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

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

For 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.

|                 | Pit, Closed-Loop System, Below-Grade Tank, or                                                                                                                                 |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Propo           | sed 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 |

X Closure plan only submitted for an existing permitted or non-permitted pit, closed-loop system,

Modification to an existing permit

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| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| Operator: XTO Energy, Inc. OGRID #: 5380                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Address: #382 County Road 3100, Aztec, NM 87410                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Facility or well name: Huerfano Unit #308                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| API Number: 30-045-34567 OCD Permit Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| U/L or Qtr/Qtr B Section 3 Township 25N Range 9W County: San Juan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Center of Proposed Design:         Latitude         36.43564         Longitude         107.77209         NAD:         □1927 ☒ 1983                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Surface Owner: X Federal State Private Tribal Trust or Indian Allotment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| ✓ Pit: Subsection F or G of 19.15.17.11 NMAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Temporary: X Drilling Workover                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Permanent Emergency Cavitation P&A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| ☑ Lined       ☐ Unlined Liner type: Thickness       20       mil       ☒ LLDPE       ☐ PVC       ☐ Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| String-Reinforced                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Liner Seams: Welded X Factory Other Volume: bbl Dimensions: L 200 x W 60 x D 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Liner Seams: Welded Factory Other RECEIVED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| Below-grade tank: Subsection I of 19.15.17.11 NMAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| /60 OIL CONS. DIV. DIST. 3 Val.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Tank Construction material:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| (c) 1 c06                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| ☐ Visible sidewalls and liner ☐ Visible sidewalls only ☐ Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Liner type: Thicknessmil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

| Fencing: Subsection D of 19.15.17.11 NMAC (Applies to permanent pits, 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                                                                                                                                                                                                                                                                                                               |                    |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--|--|--|--|
| 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |  |  |  |  |
| s.  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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |  |  |  |  |
| 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 or the Santa Fe Environmental Bureau office for consideration of approval.  Exception(s): Requests must be submitted to the Santa Fe Environmental Bureau office for consideration of approval.                                                                                                                                                                               |                    |  |  |  |  |
| 10.  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 significant watercourse or 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.  (Applies to temporary, emergency, or cavitation pits and below-grade tanks)  - Visual inspection (certification) of the proposed site; Aerial photo; Satellite image                                                                                                                                                                                                                                                                                                                                                                                                              | ☐ Yes ☐ No<br>☐ NA |  |  |  |  |
| Within 1000 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application. (Applies to permanent pits)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ☐ Yes ☐ No<br>☐ NA |  |  |  |  |
| <ul> <li>Visual inspection (certification) of the proposed site; Aerial photo; Satellite image</li> <li>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.</li> <li>NM Office of the State Engineer - iWATERS database search; Visual inspection (certification) of the proposed site</li> </ul>                                                                                                                                                                                          | Yes No             |  |  |  |  |
| 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.  - Written confirmation or verification from the municipality; Written approval obtained from the municipality                                                                                                                                                                                                                                                                                                                                                                                                              | ☐ Yes ☐ No         |  |  |  |  |
| 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 Society; Topographic map                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ☐ Yes ☐ No         |  |  |  |  |
| Within a 100-year floodplain FEMA map                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |  |  |  |  |

| 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 19.15.17.12 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 Number: or Permit Number:                                                                                                                                                                                                                                                                                                                                                            |
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| 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 19.15.17.11 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| 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   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   Erosion Control 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:  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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

| Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19.15.17.13.1 Instructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if facilities are required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | NMAC)<br>nore than two |  |  |  |  |  |  |
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| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |  |  |  |  |  |  |
| 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 sour provided below. Requests regarding changes to certain siting criteria may require administrative approval from the appropriate dist considered an exception which must be submitted to the Santa Fe Environmental Bureau office for consideration of approval. Justi demonstrations of equivalency are required. Please refer to 19.15.17.10 NMAC for guidance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | rict office or may be  |  |  |  |  |  |  |
| Ground water is less than 50 feet below the bottom of the buried waste.  - NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ☐ Yes 🗶 No<br>☐ NA     |  |  |  |  |  |  |
| Ground water is between 50 and 100 feet below the bottom of the buried waste - NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ☐ Yes 🛛 No<br>☐ NA     |  |  |  |  |  |  |
| Ground water is more than 100 feet below the bottom of the buried waste.  - NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | X Yes ☐ No<br>☐ 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).  Topographic map; Visual inspection (certification) of the proposed site                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Yes X No               |  |  |  |  |  |  |
| Within 300 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application.  - Visual inspection (certification) of the proposed site; Aerial photo; Satellite image                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ☐ Yes ☒ No             |  |  |  |  |  |  |
| 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.  - NM Office of the State Engineer - iWATERS database; Visual inspection (certification) of the proposed site                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ☐ Yes 🛛 No             |  |  |  |  |  |  |
| 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.  - Written confirmation or verification from the municipality; Written approval obtained from the municipality                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Yes X No               |  |  |  |  |  |  |
| 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             |  |  |  |  |  |  |
| <ul> <li>Within an unstable area.</li> <li>Engineering measures incorporated into the design; NM Bureau of Geology &amp; Mineral Resources; USGS; NM Geological Society; Topographic map</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ☐ Yes 🏿 No             |  |  |  |  |  |  |
| Within a 100-year floodplain FEMA map                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ☐ Yes 🛛 No             |  |  |  |  |  |  |
| On-Site Closure Plan Checklist: (19.15.17.13 NMAC) Instructions: Each of the following items must be attached to the closure plan 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. 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 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 G of 19.15.17.13 NMAC | 15.17.11 NMAC          |  |  |  |  |  |  |

