordinary high-water mark).</p> <p style="margin-left: 20px;">- Topographic map, Visual inspection (certification) of the proposed site</p> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <p>Within 300 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application (<i>Applies to temporary, emergency, or cavitation pits and below-grade tanks</i>)</p> <p style="margin-left: 20px;">- Visual inspection (certification) of the proposed site; Aerial photo; Satellite image</p> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> NA | <p>Within 1000 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application. (<i>Applies to permanent pits</i>)</p> <p style="margin-left: 20px;">- Visual inspection (certification) of the proposed site; Aerial photo; Satellite image</p> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> NA | <p>Within 500 horizontal feet of a private, domestic fresh water well or spring that less than five households use for domestic or stock watering purposes, or within 1000 horizontal feet of any other fresh water well or spring, in existence at the time of initial application.</p> <p style="margin-left: 20px;">- NM Office of the State Engineer - iWATERS database search; Visual inspection (certification) of the proposed site</p> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <p>Within incorporated municipal boundaries or within a defined municipal fresh water well field covered under a municipal ordinance adopted pursuant to NMSA 1978, Section 3-27-3, as amended</p> <p style="margin-left: 20px;">- Written confirmation or verification from the municipality; Written approval obtained from the municipality</p> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <p>Within 500 feet of a wetland.</p> <p style="margin-left: 20px;">- US Fish and Wildlife Wetland Identification map; Topographic map; Visual inspection (certification) of the proposed site</p> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <p>Within the area overlying a subsurface mine.</p> <p style="margin-left: 20px;">- Written confirmation or verification or map from the NM EMNRD-Mining and Mineral Division</p> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <p>Within an unstable area.</p> <p style="margin-left: 20px;">- Engineering measures incorporated into the design; NM Bureau of Geology &amp; Mineral Resources; USGS; NM Geological Society; Topographic map</p> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <p>Within a 100-year floodplain.</p> <p style="margin-left: 20px;">- FEMA map</p> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <p>Ground water is less than 50 feet below the bottom of the temporary pit, permanent pit, or below-grade tank.</p> <p style="margin-left: 20px;">- NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells</p>                                                                                                                                                                                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                          |                                                                     |                                                                                                                                                                                                                                                                                                              |                                                                     |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                    |                                                                                                                                                                                                                                                                                                            |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |                                                                                                                                                                                                                                                                                                                                                    |                                                                     |                                                                                                                                                                                                   |                                                                     |                                                                                                                                                                                   |                                                                     |                                                                                                                                                                                                                   |                                                                     |                                                                                   |                                                                     |
| <p>Within 300 feet of a continuously flowing watercourse, or 200 feet of any other significant watercourse or lakebed, sinkhole, or playa lake (measured from the ordinary high-water mark).</p> <p style="margin-left: 20px;">- Topographic map, Visual inspection (certification) of the proposed site</p>                                                                                                                                   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                          |                                                                     |                                                                                                                                                                                                                                                                                                              |                                                                     |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                    |                                                                                                                                                                                                                                                                                                            |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |                                                                                                                                                                                                                                                                                                                                                    |                                                                     |                                                                                                                                                                                                   |                                                                     |                                                                                                                                                                                   |                                                                     |                                                                                                                                                                                                                   |                                                                     |                                                                                   |                                                                     |
| <p>Within 300 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application (<i>Applies to temporary, emergency, or cavitation pits and below-grade tanks</i>)</p> <p style="margin-left: 20px;">- Visual inspection (certification) of the proposed site; Aerial photo; Satellite image</p>                                                                                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                          |                                                                     |                                                                                                                                                                                                                                                                                                              |                                                                     |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                    |                                                                                                                                                                                                                                                                                                            |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |                                                                                                                                                                                                                                                                                                                                                    |                                                                     |                                                                                                                                                                                                   |                                                                     |                                                                                                                                                                                   |                                                                     |                                                                                                                                                                                                                   |                                                                     |                                                                                   |                                                                     |
| <p>Within 1000 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application. (<i>Applies to permanent pits</i>)</p> <p style="margin-left: 20px;">- Visual inspection (certification) of the proposed site; Aerial photo; Satellite image</p>                                                                                                                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                          |                                                                     |                                                                                                                                                                                                                                                                                                              |                                                                     |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                    |                                                                                                                                                                                                                                                                                                            |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |                                                                                                                                                                                                                                                                                                                                                    |                                                                     |                                                                                                                                                                                                   |                                                                     |                                                                                                                                                                                   |                                                                     |                                                                                                                                                                                                                   |                                                                     |                                                                                   |                                                                     |
