

District I
1625 N French Dr , Hobbs, NM 88240
District II
1301 W Grand Avenue, Artesia, NM 88210
District III
1000 Rio Brazos Road, Aztec, NM 87410
District IV
1220 S. St. Francis Dr , Santa Fe, NM 87505

State of New Mexico
Energy Minerals and Natural Resources
Department
Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-144 CLEZ
July 21, 2008

For closed-loop systems that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure, submit to the appropriate NMOCD District Office

Closed-Loop System Permit or Closure Plan Application

(that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure)

Type of action: ☐ Permit ☒ Closure

Instructions: Please submit one application (Form C-144 CLEZ) per individual closed-loop system request. For any application request other than for a closed-loop system that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure, please submit a Form C-144. Please be advised that approval of this request does not relieve the operator of liability should operations result in pollution of surface water, ground water or the environment. Nor does approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances.

1
Operator Energen Resources Corporation OGRID #. 162928
Address 2010 Afton Place, Farmington, NM 87401
Facility or well name. San Juan 30-4 Unit #64H
API Number 30-039-30897 OCD Permit Number _____
U/L or Qtr/Qtr N Section 21 Township 30N Range 04W County Rio Arriba
Center of Proposed Design. Latitude 36.79196 N Longitude 107.26451 W NAD ☐ 1927 ☒ 1983
Surface Owner: ☒ Federal ☐ State ☐ Private ☐ Tribal Trust or Indian Allotment

2
☒ **Closed-loop System:** Subsection H of 19.15 17 11 NMAC
Operation ☒ Drilling a new well ☒ Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) ☐ P&A
☒ Above Ground Steel Tanks or ☒ Haul-off Bins

3
Signs: Subsection C of 19 15 17 11 NMAC
☐ 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers
☐ Signed in compliance with 19 15 3 103 NMAC

RCVD JAN 5 '12
OIL CONS. DIV.

4
Closed-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15 17 9 NMAC
Instructions: Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are attached.

- ☐ 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 Box 5) - 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 _____

5
Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only (19 15 17 13 D NMAC)

Instructions: Please identify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two facilities are required.

Disposal Facility Name _____ 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

6
Operator Application Certification.

I hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief.

Name (Print) Anna Stotts Title Regulatory Analyst
Signature _____ Date 12/27/11
e-mail address astotts@energen.com Telephone 505-324-4154

7

OCD Approval: ☐ Permit Application (including closure plan) ☒ Closure Plan (only)OCD Representative Signature: James D. KellyApproval Date: 1/09/2012Title: Compliance Officer

OCD Permit Number: _____

8

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: 9/24/11

9

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 IEI Disposal Facility Permit Number NM-01-0010B

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

10

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) Anna StottsTitle Regulatory AnalystSignature Anna StottsDate: 12/27/11e-mail address astotts@energen.comTelephone 505-324-4154



SAN JUAN 30-4 #64H

Pit Inspection Log Sheet

API 30-039-30897

(daily while rig is on-site, then weekly as long as liquids remain in the pit)

Well Name: SAN JUAN 30-4 #64H

API: 30-039-30897

Name (Print): J WEATHERFORD	Signature: J Weatherford	Date: 6/30/2010
Note Any Deficiencies: CHASE LOOP		
Name (Print): J WEATHERFORD	Signature: J Weatherford	Date: 7/1/2010
Note Any Deficiencies:		
Name (Print): J WEATHERFORD	Signature: J Weatherford	Date: 7/2/2010
Note Any Deficiencies:		
Name (Print): J WEATHERFORD	Signature: J Weatherford	Date: 7/3/2010
Note Any Deficiencies:		
Name (Print): J WEATHERFORD	Signature: J Weatherford	Date: 7/4/2010
Note Any Deficiencies:		
Name (Print): J WEATHERFORD	Signature: J Weatherford	Date: 7/5/2010
Note Any Deficiencies:		
Name (Print): J WEATHERFORD	Signature: J Weatherford	Date: 7/6/2010
Note Any Deficiencies:		
Name (Print): J WEATHERFORD	Signature: J Weatherford	Date: 7/7/2010
Note Any Deficiencies:		
Name (Print): J.A. WEATHERFORD	Signature: J Weatherford	Date: 7/8/2010
Note Any Deficiencies:		
Name (Print): J WEATHERFORD	Signature: J Weatherford	Date: 7/9/2010
Note Any Deficiencies:		
Name (Print): J WEATHERFORD	Signature: J Weatherford	Date: 7/10/2010
Note Any Deficiencies:		
Name (Print): J WEATHERFORD	Signature: J Weatherford	Date: 7/11/2010
Note Any Deficiencies:		
Name (Print): J WEATHERFORD	Signature: J Weatherford	Date: 7/12/2010
Note Any Deficiencies:		
Name (Print): J WEATHERFORD	Signature: J Weatherford	Date: 7/13/2010
Note Any Deficiencies:		
Name (Print): J WEATHERFORD	Signature: J Weatherford	Date: 7/14/2010
Note Any Deficiencies:		
Name (Print): J WEATHERFORD	Signature: J Weatherford	Date: 7/15/2010
Note Any Deficiencies:		