| 19. Operator Application Certification:                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| I hereby certify that the information submitted with this application is true, accurate and complete to the                                                                                                                                                                                                                                                                                                  | ne best of my knowledge and belief.                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                              | ronmental Representative                                                                                                    |
| Signature: Kim Champlin Date:                                                                                                                                                                                                                                                                                                                                                                                | August 15, 2008                                                                                                             |
| e-mail address: kim_champlin@xtoenergy.com Telephone:                                                                                                                                                                                                                                                                                                                                                        | (505) 333-3100                                                                                                              |
| 20.  OCD Approval: Permit Application (including closure plan)  Closure Plan (only)  OCD                                                                                                                                                                                                                                                                                                                     | Conditions (see attachment)                                                                                                 |
| OCD Representative Signature:                                                                                                                                                                                                                                                                                                                                                                                | Approval Date:                                                                                                              |
| Title: Environ / Spec OCD Permit Num                                                                                                                                                                                                                                                                                                                                                                         | ber:                                                                                                                        |
| Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NM Instructions: Operators are required to obtain an approved closure plan prior to implementing any The closure report is required to be submitted to the division within 60 days of the completion of the section of the form until an approved closure plan has been obtained and the closure activities have | closure activities and submitting the closure report.<br>closure activities. Please do not complete this<br>been completed. |
| 22.                                                                                                                                                                                                                                                                                                                                                                                                          | netion Date                                                                                                                 |
| Closure Method:  ☐ Waste Excavation and Removal ☐ On-Site Closure Method ☐ If different from approved plan, please explain.  ☐ Alternative Closure Method ☐ Alternative Closure Method ☐ If different from approved plan, please explain.                                                                                                                                                                    | ☐ Waste Removal (Closed-loop systems only)                                                                                  |
| 23. Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Instructions: Please indentify the facility or facilities for where the liquids, drilling fluids and drill c two facilities were utilized.                                                                                                                                                                     |                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                              | ermit Number:                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                              | ermit Number:                                                                                                               |
| Were the closed-loop system operations and associated activities performed on or in areas that will not  ☐ Yes (If yes, please demonstrate compliance to the items below) ☐ No                                                                                                                                                                                                                               | be used for future service and operations?                                                                                  |
| 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 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)                                  | l to the closure report. Please indicate, by a check                                                                        |
| 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 belief. I also certify that the closure complies with all applicable closure requirements and conditions s                                                                                                                                                       |                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                             |

DISTRICT 1 1625 N. French Dr., Hobbs, N.M. 88240

DISTRICT II 1301 W. Grand Ave., Artesia, N.M. 88210

DISTRICT III

State of New Mexico Energy, Minerals & Natural Resources Department

#### OIL CONSERVATION DIVISION 1220 South St. Francis Dr.

Form C-102 Revised October 12, 2005

Submit to Appropriate District Office

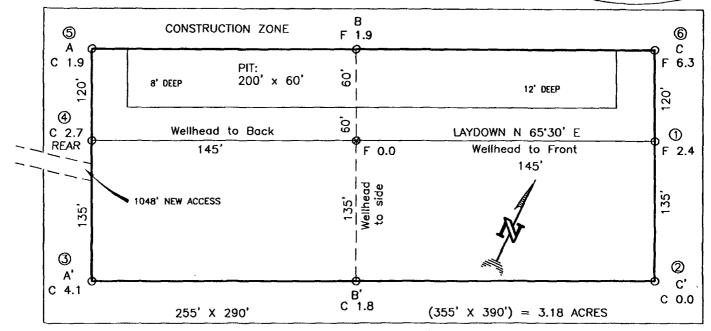
State Lease - 4 Copies Fee Lease - 3 Copies