| <p>Within 500 horizontal feet of a private, domestic fresh water well or spring that less than five households use for domestic or stock watering purposes, or within 1000 horizontal feet of any other fresh water well or spring, in existence at the time of initial application.</p> <p style="margin-left: 20px;">- NM Office of the State Engineer - iWATERS database search; Visual inspection (certification) of the proposed site</p> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                          |                                                                     |                                                                                                                                                                                                                                                                                                              |                                                                     |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                    |                                                                                                                                                                                                                                                                                                            |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |                                                                                                                                                                                                                                                                                                                                                    |                                                                     |                                                                                                                                                                                                   |                                                                     |                                                                                                                                                                                   |                                                                     |                                                                                                                                                                                                                   |                                                                     |                                                                                   |                                                                     |
| <p>Within incorporated municipal boundaries or within a defined municipal fresh water well field covered under a municipal ordinance adopted pursuant to NMSA 1978, Section 3-27-3, as amended</p> <p style="margin-left: 20px;">- Written confirmation or verification from the municipality; Written approval obtained from the municipality</p>                                                                                             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                          |                                                                     |                                                                                                                                                                                                                                                                                                              |                                                                     |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                    |                                                                                                                                                                                                                                                                                                            |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |                                                                                                                                                                                                                                                                                                                                                    |                                                                     |                                                                                                                                                                                                   |                                                                     |                                                                                                                                                                                   |                                                                     |                                                                                                                                                                                                                   |                                                                     |                                                                                   |                                                                     |
| <p>Within 500 feet of a wetland.</p> <p style="margin-left: 20px;">- US Fish and Wildlife Wetland Identification map; Topographic map; Visual inspection (certification) of the proposed site</p>                                                                                                                                                                                                                                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                          |                                                                     |                                                                                                                                                                                                                                                                                                              |                                                                     |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                    |                                                                                                                                                                                                                                                                                                            |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |                                                                                                                                                                                                                                                                                                                                                    |                                                                     |                                                                                                                                                                                                   |                                                                     |                                                                                                                                                                                   |                                                                     |                                                                                                                                                                                                                   |                                                                     |                                                                                   |                                                                     |
| <p>Within the area overlying a subsurface mine.</p> <p style="margin-left: 20px;">- Written confirmation or verification or map from the NM EMNRD-Mining and Mineral Division</p>                                                                                                                                                                                                                                                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                          |                                                                     |                                                                                                                                                                                                                                                                                                              |                                                                     |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                    |                                                                                                                                                                                                                                                                                                            |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |                                                                                                                                                                                                                                                                                                                                                    |                                                                     |                                                                                                                                                                                                   |                                                                     |                                                                                                                                                                                   |                                                                     |                                                                                                                                                                                                                   |                                                                     |                                                                                   |                                                                     |
| <p>Within an unstable area.</p> <p style="margin-left: 20px;">- Engineering measures incorporated into the design; NM Bureau of Geology &amp; Mineral Resources; USGS; NM Geological Society; Topographic map</p>                                                                                                                                                                                                                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                          |                                                                     |                                                                                                                                                                                                                                                                                                              |                                                                     |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                    |                                                                                                                                                                                                                                                                                                            |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |                                                                                                                                                                                                                                                                                                                                                    |                                                                     |                                                                                                                                                                                                   |                                                                     |                                                                                                                                                                                   |                                                                     |                                                                                                                                                                                                                   |                                                                     |                                                                                   |                                                                     |
| <p>Within a 100-year floodplain.</p> <p style="margin-left: 20px;">- FEMA map</p>                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                          |                                                                     |                                                                                                                                                                                                                                                                                                              |                                                                     |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                    |                                                                                                                                                                                                                                                                                                            |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |                                                                                                                                                                                                                                                                                                                                                    |                                                                     |                                                                                                                                                                                                   |                                                                     |                                                                                                                                                                                   |                                                                     |                                                                                                                                                                                                                   |                                                                     |                                                                                   |                                                                     |

