District I

1625 N French Dr , Hobbs, NM 88240

1301 W Grand Ave , Artesia, NM 88210

District III

State of New Mexico **Energy Minerals and Natural Resources**

Department Oil Conservation Division 1220 South St. Francis Dr. Form C-144 July 21, 2008

For temporary pits, closed-loop sytems, and below-grade tanks, submit to the appropriate NMOCD District Office

| 1000 Rio Brazos Rd , Aztec, NM 87410 District IV 1220 S St Francis Dr , Santa Fe, NM 87505 | Santa Fe, NM 87505 | For permanent pits and exceptions submit to the Santa Fe Environmental Burcau office and provide a copy to the appropriate NMOCD District Office | | | |
|---|--|--|--|--|--|
| · · · · · · · · · · · · · · · · · · · | sed-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 | | | | | |
| • | of a pit, closed-loop system, below-grade tar | | | | |
| | e of a pit, closed-loop system, below-grade ta | ink, or proposed alternative method | | | |
| | cation to an existing permit | -d | | | |
| | e plan only submitted for an existing permitte grade tank, or proposed alternative method | ed or non-permitted pit, closed-loop system, | | | |
| | | system, below-grade tank or alternative request | | | |
| | bes not relieve the operator of liability should operations res | • | | | |
| environment Nor does approval relieve the operator | of its responsibility to comply with any other applicable g | overnmental authority's rules, regulations or ordinances | | | |
| Operator: Burlington Resources Oil & Gas Co | ompany. LP | OGRID#: 14538 | | | |
| Address: PO Box 4289, Farmington, NM 874 | | Tibo | | | |
| Facility or well name: Farmington Com 100 | | | | | |
| API Number: 30-045-34574 | 4 OCD Permit Number | | | | |
| U/L or Qtr/Qtr: L(NW/SW) Section: 36 | | BW County: San Juan | | | |
| | 66.855205 °N Longitude: | 108.16134 °W NAD: X 1927 1983 | | | |
| Surface Owner: Federal X Stat | | | | | |
| | | | | | |
| Pit: Subsection F or G of 19 15 17 11 NMAC | | | | | |
| Temporary Drilling Workover | | RCVD SEP 14'12 | | | |
| Permanent Emergency Cavitation | □P&A | OIL CONS. DIV. | | | |
| | - | IDPE PVC Other DIST. 3 | | | |
| String-Reinforced | | | | | |
| | Other Volume | bbl Dimensions L x W x D | | | |
| | | | | | |
| 3 X Closed-loop System: Subsection H of 19 1: | 5 17 11 NMAC | | | | |
| Type of Operation X P&A Drilling a n | | ctivities which require prior approval of a permit or | | | |
| | notice of intent) | | | | |
| Drying Pad X Above Ground Steel Tank | ss Haul-off Bins Other | | | | |
| | hicknessmil LLDPE HI | DPE PVD Other | | | |
| Liner Seams Welded Factory O | Other | | | | |
| 4 | | | | | |
| Below-grade tank: Subsection I of 19 15 17 | II NMAC | | | | |
| Volumebbl Type | e of fluid | | | | |
| Tank Construction material | | | | | |
| Secondary containment with leak detection | Visible sidewalls, liner, 6-inch lift and autom | atic overflow shut-off | | | |
| | e sidewalls only Other | | | | |
| Liner Type Thicknessmil | HDPE PVC Other | | | | |
| 5 Alternative Method: | | | | | |
| Submittal of an exception request is required Except | tions must be submitted to the Santa Fe Environme | ental Bureau office for consideration of approval | | | |

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| Fencing: Subsection D of 19 15.17 11 NMAC (Applies to permanent pit, temporary pits, and below-grade tanks) Chain link, six feet in height, two strands of barbed wire at top (Required if located within 1000 feet of a permanent residence, school, hospital, institution or church) Four foot height, four strands of barbed wire evenly spaced between one and four feet Alternate Please specify | | | | |
|--|------------------|-----|--|--|
| 7 | | | | |
| Netting: Subsection E of 19 15 17 11 NMAC (Applies to permanent pits and permanent open top tanks) Screen Netting Other Monthly inspections (If netting or screening is not physically feasible) | | | | |
| 8 | | | | |
| Signs: Subsection C of 19 15 17 11 NMAC 12" X 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers X Signed in compliance with 19.15 3 103 NMAC | | | | |
| 9 | | | | |
| Administrative Approvals and Exceptions: Justifications and/or demonstrations of equivalency are required Please refer to 19 15 17 NMAC for guidance | | | | |
| Please check a box if one or more of the following is requested, if not leave blank: | | | | |
| Administrative approval(s) Requests must be submitted to the appropriate division district of the Santa Fe Environmental Bureau office for consideration of approval (Fencing/BGT Liner) | | | | |
| Exception(s) Requests must be submitted to the Santa Fe Environmental Bureau office for consideration of approval | | | | |
| Siting Criteria (regarding permitting). 19.15.17 10 NMAC Instructions: 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. | | | | |
| Ground water is less than 50 feet below the bottom of the temporary pit, permanent pit, or below-grade tank. NM Office of the State Engineer - IWATERS database search; USGS; Data obtained from nearby wells | Yes | No | | |
| Within 300 feet of a continuously flowing watercourse, or 200 feet of any other watercourse, lakebed, sinkhole, or playa lake (measured from the ordinary high-water mark). - Topographic map; Visual inspection (certification) of the proposed site | Yes | □No | | |
| Within 300 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application. | | No | | |
| (Applies to temporary, emergency, or cavitation pits and below-grade tanks) | □NA | , | | |
| Visual inspection (certification) of the proposed site, Aerial photo, Satellite image Within 1000 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application. | □ _{Yes} | □No | | |
| (Applied to permanent pits) | ☐NA | | | |
| Visual inspection (certification) of the proposed site, Aerial photo; Satellite image Within 500 horizonal 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 search; 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. US Fish and Wildlife Wetland Identification map, Topographic map, Visual inspection (certification) of the proposed site | Yes | No | | |
| Within the area overlying a subsurface mine. - Written confirmation or verification or map from the NM EMNRD - Mining and Mineral Division | Yes | □No | | |
| Within an unstable area. - Engineering measures incorporated into the design, NM Bureau of Geology & Mineral Resources; USGS; NM Geological | Yes | No | | |
| Society, Topographic map Within a 100-year floodplain - FEMA map | Yes | No | | |