| 000 Rio Brazos Ri             | d., Aztec, N                            | .M. 87410      |                           |                          | Santa Fe,                  | NM        | 87505                   |              |                                                                                                                                                                                                                                                                |                                                                                                  | ree Lea          | ise – 3 Copie                         |  |
|-------------------------------|-----------------------------------------|----------------|---------------------------|--------------------------|----------------------------|-----------|-------------------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------|---------------------------------------|--|
| STRICT IV<br>20 South St. Fro | ncis Dr. Sa                             | into Fe. NN 87 | <i>1</i> 505              |                          |                            |           |                         |              |                                                                                                                                                                                                                                                                |                                                                                                  | ] AMEN           | IDED REPOR                            |  |
| 20 30001 31. 170              | ilicia Di., 30                          | •              |                           | OCATIO                   | N AND                      | A C F     | REAGE DEDI              | CAT          | ION PI                                                                                                                                                                                                                                                         | ΔТ                                                                                               |                  |                                       |  |
| 'API                          | Number                                  |                |                           | <sup>2</sup> Pool Code   | 7,110                      | 101       | TEMOL DEDI              | 0/(1         | <sup>3</sup> Pool Name                                                                                                                                                                                                                                         |                                                                                                  | <del></del>      |                                       |  |
| <sup>‡</sup> Dennarty Co.     | <del></del>                             |                | <u> </u>                  | <del></del>              | <sup>5</sup> Proper        | eber Ales |                         |              |                                                                                                                                                                                                                                                                |                                                                                                  | • w              | ell Number                            |  |
| <sup>4</sup> Property Code    |                                         |                |                           |                          |                            | 308       |                         |              |                                                                                                                                                                                                                                                                |                                                                                                  |                  |                                       |  |
| OGRID No.                     |                                         |                |                           |                          |                            |           | HUERFANO Operator Name  |              |                                                                                                                                                                                                                                                                |                                                                                                  |                  | * Elevation                           |  |
|                               | Ì                                       |                |                           |                          | XTO ENE                    | RGY       | RGY INC.                |              |                                                                                                                                                                                                                                                                |                                                                                                  | 6494'            |                                       |  |
|                               |                                         |                |                           |                          | 10 Surfac                  | ce l      | Location                |              |                                                                                                                                                                                                                                                                |                                                                                                  |                  |                                       |  |
| IL or lot no.                 | Section                                 | Township       | Range                     | Lot Idn                  | Feet from the              |           | North/South line        |              | from the                                                                                                                                                                                                                                                       | East/We:                                                                                         |                  | County                                |  |
| 2                             | 3                                       | 25-N           | 9-W                       | <u> </u>                 | 665                        | i         | NORTH                   | L            | 320                                                                                                                                                                                                                                                            | EA:                                                                                              | ST               | SAN JUAN                              |  |
| <del></del>                   |                                         | <del>, </del>  |                           | om Hole                  |                            |           | f Different Fro         |              |                                                                                                                                                                                                                                                                | Au                                                                                               | .A. P            | T                                     |  |
| UL or lot no.                 | Section                                 | Township       | Range                     | Lot idn                  | Feet from the              | •         | North/South line        | reet         | from the                                                                                                                                                                                                                                                       | East/We                                                                                          | st line          | County                                |  |
| Dedicated Acres               | <u> </u>                                |                | <sup>13</sup> Joint or Ir | nfill                    | <sup>14</sup> Consolidatio | n Coc     | de                      | 15 Orde      | er No.                                                                                                                                                                                                                                                         | L                                                                                                |                  | .l                                    |  |
|                               |                                         |                |                           |                          |                            |           |                         |              |                                                                                                                                                                                                                                                                |                                                                                                  |                  |                                       |  |
| NO ALLOW                      | ARIF V                                  | VILL RE A      | SSIGNE                    | ) TO TH                  | IS COMPLE                  | FTIC      | ON UNTIL ALL            | INTE         | RESTS H                                                                                                                                                                                                                                                        | AVF B                                                                                            | FFN CO           | ONSOLIDATE                            |  |
| 7,00                          | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                |                           |                          |                            |           | EN APPROVE              |              |                                                                                                                                                                                                                                                                |                                                                                                  |                  |                                       |  |
|                               | T                                       | FD.            | 2 1/2" BC                 | N 89                     | -54-16 W                   | T         | FD. 2 1/2"              | BC.          | 0000                                                                                                                                                                                                                                                           | A TOD                                                                                            | CEDIE            | ICATION                               |  |
|                               | }                                       |                | 1947 G.L.O                | 261                      | 4.17' (M)                  |           | - 1947 G<br>G<br>G<br>G | ,.L.O.       |                                                                                                                                                                                                                                                                |                                                                                                  | -                | contained herein                      |  |
|                               |                                         |                |                           |                          |                            | '         | Ψ                       |              |                                                                                                                                                                                                                                                                |                                                                                                  |                  | my knowledge and<br>er owns a working |  |
| LOT 4                         | 1                                       | LO.            | Т 3                       |                          | LOT 2                      | 9-        | 1320'                   |              | Interest or unleased mineral interest in the land<br>including the proposed bottom hale location or<br>right to drill this well at this location pursuant<br>contract with an owner of such a mineral or w<br>interest, or to a valuntary pooling agreement of |                                                                                                  | ocation or has a |                                       |  |
|                               | }                                       |                |                           |                          |                            |           | 107.4                   |              |                                                                                                                                                                                                                                                                |                                                                                                  | neral or working |                                       |  |
|                               | Ì                                       |                |                           |                          |                            |           | LOT 1                   |              |                                                                                                                                                                                                                                                                |                                                                                                  |                  | intered by the                        |  |
|                               |                                         |                |                           |                          |                            |           | *                       | :            |                                                                                                                                                                                                                                                                |                                                                                                  |                  |                                       |  |
|                               |                                         |                |                           | ' N. (NAC<br>' W. (NAC   |                            | }         | 5                       | €            |                                                                                                                                                                                                                                                                |                                                                                                  |                  |                                       |  |
|                               |                                         |                |                           | .2" N. (NA<br>.3" W. (NA | -                          | 1         | į                       | 26.          |                                                                                                                                                                                                                                                                |                                                                                                  |                  |                                       |  |
|                               | ļ                                       | LONG:          | 107'46'17                 | '.3" W. (NA<br>1         | D 27)                      |           | )<br>C                  | 2649.26' (M) | Signature                                                                                                                                                                                                                                                      | •                                                                                                |                  | Date                                  |  |
|                               | ļ                                       |                |                           |                          |                            |           | v                       |              | Colontard 1                                                                                                                                                                                                                                                    |                                                                                                  |                  |                                       |  |
|                               |                                         |                |                           | 3                        |                            | _         |                         | <u> </u>     | Printed I                                                                                                                                                                                                                                                      | TOTAL OF                                                                                         |                  |                                       |  |
|                               | Ì                                       |                |                           | ı                        |                            |           | FD. 2 1/2'<br>1947 (    | BC.          | 18 S                                                                                                                                                                                                                                                           | URVFY                                                                                            | OR CF            | RTIFICATION                           |  |
|                               |                                         |                |                           |                          |                            |           |                         |              | i hereby cert                                                                                                                                                                                                                                                  | ify that the                                                                                     | well location    | shown on this plat                    |  |
|                               |                                         |                |                           |                          |                            |           |                         |              | me or under                                                                                                                                                                                                                                                    | ed from field nates of actual surveys made by<br>order my supervision, and that the same is true |                  |                                       |  |
|                               | Ì                                       |                |                           |                          |                            | Į         |                         | Ì            | and correct t                                                                                                                                                                                                                                                  | o the best o                                                                                     |                  | _                                     |  |
|                               |                                         |                |                           | 1                        |                            | ſ         |                         | - 1          | ı                                                                                                                                                                                                                                                              | /\V                                                                                              | A Di             | . `                                   |  |