11

**Temporary Pits, Emergency Pits, and Below-grade Tanks 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.

- ☒ Hydrogeologic Report (Below-grade Tanks) - based upon the requirements of Paragraph (4) of Subsection B of 19.15.17.9 NMAC  
☐ Hydrogeologic Data (Temporary and Emergency Pits) - based upon the requirements of Paragraph (2) of Subsection B of 19.15.17.9 NMAC  
☒ Siting Criteria Compliance Demonstrations - based upon the appropriate requirements of 19.15.17.10 NMAC  
☒ 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 Boxes 14 through 18, if applicable) - 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: \_\_\_\_\_ or Permit Number: \_\_\_\_\_

12

**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.

- ☐ Geologic and Hydrogeologic Data (only for on-site closure) - based upon the requirements of Paragraph (3) of Subsection B of 19.15.17.9 NMAC  
☐ Siting Criteria Compliance Demonstrations (only for on-site closure) - based upon the appropriate requirements of 19.15.17.10 NMAC  
☐ 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 Boxes 14 through 18, if applicable) - 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: \_\_\_\_\_ (Applies only to closed-loop system that use above ground steel tanks or haul-off bins and propose to implement waste removal for closure)

13.

**Permanent Pits Permit Application 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.

- ☐ Hydrogeologic Report - based upon the requirements of Paragraph (1) of Subsection B of 19.15.17.9 NMAC  
☐ Siting Criteria Compliance Demonstrations - based upon the appropriate requirements of 19.15.17.10 NMAC  
☐ Climatological Factors Assessment  
☐ Certified Engineering Design Plans - based upon the appropriate requirements of 19.15.17.11 NMAC  
☐ Dike Protection and Structural Integrity Design - based upon the appropriate requirements of 19.15.17.11 NMAC  
☐ Leak Detection Design - based upon the appropriate requirements of 19.15.17.11 NMAC  
☐ Liner Specifications and Compatibility Assessment - based upon the appropriate requirements of 19.15.17.11 NMAC  
☐ Quality Control/Quality Assurance Construction and Installation Plan  
☐ Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC  
☐ Freeboard and Overtopping Prevention Plan - based upon the appropriate requirements of 19.15.17.11 NMAC  
☐ Nuisance or Hazardous Odors, including H<sub>2</sub>S, Prevention Plan  
☐ Emergency Response Plan  
☐ Oil Field Waste Stream Characterization  
☐ Monitoring and Inspection Plan  
☐ Erosion Control Plan  
☐ Closure Plan - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC

14.

**Proposed Closure:** 19.15.17.13 NMAC

**Instructions:** Please complete the applicable boxes, Boxes 14 through 18, in regards to the proposed closure plan.

- Type: ☐ Drilling ☐ Workover ☐ Emergency ☐ Cavitation ☐ P&A ☐ Permanent Pit ☒ Below-grade Tank ☐ Closed-loop System  
☐ Alternative
- Proposed Closure Method ☒ Waste Excavation and Removal  
☐ Waste Removal (Closed-loop systems only)  
☐ On-site Closure Method (Only for temporary pits and closed-loop systems)  
☐ In-place Burial ☐ On-site Trench Burial  
☐ Alternative Closure Method (Exceptions must be submitted to the Santa Fe Environmental Bureau for consideration)

15.

**Waste Excavation and Removal Closure Plan Checklist:** (19.15.17.13 NMAC) **Instructions:** Each of the following items must be attached to the closure plan. Please indicate, by a check mark in the box, that the documents are attached.

- ☒ Protocols and Procedures - based upon the appropriate requirements of 19.15.17.13 NMAC  
☒ Confirmation Sampling Plan (if applicable) - based upon the appropriate requirements of Subsection F of 19.15.17.13 NMAC  
☒ Disposal Facility Name and Permit Number (for liquids, drilling fluids and drill cuttings)  
☒ 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

16.

**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: \_\_\_\_\_ 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

17.

**Siting Criteria (regarding on-site closure methods only):** 19.15.17.10 NMAC

**Instructions:** Each siting criteria requires a demonstration of compliance in the closure plan. Recommendations of acceptable source material are provided below. Requests regarding changes to certain siting criteria may require administrative approval from the appropriate district office or may be considered an exception which must be submitted to the Santa Fe Environmental Bureau office for consideration of approval. Justifications and/or demonstrations of equivalency are required. Please refer to 19.15.17.10 NMAC for guidance.

Ground water is less than 50 feet below the bottom of the buried waste.

☐ Yes ☐ No

- NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells

☐ NA

Ground water is between 50 and 100 feet below the bottom of the buried waste

☐ Yes ☐ No

- NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells

☐ NA

Ground water is more than 100 feet below the bottom of the buried waste.

☐ Yes ☐ No

- NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells

☐ NA

Within 300 feet of a continuously flowing watercourse, or 200 feet of any other significant watercourse or lakebed, sinkhole, or playa lake (measured from the ordinary high-water mark).

☐ Yes ☐ No

- Topographic map; Visual inspection (certification) of the proposed site

Within 300 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application.

☐ Yes ☐ No

- Visual inspection (certification) of the proposed site; Aerial photo; Satellite image

Within 500 horizontal feet of a private, domestic fresh water well or spring that less than five households use for domestic or stock watering purposes, or within 1000 horizontal feet of any other fresh water well or spring, in existence at the time of initial application.

☐ Yes ☐ No

- NM Office of the State Engineer - iWATERS database; Visual inspection (certification) of the proposed site

Within incorporated municipal boundaries or within a defined municipal fresh water well field covered under a municipal ordinance adopted pursuant to NMSA 1978, Section 3-27-3, as amended.

☐ Yes ☐ No

- Written confirmation or verification from the municipality; Written approval obtained from the municipality

Within 500 feet of a wetland.

☐ Yes ☐ No

- US Fish and Wildlife Wetland Identification map; Topographic map; Visual inspection (certification) of the proposed site

Within the area overlying a subsurface mine

☐ Yes ☐ No

- Written confirmation or verification or map from the NM EMNRD-Mining and Mineral Division

Within an unstable area

☐ Yes ☐ No

- Engineering measures incorporated into the design, NM Bureau of Geology & Mineral Resources; USGS; NM Geological Society, Topographic map

Within a 100-year floodplain.