R E S O U R C E S A P E - 30-039-30897

SAN JUAN 30-4 # 64H

Name (Print): J WEATHERFORD

Signature: J Weatherford

Date: 7/16/2010

Note Any Deficiencies:

Name (Print): J WEATHERFORD

Signature: J Weatherford

Date: 7/17/2010

Note Any Deficiencies:

Name (Print): J WEATHERFORD

Signature: J Weatherford

Date: 7/18/2010

Note Any Deficiencies:

Name (Print): J WEATHERFORD

Signature: J Weatherford

Date: 7/19/2010

Note Any Deficiencies:

Name (Print): J WEATHERFORD

Signature: J Weatherford

Date: 7/20/2010

Note Any Deficiencies:

Name (Print): J WEATHERFORD

Signature: J Weatherford

Date: 7/21/2010

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Name (Print): J WEATHERFORD

Signature: J Weatherford

Date: 7/22/2010

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Date: 7/24/2010

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Signature: J Weatherford

Date: 7/25/2010

Note Any Deficiencies:

Name (Print): J WEATHERFORD

Signature: J Weatherford

Date: 7/26/2010

Note Any Deficiencies:

Name (Print): J WEATHERFORD

Signature: J Weatherford

Date: 7/27/2010

Note Any Deficiencies:

Name (Print): J WEATHERFORD

Signature: J Weatherford

Date: 7/28/2010

Note Any Deficiencies:

Name (Print): J WEATHERFORD

Signature: J Weatherford

Date: 7/29/2010

Note Any Deficiencies:

Name (Print): J WEATHERFORD

Signature: J Weatherford

Date: 7/30/2010

Note Any Deficiencies:

Name (Print): J WEATHERFORD

Signature: J Weatherford

Date: 7/31/2010

Note Any Deficiencies:

Name (Print): J WEATHERFORD

Signature: J Weatherford

Date: 8/1/2010

Note Any Deficiencies:



RESOURCES APT 30-039-30897

SAN JUAN 30-4 #64H

Name (Print): J WEATHERFORD

Signature: J Weatherford

Date: 8/2/2010

Note Any Deficiencies:

Name (Print): J WEATHERFORD

Signature: J Weatherford

Date: 8/3/2010

Note Any Deficiencies:

Name (Print): J WEATHERFORD

Signature: J Weatherford

Date: 8/4/2010

Note Any Deficiencies:

Name (Print): J WEATHERFORD

Signature: J Weatherford

Date: 8/5/2010

Note Any Deficiencies:

Name (Print):

Signature:

Date:

Note Any Deficiencies:

Name (Print):

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Note Any Deficiencies:

Name (Print):

Signature:

Date:

Note Any Deficiencies:

Name (Print):

Signature:

Date:

Note Any Deficiencies:

Closed loop System
No pit on location



Pit Inspection Log Sheet

(daily while rig is on-site, then weekly as long as liquids remain in the pit)

Well Name: SAN JUAN 30-4 # 64H API: 30-039-30897

Name (Print): Dewayne Blance Signature: D. Blance Date: 9-3-2011

Note Any Deficiencies: no pit

Name (Print): _____ Signature: _____ Date: _____

Note Any Deficiencies:

Name (Print): _____ Signature: _____ Date: _____

Note Any Deficiencies:

Name (Print): _____ Signature: _____ Date: _____

Name (Print): _____ Signature: _____ Date: _____

Note Any Deficiencies: _____

Name (Print): _____ Signature: _____ Date: _____

Name (Print): _____ Signature: _____ Date: _____

Note Any Deficiencies: _____

Note Any Deficiencies.

Name (Print)	Signature	Date
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Name (Print): _____ Signature: _____ Date: _____

Note: Add Referring: _____

Note Any Deficiencies: _____

Name (Print): _____ Signature: _____ Date: _____

Note Any Deficiencies: _____

Name (Print): _____ Signature: _____ Date: _____

Note Any Deficiencies: _____

Name (Print): _____ Signature: _____ Date: _____

Note Any Deficiencies: _____

Name (Print): _____ Signature: _____ Date: _____

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Name (Print): _____ Signature: _____ Date: _____

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Name (Print): _____ Signature: _____ Date: _____

Name (Print): _____ Signature _____ Date: _____

Note Any Deficiencies: _____

Name (Print): _____ Signature: _____ Date: _____

Name (Print): _____ Signature: _____ Date: _____

Note Any Deficiencies: _____

Note Any Deficiencies:

Name (Print): _____ Signature: _____ Date: _____

Note Any Deficiencies: last day

Name (Print): _____ Signature: _____ Date: 9/16/11

Note Any Deficiencies. NO P.T ON LOCATION