Certificate Number

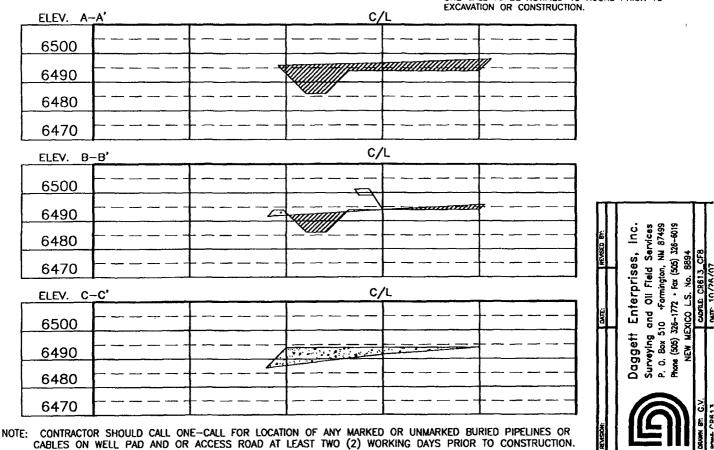
XTO ENERGY INC.
HUERFANO No. 308, 665 FNL 1320 FEL
SECTION 3, T25N, R9W, N.M.P.M., SAN JUAN COUNTY, N.M.
GROUND ELEVATION: 6494' DATE: AUGUST 13, 2007

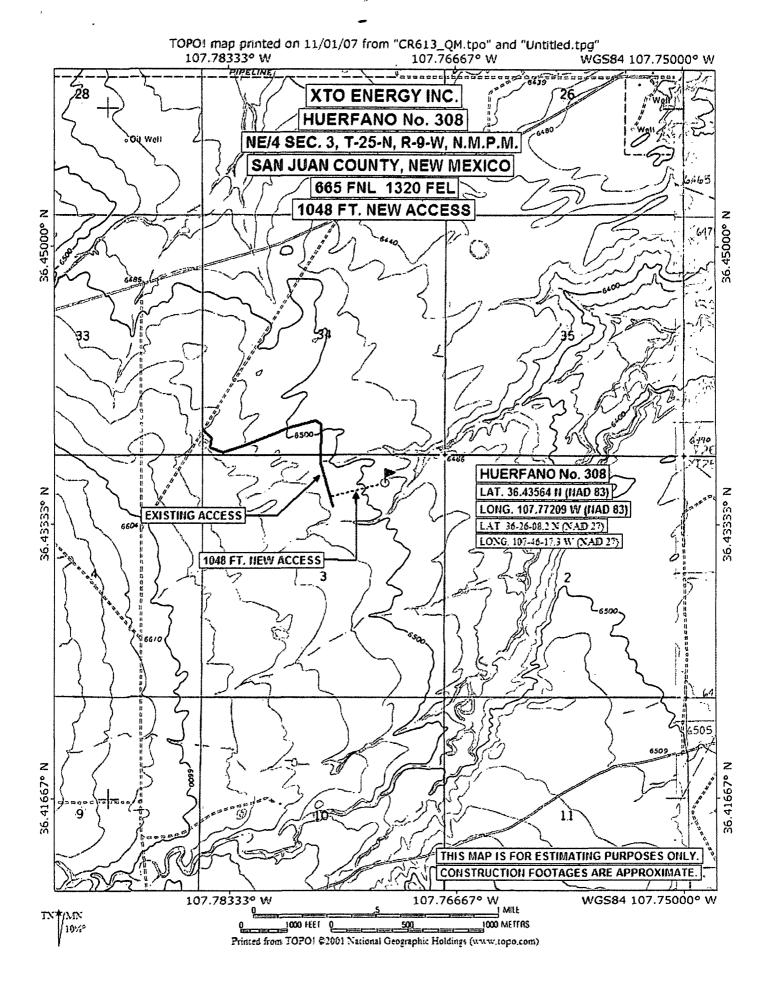
NAD 83 LAT. = 36.43564° N LONG. = 107.77209° W NAD 27 LAT. = 36°26'08.2" N LONG. = 107°46'17.3" W



RESERVE PIT DIKE: TO BE 8' ABOVE DEEP SIDE (OVERFLOW - 3' WIDE AND 1' ABOVE SHALLOW SIDE). BLOW PIT: OVERFLOW PIPE HALFWAY BETWEEN TOP AND BOTTOM AND TO EXTEND OVER PLASTIC LINER AND INTO BLOW PIT.

NOTE: DAGGETT ENTERPRISES, INC. IS NOT LIABLE FOR UNDERGROUND UTILITIES OR PIPELINES. NEW MEXICO ONE CALL TO BE NOTIFIED 48 HOURS PRIOR TO EXCAVATION OR CONSTRUCTION