☐ Yes ☐ No

- FEMA map

18

**On-Site Closure Plan Checklist:** (19.15.17.13 NMAC) **Instructions:** Each of the following items must be attached to the closure plan. Please indicate, by a check mark in the box, that the documents are attached.

☐ Siting Criteria Compliance Demonstrations - based upon the appropriate requirements of 19.15.17.10 NMAC

☐ Proof of Surface Owner Notice - based upon the appropriate requirements of Subsection F of 19.15.17.13 NMAC

☐ Construction/Design Plan of Burial Trench (if applicable) based upon the appropriate requirements of 19.15.17.11 NMAC

☐ Construction/Design Plan of Temporary Pit (for in-place burial of a drying pad) - based upon the appropriate requirements of 19.15.17.11 NMAC

☐ Protocols and Procedures - based upon the appropriate requirements of 19.15.17.13 NMAC

☐ Confirmation Sampling Plan (if applicable) - based upon the appropriate requirements of Subsection F of 19.15.17.13 NMAC

☐ Waste Material Sampling Plan - based upon the appropriate requirements of Subsection F of 19.15.17.13 NMAC

☐ Disposal Facility Name and Permit Number (for liquids, drilling fluids and drill cuttings or in case on-site closure standards cannot be achieved)

☐ Soil Cover Design - 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

19

**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): Ed Hasely Title: Sr. Environmental Engineer

Signature: *Ed Hasely* Date: 3/19/10

e-mail address: ed hasely@energen.com Telephone: (505) 324-4131

20.

**OCD Approval:** ☒ Permit Application (including closure plan) ☐ Closure Plan (only) ☐ OCD Conditions (see attachment)

OCD Representative Signature: *Jonathan D. Kelly* Approval Date: 11/07/2011

Title: Compliance Officer OCD Permit Number: \_\_\_\_\_

21.

**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: \_\_\_\_\_

22.

**Closure Method:**

☐ Waste Excavation and Removal ☐ On-Site Closure Method ☐ Alternative Closure Method ☐ Waste Removal (Closed-loop systems only)  
☐ If different from approved plan, please explain.

23

**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: \_\_\_\_\_ Disposal Facility Permit Number: \_\_\_\_\_

Disposal Facility Name: \_\_\_\_\_ Disposal Facility Permit Number: \_\_\_\_\_

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

24

**Closure Report Attachment Checklist:** *Instructions: Each of the following items must be attached to the closure report. Please indicate, by a check mark in the box, that the documents are attached.*

- ☐ Proof of Closure Notice (surface owner and division)  
☐ Proof of Deed Notice (required for on-site closure)  
☐ Plot Plan (for on-site closures and temporary pits)  
☐ Confirmation Sampling Analytical Results (if applicable)  
☐ Waste Material Sampling Analytical Results (required for on-site closure)  
☐ Disposal Facility Name and Permit Number  
☐ Soil Backfilling and Cover Installation  
☐ Re-vegetation Application Rates and Seeding Technique  
☐ Site Reclamation (Photo Documentation)

On-site Closure Location: Latitude \_\_\_\_\_ Longitude \_\_\_\_\_ NAD ☐ 1927 ☐ 1983

25

**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): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

e-mail address: \_\_\_\_\_ Telephone: \_\_\_\_\_

This is a modification from a closure plan to a permit due to a 19.15.17 rule amendment.

### **Design Plan – Below Grade Tanks**

The existing below grade tank was designed and constructed to contain liquids and solids and prevent contamination of fresh water and protect public health and the environment.

- 1) The below grade tank was constructed of steel that is resistant to the contents and sunlight.
- 2) The below grade tank is located on an existing Energen well and a sign is posted on location in accordance with 19.15.16.8 NMAC.
- 3) A four strand barbwire fence is constructed around the perimeter of the below grade tank with the strands evenly spaced between one and four feet from the ground. This fence is used to exclude livestock from inadvertently entering the below grade tank area.
- 4) The below grade tank is covered with netting or a screen.
- 5) The below grade tank was constructed to prevent overflow and the collection of surface water run-on.
- 6) The below grade tank was constructed prior to Rule 19.15.17 and is of single wall construction with the sidewalls are visible.

### **Operational Plan – Below Grade Tanks**

The below grade tank will be operated and maintained to contain liquids and solids to aid in the prevention of contamination of fresh water sources and to protect public health and the environment. To attain this goal, the following steps will be followed;

- 1) No hazardous waste, miscellaneous solid waste or debris will be discharged into or stored in the below grade tank.
- 2) The division district office will be notified within 48 hrs of the discovery of a leak from the below grade tank. Liquids above the leak will be removed within 48 hours and the below grade tank will be closed pursuant to 19.15.17.13.
- 3) Perimeter berms and/or ditches are constructed and maintained around the exterior of the below grade tank to prevent surface water run-on.
- 4) Oil accumulations are removed from the surface to prevent significant accumulations of oil over time.
- 5) Adequate freeboard are maintained to prevent overtopping of the below grade tank.
- 6) All of the above operations are inspected at least monthly and a log maintained.