| 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 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 or Permit |
| 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 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 19.15.17.12 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 Previously Approved Operating and Maintenance Plan API |
| 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 (I) 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 H2S, 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 |
| 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 |
| 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 G of 19.15.17.13 NMAC |

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| 16 Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Ste | el 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 facilities are required | | | | |
| Disposal Facility Name | | | | |
| | Disposal Facility Permit # | | | |
| Will any of the proposed closed-loop system operations and associated activities Yes (If yes, please provide the information No | | service and | | |
| Required for impacted areas which will not be used for future service and operations Soil Backfill and Cover Design Specification - based upon the appropriate Re-vegetation Plan - based upon the appropriate requirements of Subse Site Reclamation Plan - based upon the appropriate requirements of Su | ction I of 19 15 17 13 NMAC | С | | |
| 17 | | | | |
| Siting Criteria (Regarding on-site closure methods only: 19.15 17 10 NMA Instructions Each siting criteria requires a demonstration of compliance in the closure plan certain siting criteria may require administrative approval from the appropriate district offic office for consideration of approval. Justifications and/or demonstrations of equivalency are | Recommendations of acceptable source material are provided be cormay be considered an exception which must be submitted to | | | |
| 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 obt | amed from nearby wells | ∐N/A | | |
| Ground water is between 50 and 100 feet below the bottom of the buried waste | e | Yes No | | |
| - NM Office of the State Engineer - (WATERS database search, USGS, Data obtained) | ained from nearby wells | □N/A | | |
| Ground water is more than 100 feet below the bottom of the buried waste | | Yes No | | |
| - NM Office of the State Engineer - (WATERS database search, USGS, Data obtained) | amed from nearby wells | N/A | | |
| Within 300 feet of a continuously flowing watercourse, or 200 feet of any other signific (measured from the ordinary high-water mark) | cant watercourse or lakebed, sinkhole, or playa lake | Yes No | | |
| - Topographic map, Visual inspection (certification) of the proposed site | | | | |
| Within 300 feet from a permanent residence, school, hospital, institution, or church in e-Visual inspection (certification) of the proposed site, Aerial photo, satellite image | | Yes No | | |
| | , | Yes No | | |
| Within 500 horizontal feet of a private, domestic fresh water well or spring that less the purposes, or within 1000 horizontal fee of any other fresh water well or spring, in exist - NM Office of the State Engineer - iWATERS database, Visual inspection (certifi | ence at the time of the initial application | | | |
| Within incorporated municipal boundaries or within a defined municipal fresh water we pursuant to NMSA 1978, Section 3-27-3, as amended | | Yes No | | |
| - Written confirmation or verification from the municipality, Written approval obta | ained from the municipality | | | |
| Within 500 feet of a wetland - US Fish and Wildlife Wetland Identification map, Topographic map, Visual insp | ection (certification) of the proposed site | YesNo | | |
| Within the area overlying a subsurface mine | | ∏Yes ∏No | | |
| - Written confirantion or verification or map from the NM EMNRD-Mining and M | Ameral Division | | | |
| Within an unstable area | | ∐Yes ∐No | | |
| Engineering measures incorporated into the design, NM Bureau of Geology & M Topographic map | ineral Resources, USGS, NM Geological Society, | | | |
| Within a 100-year floodplain - FEMA map | | Yes No | | |
| 18 | | | | |
| On-Site Closure Plan Checklist: (19 15 17 13 NMAC) Instructions: Each by a check mark in the box, that the documents are attached. | of the following items must bee attached to the closu | re plan. Please indicate, | | |
| 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 requirement | | | | |
| | | innot be achieved) | | |
| 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 | | | | |
| Ste Reclamation Plan - based upon the appropriate requirements of Subsection C of 19 15 17 13 NMAC | | | | |

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| Operator Application Certification: 1 hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief |
|---|
| Name (Print) Title |
| Signature Date |
| e-mail address Telephone |
| |
| OCD Approval: Permit Application (including closure plan) Closure Plan (only) OCD Conditions (see attachment) OCD Representative Signature: Approval Date: OCD Permit Number: |
| Closure Report (required within 60 days of closure completion): Subsection K of 1915 1713 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. [X] Closure Completion Date: 8/30/2012 |
| Closure Method: Waste Excavation and Removal On-site Closure Method Alternative Closure Method X Waste Removal (Closed-loop systems only) If different from approved plan, please explain |
| 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. Disposal Facility Name Disposal Facility Name Basin Disposal Facility 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 compliane to the items below) 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 |
| 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 (if applicable) 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 |
| |
| Operator Closure Certification: I hereby certify that the information and attachments submitted with this closure report is ture, 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) Dollie Lausse Title Staff Regulatory Technician |
| Signature (1) All Susse Date 9/13/12 |
| e-mail address dollie.l.busse@conocophillips.com Telephone (505) 324-6104 |