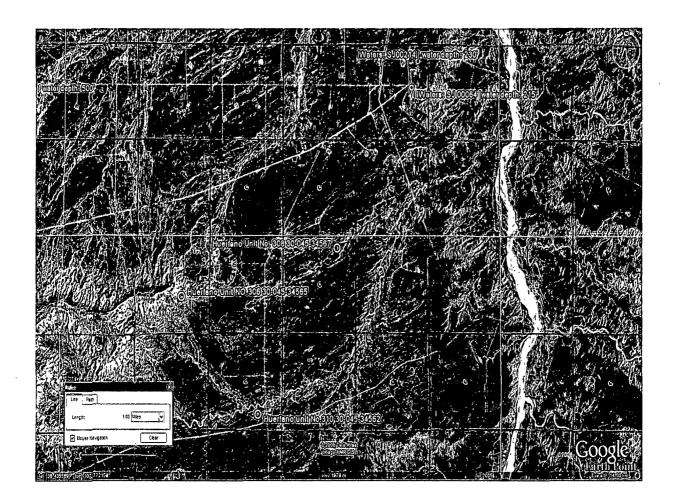


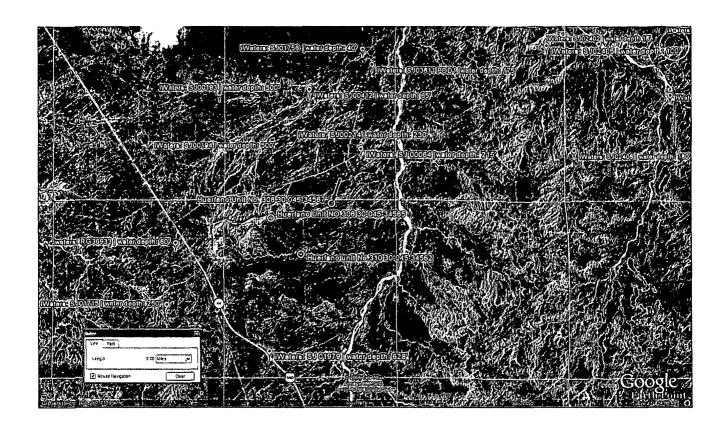


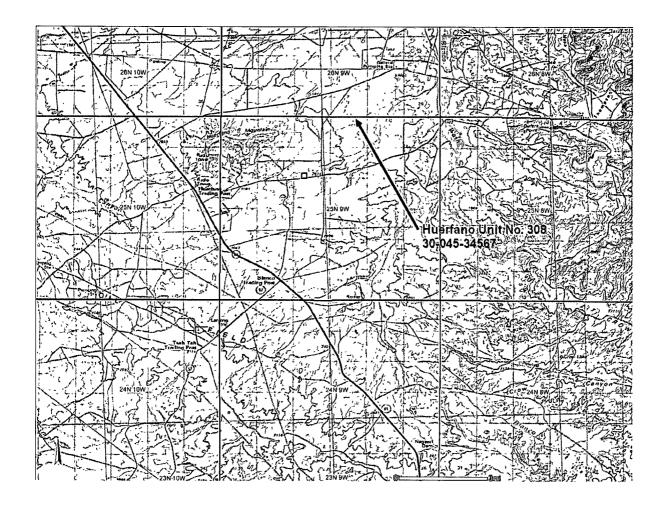
#### Client: XTO Energy **Pit Permit** Lodestar Services, Inc. Project: Pit Permits Siting Criteria Revised: 8-Aug-08 PO Box 4465, Durango, CO 81302 Information Sheet Prepared by: Ashley Ager API#: **USPLSS:** 30-045-34567 25N 09W Sec. 3B Name: Lat/Long: **HUERFANO Unit No. 308** 36.435583, -107.772211 Geologic >100' Nacimiento Formation (Tn) Depth to groundwater: formation: Distance to closest 18.8 miles NNW to San Juan continuously flowing river watercourse: Distance to closest significant 430' SE to arroyo, 2.3 miles E to watercourse, lakebed, Blanco Wash/Canyon playa lake, or sinkhole: Soil Type: Aridisols Permanent residence, school, hospital, NO institution or church within 300 Annual Bloomfield: 8.71", Otis: 10.41", Chaco: 8.73", Precipitation: Lybrook: 10.88" Domestic fresh water Precipitation Historical daily extreme max: well or spring within NO Chaco(2.8"), Bloomfield(4.19") Notes: Any other fresh water 1500' ENE, 1910' SW to probable well or spring within livestock water src(s) 1000 24N10W\_iWaters pdf, 25N09W\_iWaters pdf, **Attached** Within incorporated NO 25N10W\_iWaters pdf, 26N08W\_iWaters pdf, Documents: municipal boundaries 26N09W\_iWaters.pdf, Within defined 30-045-34567\_gEarth-iWaters.jpg, 30-045-34567\_gEarth-FM3500640925B\_30 municipal fresh water NO PLS jpg, 30-045-34567\_topo-PLS jpg, 30-045-045-34567.jpg 34567 topo-PLS overview jpg well field Minina Wetland within 500' NO None Near **Activity:** Within unstable area NO NM\_NRD-MMD\_MinesMillQuarries\_30-045-34567 jpg Within 100 year flood NO-Fema Zone 'X' plain **Additional Notes:**