# **BELOW-GRADE TANK CLOSURE PLAN**

## **ENERGEN RESOURCES**

### **CLOSURE STEPS:**

NOTE: Tank must be closed prior to any sale or change of operator, upon P&A of the well, if the tank fails to demonstrate integrity, or within 60 days of the cessation of the use of the tank's operation.

- (1) Notify the surface owner by certified mail, return receipt requested, of the plans to close the below-grade tank.
- (2) Notify the Aztec OCD office (Brandon Powell – 334-6178, Ext 15) verbally or by other means at least 72 hours, but not more than one week, prior to the planned closure operation.
- (3) Remove liquids from the below-grade tank. Dispose of the liquids and sludge in a division-approved facility.
- (4) Remove the below-grade tank for re-use in an above-ground setup or for disposal in a division-approved manner.
- (5) Unless the equipment is required for some other purpose, remove any on-site equipment associated with the below-grade tank.
- (6) Test the soils beneath the below-grade tank to determine whether a release has occurred.
  - Collect, at a minimum, a five point, composite sample;
  - Collect individual grab samples from any area that is wet, discolored or showing other evidence of a release;

Analyze for BTEX, TPH and chlorides to demonstrate:

- Benzene concentration does not exceed 0.2 mg/kg, as determined by EPA SW-846 methods 8021B or 8260B
- Total BTEX concentration does not exceed 50 mg/kg, as determined by EPA SW-846 methods 8021B or 8260B
- TPH concentration does not exceed 100 mg/kg, as determined by EPA method 418.1
- Chloride concentration does not exceed 250 mg/kg, as determined by EPA method 300.1 or the background concentration, whichever is greater.

**(7) IF the soil analyses show that the soils meet the concentrations specified in (6) above**, backfill the excavation with compacted, non-waste containing, earthen material in a manner that will prevent ponding or erosion. If the area will not be needed for operations, reclaim the area as described in the "RECLAMATION" section.

**(8) IF the soil analyses show that the soils exceed one or more of the concentrations specified in (6) above**, notify the Aztec OCD office (Brandon Powell – 334-6178, Ext 15) and proceed per 19.15.3.116 NMAC.

**NOTE: If groundwater is encountered at any time during the closure process, the OCD office will be notified and a specific closure plan will be submitted to the Aztec and Santa Fe OCD offices for approval.**

**FINAL CLOSURE REPORT:**

Within 60 days of closure completion, submit a closure report on form C-144, with necessary attachments to document all closure activities including sampling results.

**RECLAMATION:**

If the area is not needed for operations, reclaim the area to a safe and stable condition that blends with the surrounding undisturbed area. Restore the impacted surface area to the condition that existed prior to oil and gas operations by placement of the soil cover, recontour the location and associated areas to a contour that approximates the original contour and blends with the surrounding topography and re-vegetate.

(A) Construct the soil cover to the site's existing grade and prevent ponding of water and erosion of the cover material. The soil cover shall consist of the background thickness of topsoil or one foot of suitable material to establish vegetation at the site, whichever is greater.

If the pit is located on federal or tribal surface, seeding will be deferred to BLM requirements per the BLM / OCD MOU and this will be identified on the closure report. Otherwise:

(B) Seed or plant the disturbed areas the first growing season after closing the below-grade tank. Drill on the contour whenever practical or by other division-approved methods. The goal is to obtain vegetative cover that equals 70% of the native perennial vegetative cover (un-impacted by overgrazing, fire or other intrusion damaging to native vegetation) consisting of at least three native plant species, including at least one grass, but not including noxious weeds, and maintain that cover through two successive growing seasons. During the two successive growing seasons that prove viability, there shall be no artificial irrigation of the vegetation.

(C) Repeat seeding or planting until it successfully achieves the required vegetative cover.

(D) If conditions are not favorable for the establishment of vegetation, such as periods of drought, contact the Aztec OCD office to discuss possibly delaying seeding or planting until soil moisture conditions become favorable or using additional techniques such as mulching, fertilizing, irrigating, fencing or other practices.

(E) Notify the Aztec OCD via a Form C-103 (Brandon Powell – 334-6178, Ext 15) when the area has been seeded or planted and when it successfully achieves re-vegetation.

#### Hydrogeologic Data:

##### 100-year Floodplain:

There is no map available from FEMA depicting a 100-year floodplain for the subject well, Carson #201S located in Rio Arriba County, NM.

##### Site Specific:

The San Jose formation is the highest water bearing zone at this site with the exception of possible perched water. It is the youngest Tertiary bedrock unit in the San Juan Basin. The formation occurs at the surface at the Carson #201S location and ranges from 0' to 600' in this township and range. There are no potentially unstable areas in the region. This below grade tank is not located over a subsurface mine.

The New Mexico State Engineers Water Report shows one water well in Sec. 7, Township 30N, Range 4W with the depth to groundwater occurring at 95'.

#### Geologic Summary:

The San Jose is a sequence of interbedded sandstones and mudstones deposited in an alluvial and fluvial environment. The formation accumulated in broad, wet, alluvial aprons. Groundwater is associated with the alluvial and fluvial sandstone aquifers, hence it is controlled by the distribution of these sands. The San Jose ranges in thickness from 200' to 2,700'. The San Jose can further be broken into four members: Cuba Mesa, Regina, Llaves, and Tapicitos (in ascending order). The first two, Cuba Mesa and Regina, are predominately sandstone and the latter two, Llaves and Tapicitos, are predominately mudstone.

#### Reference:

Stone W.J., Lyford F.P., Frenzel P.F., Mizell N.H., and Padgett E.T.: Hydrology and water resources of San Juan Basin, New Mexico Hydrologic Report 6, 1983.



# New Mexico Office of the State Engineer Water Column/Average Depth to Water

(quarters are 1=NW 2=NE 3=SW 4=SE)

(quarters are smallest to largest) (NAD83 UTM in meters) (In feet)

| POD Number | Sub<br>basin | Use | County | Q<br>64 | Q<br>16 | Q<br>4 | Sec | Tws | Rng | X      | Y        | Depth<br>Well | Depth<br>Water          | Water<br>Column |
|------------|--------------|-----|--------|---------|---------|--------|-----|-----|-----|--------|----------|---------------|-------------------------|-----------------|
| SJ 02384   | STK          | RA  |        | 3       | 1       | 3      | 07  | 30N | 04W | 294736 | 4077762* | 185           | 95                      | 90              |
|            |              |     |        |         |         |        |     |     |     |        |          |               | Average Depth to Water: | 95 feet         |
|            |              |     |        |         |         |        |     |     |     |        |          |               | Minimum Depth:          | 95 feet         |
|            |              |     |        |         |         |        |     |     |     |        |          |               | Maximum Depth:          | 95 feet         |