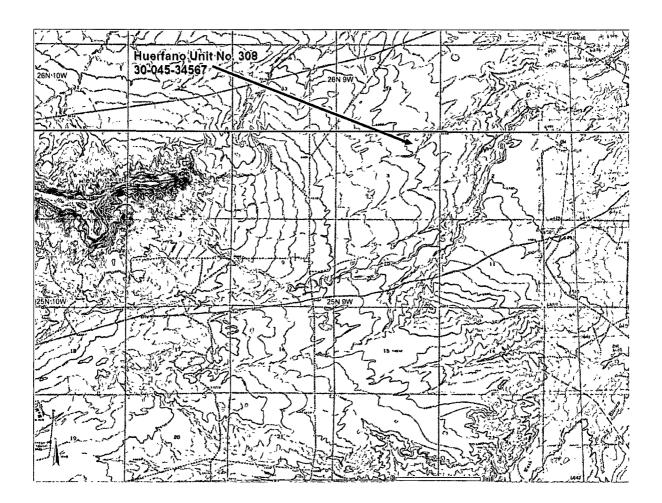
Page 1 of 1

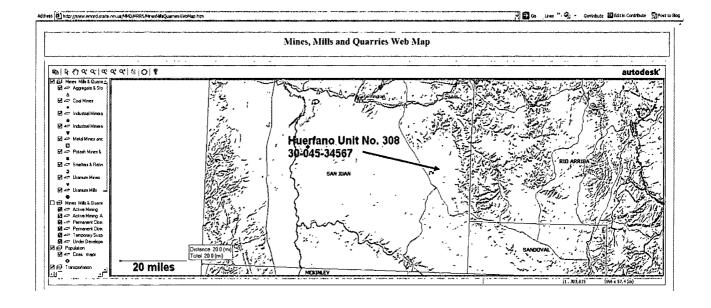
drains to Blanco Wash/Canyon

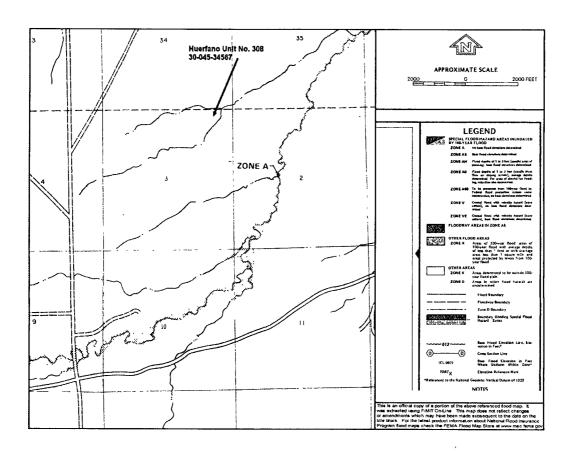












## New Mexico Office of the State Engineer POD Reports and Downloads

| I OD Reports and Downloads                                                                           |
|------------------------------------------------------------------------------------------------------|
| Township: 25N Range: 10W Sections:                                                                   |
| NAD27 X: Y: Zone: Search Radius:                                                                     |
| County:                                                                                              |
| Owner Name: (First) (Last) Onn-Domestic Odomestic Odomestic                                          |
| POD / Surface Data Report                                                                            |
| Clear Form iWATERS Menu Help                                                                         |
|                                                                                                      |
| WATER COLUMN REPORT 08/08/2008                                                                       |
| (quarters are 1=NW 2=NE 3=SW 4=SE)<br>(quarters are biggest to smallest) Depth Depth Water (in feet) |

RG 36933 SJ 01715

 
 (quarters
 are biggest to
 smallest)

 Tws
 Rng Sec
 q q
 Zone

 25N
 10W
 11
 3
 2
 2

 25N
 10W
 22
 4
 4
 Depth Well Water Column 180 60 120 637 250 387

Depth

Record Count: 2

POD Number

8/8/2008 2 19 PM

1 of 1

|            | New Mexico Office of the State Engineer POD Reports and Downloads                                                                                                             |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            | Township: 25N Range: 09W Sections:                                                                                                                                            |
|            | NAD27 X: Y: Zone: Search Radius:                                                                                                                                              |
|            | County:   Basin:   Number:   Suffix:                                                                                                                                          |
|            | Owner Name: (First) (Last) Onn-Domestic Odmestic Odmestic                                                                                                                     |
|            | POD / Surface Data Report                                                                                                                                                     |
|            | Clear Form iWATERS Menu Help                                                                                                                                                  |
| POD Number | WATER COLUMN REPORT 08/08/2008  (quarters are 1=NW 2=NE 3=SW 4=SE) (quarters are biggest to smallest)  Tws Rng Sec q q Zone X Y Well Water Column 25N 09W 32 2 3 1180 628 552 |

Record Count: 1

1 of 1

8/8/2008 1 57 PM

# New Mexico Office of the State Engineer POD Reports and Downloads

|                        | . 1 OD Kept is and Downloads                                                                                                      |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| •                      | Township: 24N Range: 10W Sections:                                                                                                |
|                        | NAD27 X: Y: Zone: Search Radius:                                                                                                  |
|                        | County:   Basin:   Number:   Suffix:                                                                                              |
|                        | Owner Name: (First) (Last) Onn-Domestic Odmestic All                                                                              |
|                        | POD / Surface Data Report                                                                                                         |
|                        | Clear Form iWATERS Menu Help                                                                                                      |
|                        | WATER COLUMN REPORT 08/07/2008  (quarters are 1=NW 2=NE 3=SW 4=SE) (quarters are biggest to smallest) Depth Depth Water (in feet) |
| POD Number<br>SJ 03141 | Tws Rng Sec q q q Zone X Y Well Water Column<br>24N 10W 29 1 2 3 640 595 45                                                       |
| SJ 01713               | 24N 10W 33 4 4 373                                                                                                                |
| SJ 01714               | 24N 10W 36 4 3 442 284 158                                                                                                        |

Record Count: 3

8/7/2008 12·33 PM

|                                    | New Mexico Office of the State Engineer POD Reports and Downloads                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                    | Township: 26N Range: 10W Sections:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                    | NAD27 X: Y: Zone: Search Radius:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                    | County: Number: Suffix:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                    | Owner Name: (First) (Last) Onon-Domestic Odomestic Odome |
|                                    | POD / Surface Data Report   Avg Depth to Water Report   Water Column Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                    | Clear Form iWATERS Menu Help                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                    | WATER COLUMN REPORT 08/08/2008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                    | (quarters are 1=NW 2=NE 3=SW 4=SE)<br>(quarters are biggest to smallest) Depth Depth Water (in feet)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| POD Number<br>SJ 00193<br>SJ 00194 | Tws         Rng         Sec         q         q         Zone         X         Y         Well         Water         Column           26N         10W         13         4         2         2287         500         1787           26N         10W         25         4         1         2105         500         1605                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

Record Count: 2

8/8/2008 2 57 PM

## New Mexico Office of the State Engineer POD Reports and Downloads

| FOD Reports and Downloads                                               |
|-------------------------------------------------------------------------|
| Township: 26N Range: 09W Sections:                                      |
| NAD27 X: Y: Zone: Search Radius:                                        |
| County:   Basin:   Number:   Suffix:                                    |
| Owner Name: (First) (Last) Onn-Domestic Odomestic @All                  |
| POD / Surface Data Report Avg Depth to Water Report Water Column Report |
| Clear Form iWATERS Menu Help                                            |
|                                                                         |