Record Count: 1

## PLSS Search:

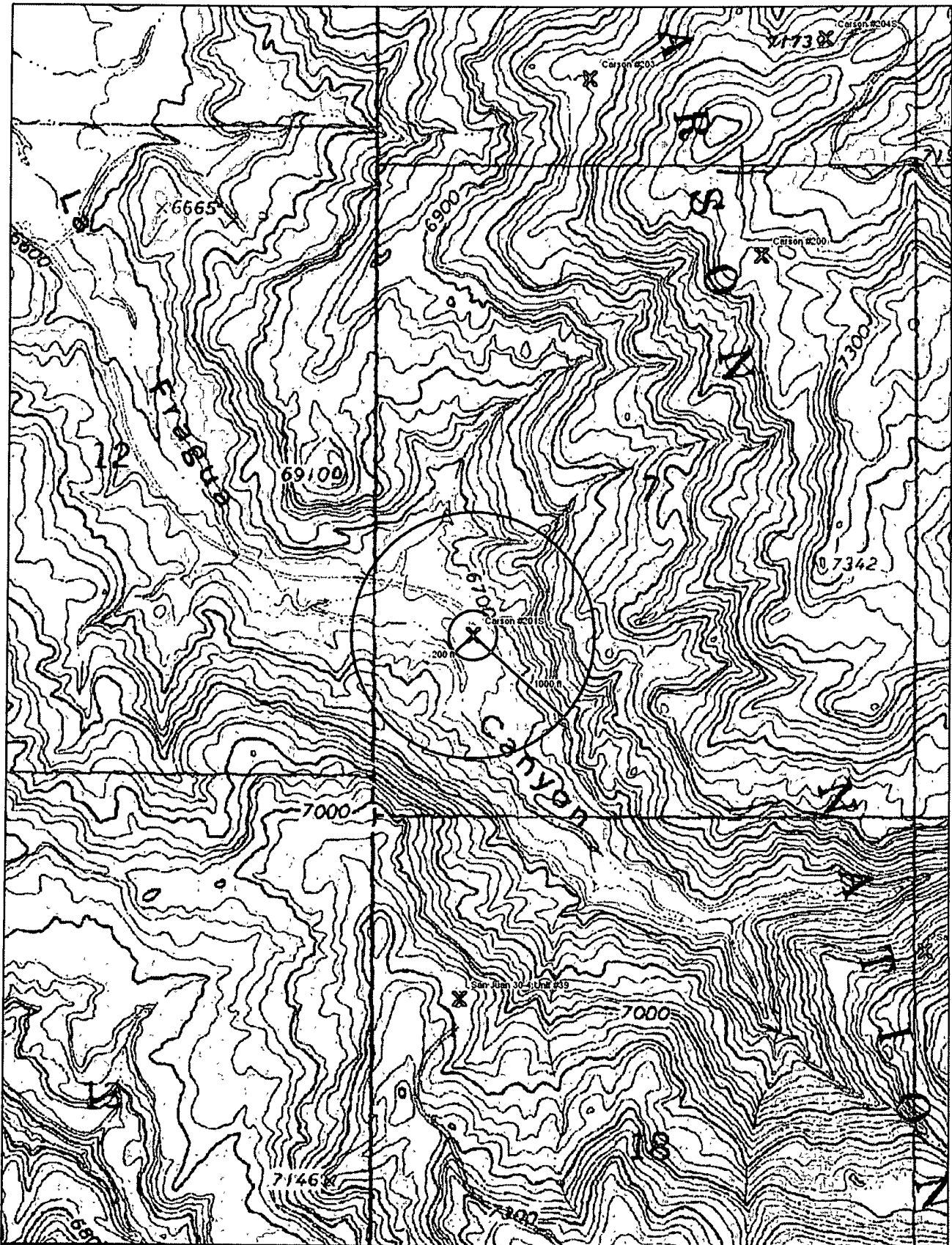
Section(s): 7

Township: 30N

Range: 04W

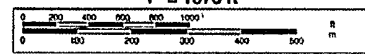
\*UTM location was derived from PLSS - see Help

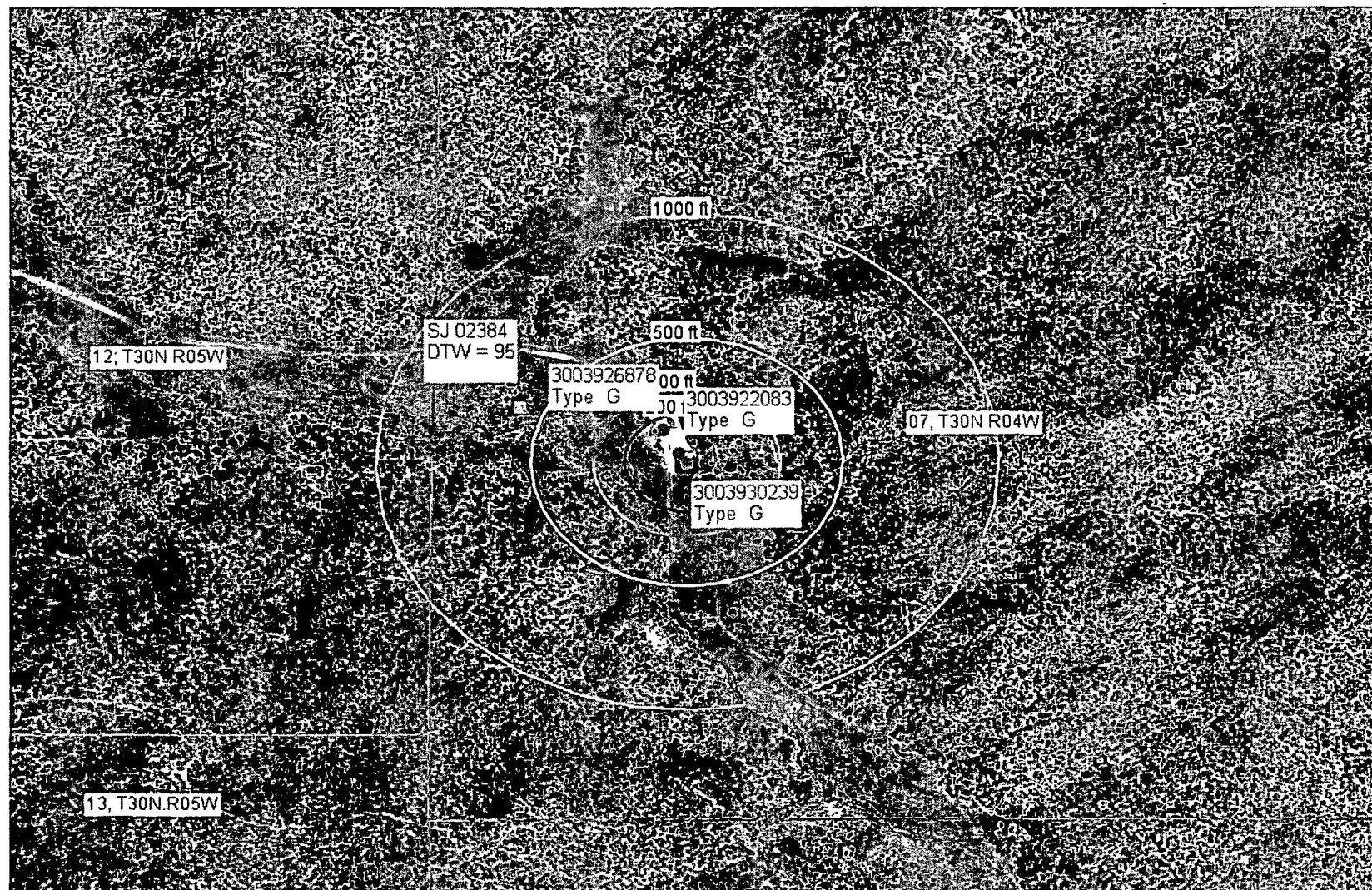
The data is furnished by the NMOSE/ISC and is accepted by the recipient with the expressed understanding that the OSE/ISC make no warranties, expressed or implied, concerning the accuracy, completeness, reliability, usability, or suitability for any particular purpose of the data



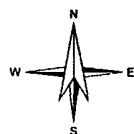
© 2002 DeLorme, 3-D TopoQuads®. Data copyright of content owner.  
www.delorme.com

Scale 1 : 12,800  
1" = 1070 ft





0 200 400ft

Petroleum Recovery  
Research Center

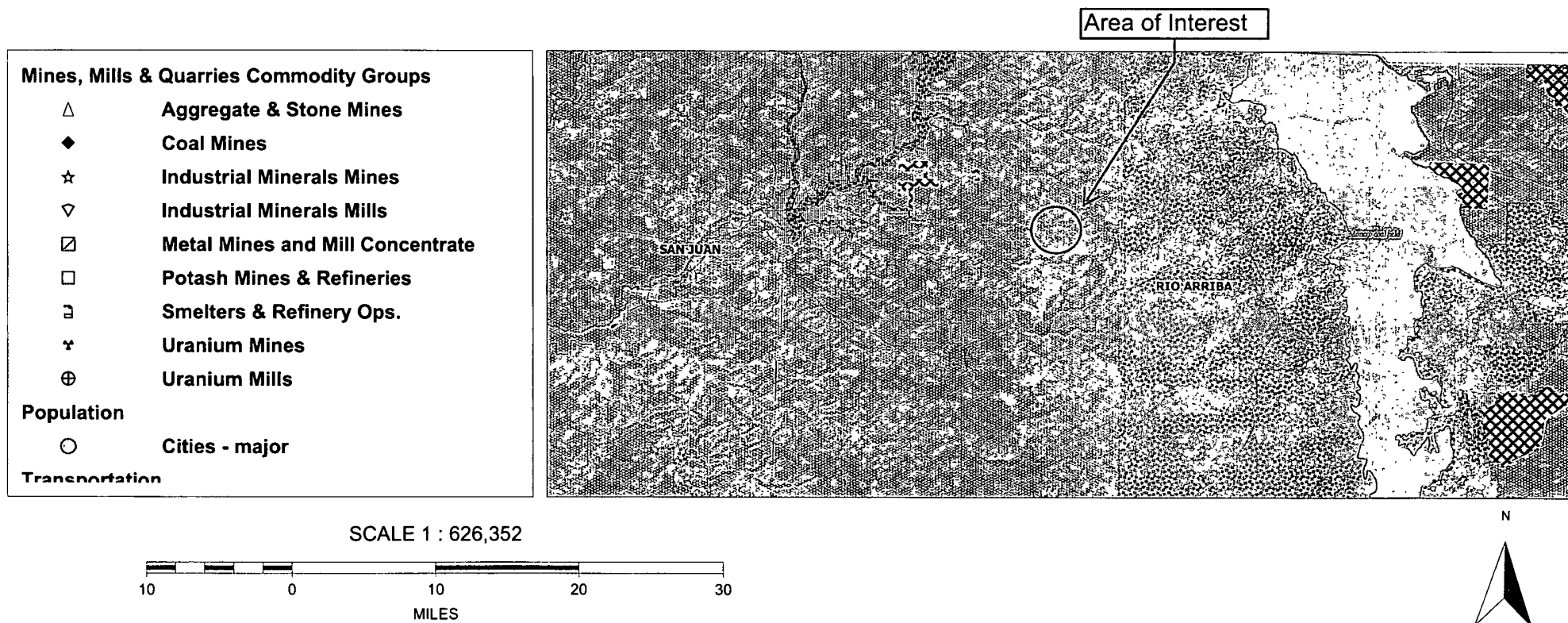
Aerial Map

Figure: ##

Energen Resources/Carson #201S

Jan 18, 2010

# MMQonline Public Version



Carson National Forest  
UNSTUDIED AREA

for reference only,

FLOOD

FLOOD

FLOOD

Refer to Flood Insurance Rate Map to determine when elevations or depths are required.

To determine if flood insurance is required, contact your insurance agent or call the FEMA toll-free number 1-800-638-6620.

2000



APPROXIMATE SCALE

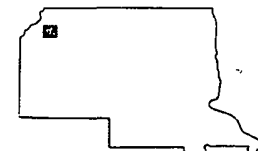
2000 0 2000 FEET

NATIONAL FLOOD INSURANCE PROGRAM

**FIRM**  
FLOOD INSURANCE RATE MAP

**RIO ARriba COUNTY,  
NEW MEXICO  
UNINCORPORATED AREAS**

PANEL 225 OF 1325  
(SEE MAP INDEX FOR PANELS NOT PRINTED)



PANEL LOCATION

**COMMUNITY-PANEL NUMBER**

350049 0225 B

**EFFECTIVE DATE:**

JANUARY 5, 1989



Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at [www.msc.fema.gov](http://www.msc.fema.gov)