#### WATER COLUMN REPORT 08/08/2008

|               | (quarter | s are | 1=1 | AM 7 | =NE  | 3=SW 4=SE)  |   |   |       |       |        |           |
|---------------|----------|-------|-----|------|------|-------------|---|---|-------|-------|--------|-----------|
|               | (quarter | s are | biq | gges | it t | o smallest) |   |   | Depth | Depth | Water  | (in feet) |
| POD Number    | Tws      | Rng   | Sec | q    | P    | Zone        | X | Y | Well  | Water | Column |           |
| SJ 02961      | 26N      | 09W   | 01  | 2 2  | 3    |             |   |   | 1500  |       |        |           |
| SJ 02962      | 26N      | 09W   | 01  | 3 2  | 3    |             |   |   | 1500  |       |        |           |
| SJ 01756      | 26N      | 09W   | 11  | 2 2  | 3    |             |   |   | 75    | 40    | 35     |           |
| SJ 03811 POD1 | 26N      | 09W   | 12  | 3 3  | 3    |             |   |   | 348   | 175   | 173    |           |
| SJ 00412      | 26N      | 09W   | 16  | 4 2  |      |             |   |   | 202   | 65    | 137    |           |
| SJ 00214      | 26N      | 09W   | 26  | 2 4  | 2    |             |   |   | 946   | 230   | 716    |           |
| SJ 00064      | 26N      | 09W   | 26  | 4 2  | 1    |             |   |   | 490   | 215   | 275    |           |
| SJ 00063      | 26N      | 09W   | 26  | 4 2  | 3    |             |   |   | 479   | 234   | 245    |           |

Record Count: 8

8/8/2008 1 59 PM

# New Mexico Office of the State Engineer

| POD Reports and Downloads |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
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| Township: 26              | N Range: 08W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Sections:                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| NAD27 X:                  | Y:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Zone:                                                                                                                                                                                               | Search Radius:                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| ounty: I                  | Basin:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Numb                                                                                                                                                                                                | per: Suffix:                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| ner Name: (First)         | (Last)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | O1                                                                                                                                                                                                  | Non-Domestic ODomestic OAll                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| POD / Surface Data Report |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
|                           | Clear Form i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | WATERS Menu Hel                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| puarters are 1=NW 2=NE    | 3=SW 4=SE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Depth Dep<br>Y Well Wate                                                                                                                                                                            | er Column                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
|                           | NAD27 X:  punty: Founty: Fount | Township: 26N Range: 08W  NAD27 X: Y: Y: Dunty: Basin: Clear Form Clear Form Clear Form MATER COLUMN REPORT 08  WATER COLUMN REPORT 08  PARTER Sec q q q Zone X  26N 08W 01 3 4 3  26N 08W 01 4 4 1 | Township: 26N Range: 08W Sections:  NAD27 X: Y: Zone:   Dounty: Basin: Number Name: (First) (Last)   POD / Surface Data Report Avg Depth to Water Report    Clear Form   iWATERS Menu   He  WATER COLUMN REPORT 08/07/2008  PURITHER ARG Sec q q q Zone X Y Well Water Report    Two Rng Sec q q q Zone X Y Well Water Report    26N 08W 01 3 4 3 180 100 100 100 100 100 100 100 100 100 | Township: 26N Range: 08W Sections:  NAD27 X: Y: Zone: Search Radius:  Dunty: Suffix: Suffix: Suffix:  Oner Name: (First) (Last) Oner-Domestic Odomestic Odom |  |  |  |  |  |

Record Count: 3

1 of 1

8/7/2008 6·23 PM

#### New Mexico Office of the State Engineer POD Reports and Downloads

| POD Reports and Downloads                                 |  |  |  |  |  |  |  |  |
|-----------------------------------------------------------|--|--|--|--|--|--|--|--|
| Township: 26N Range: 07W Sections:                        |  |  |  |  |  |  |  |  |
| NAD27 X: Zone: Search Radius:                             |  |  |  |  |  |  |  |  |
| County:   Basin:   Number:   Suffix:                      |  |  |  |  |  |  |  |  |
| Owner Name: (First) (Last) Onn-Domestic Odmestic Odmestic |  |  |  |  |  |  |  |  |
| POD / Surface Data Report                                 |  |  |  |  |  |  |  |  |
| Clear Form iWATERS Menu Help                              |  |  |  |  |  |  |  |  |
|                                                           |  |  |  |  |  |  |  |  |

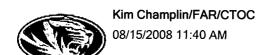
#### WATER COLUMN REPORT 08/06/2008

| (quarters are biggest to smallest) |     |     |     |     |     |      |   | Depth | Depth | Water | (in feet) |  |
|------------------------------------|-----|-----|-----|-----|-----|------|---|-------|-------|-------|-----------|--|
| POD Number                         | Tws | Rng | Sec | q   | PI  | Zone | X | Y     | Well  | Water | Column    |  |
| SJ 02409                           | 26N | 07W | 01  | 1 2 | 2   |      |   |       | 700   | 400   | 300       |  |
| SJ 02402                           | 26N | 07W | 05  | 3 3 | 3 2 |      |   |       | 36    | 18    | 1.8       |  |
| SJ 00071                           | 26N | 07W | 15  | 4   | 2   |      |   |       | 365   | 26    | 339       |  |
| SJ 00070                           | 26N | 07W | 15  | 4 2 | 2 3 |      |   |       | 335   | 22    | 313       |  |
| SJ 02406                           | 26N | 07W | 30  | 3 2 | 2 1 |      |   |       | 280   | 180   | 100       |  |

Record Count: 5

1 of 1

8/6/2008 3 00 PM



To mark\_kelly@blm.gov

CC

bcc

Subject Notice- Huerfano Unit #308 Well Site

RE:

Huerfano Unit #308 Gas Well API #30-045-34567 Sec. 3B- T25N- R9W, San Juan County

Dear Mr. Kelly:

This submittal is pursuant to Rule 19.15.17.13 requiring operators to notify surface owners of on site burial of temporary pits. XTO Energy Inc. (XTO) is hereby providing written documentation of our intention to close the temporary pit associated with the aforementioned location by means of in place on site burial.

Should you have any questions or require additional information please feel free to contact me at your earliest convenience (505) 333-3100.

Kim Champlin Environmental Representative XTO Energy San Juan Division (505) 333-3207 Office (505)330-8357 Cell (505) 333-3280 Fax

## XTO Energy Inc. San Juan Basin Closure Plan

In accordance with Rule 19.15.17.13 NMAC the following information describes the closure requirements of temporary pits on XTO Energy Inc. (XTO) locations. This is XTO's standard procedure for all temporary pits. A separate plan will be submitted for any temporary pit which does not conform to this plan.

All closure activities will include proper documentation and be available for review upon request and will be submitted to OCD within 60 days of pit closure. Closure report will be filed on C-144 and incorporate the following:

- Details on Capping and Covering, where applicable.
- Plot Plan (Pit Diagram)
- Inspection Reports
- Sampling Results
- C-105
- Copy of Deed Notice will be filed with County Clerk

#### **General Plan:**

- 1. All free standing liquids will be removed at the start of the pit closure process from the pit and disposed of in a division-approved facility or recycled, reused, or reclaimed in a manner that the Aztec Division office approves.
- 2. The preferred method of closure for all temporary pits will be on-site, in-place burial, assuming that all criteria listed in sub-section (B) of 19.15.17.13 are met.
- 3. The surface owner shall be notified of XTO proposed closure plan using a means that provides proof of notice i.e., Certified mail, return receipt requested.
- 4. Within 6 months of the Rig Off status occurring XTO will ensure that temporary pits are closed, re-contoured, and reseeded.
- 5. Notice of Closure will be given to the Aztec Division office between 72 hours and one week of closure via email, or verbally. The notification of closure will include the following:
  - i. Operators Name
  - ii. Location by Unit Letter, Section, Township, and Range. Well name and API number.
- 6. Liner of temporary pit shall be removed above "mud level" after stabilization. Removal of liner will consist of manually or mechanically cutting liner at mud level and removing all remaining liner. Care will be taken to remove "ALL" of the liner i.e., edges of liner entrenched or buried. All excessive liver will be disposed of at a licensed disposal facility.
- 7. Pit contents shall be mixed with non-waste containing, earthen material in order to achieve appropriate solidification. The solidification process will be accomplished using a combination of natural drying and mechanically mixing. Pit contents will be mixed with non-waste, earthen material to a consistency that is deemed a safe and stable. The mixing ratio shall not exceed 3 parts clean soil to 1 part pit contents.
- 8. A five point composite sample will be taken of the pit using sampling tools and all samples tested per Subsection B of 19.15.17.13(B)(1)(b). In the event that the criteria are not met, all contents will be handled per Subparagraph (a) of Paragraph (1) of Subsection B of 19.15.17.13 i.e., Dig and haul. Disposal facility to be utilized should this method be required will be Envirotech, Permit No. NM01-0011 or IEI, Permit No. NM01-0010B.

| Components | Test Method               | Limit (mg/Kg)     |
|------------|---------------------------|-------------------|
| Benzene    | EPA SW-846 8021B or 8260B | 0.2               |
| BTEX       | EPA SW-846 8021B or 8260B | 50                |
| TPH        | EPA SW-846 418.1          | 2500              |
| GRO/DRO    | EPA SW-846 8015M          | 500               |
| Chlorides  | EPA 300.1                 | 500 or background |

- 9. Upon completion of solidification and testing, the pit area will be backfield with compacted, non-waste containing, earthen material. A minimum of four feet of cover shall be achieved and the cover shall include one foot of suitable material to establish vegetation at the site, or the background thickness of topsoil, whichever is greater.
- 10. Re-contouring of location will match fit, shape, line, form and texture of the surrounding area. Re-shaping will include drainage control, ponding prevention, and erosion prevention. Natural drainages will be unimpeded and water bars and/or silt traps will be placed in areas where needed to prevent erosion on a large scale. Final re-contour shall have a uniform appearance with smooth surface, fitting the natural landscape.
- 11. Notification will be sent to OCD when the reclaimed area is seeded.
- 12. XTO shall seed the disturbed areas the first growing season after the operator closes the pit. Seeding will be accomplished via drilling on the contour whenever practical or by other division-approved methods. BLM of Forest Service stipulated seed mixes will be used on Federal Lands. Vegetative cover will equal 70% of the native perennial vegetative cover (un-impacted) 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. Repeat seeding or planting will be continued until successful vegetative growth occurs.
- 13. The temporary pit will be located with a steel marker, no less than four inches in diameter, cemented in a hole three feet deep in the center of the onsite burial upon the abandonment of all the wells on the pad. The marker will be flush with the ground to allow access of the active well pad and for safety concerns. The marker will include a threaded collar to be used for future abandonment. The top of the marker will contain a welded steel 12" square plate that indicates the onsite burial of the temporary pit. The plate will be easily removable and a four foot tall riser will be threaded into the top of the collar marker and welded around the base with the operator's information at the time all wells on the pad are abandoned. The operator's information will include the following: Operators Name, Lease Name, Well Name and Number, Unit Number, Section, Township, Range and an indicator that the marker is an onsite burial location.