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

Liner type: Thickness

Alternative Method:

# 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.

NMOCD District Office.

For permanent pits and exceptions submit to the Santa Fe Environmental Bureaù office and provide a copy to the appropriate NMOCD

|                                                                                                                                                                                     |                                                    | District Office.                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Pit, Closed-Loop System,                                                                                                                                                            |                                                    |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Proposed Alternative Method Pern                                                                                                                                                    | <u>nit or Closure P</u>                            | Plan Application                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Type of action:  Permit of a pit, closed-loop system, Closure of a pit, closed-loop system Modification to an existing permit Closure plan only submitted for an                    | n, below-grade tank,                               | or proposed alternative                                        | method                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| below-grade tank, or proposed alternative method                                                                                                                                    |                                                    | •                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Instructions: Please submit one application (Form C-144) per individu                                                                                                               |                                                    | , 0                                                            | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| lease be advised that approval of this request does not relieve the operator of liability s nvironment. Nor does approval relieve the operator of its responsibility to comply with | hould operations result in any other applicable go | n pollution of surface water,<br>overnmental authority's rules | ground water or the , regulations or ordinances.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Operator: Williams Operating Co, LLC                                                                                                                                                | OGRID #:                                           | 120                                                            | 782                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Address PO Box 640 / 721 S Main Aztec, NM 87410                                                                                                                                     |                                                    |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Facility or well name: <u>Indian I #008</u>                                                                                                                                         |                                                    |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| API Number: 30-039-29979 OCD                                                                                                                                                        | Permit Number:                                     |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| U/L or Qtr/Qtr <u>E</u> Section <u>35</u> Township <u>28N</u>                                                                                                                       | _ Range03W                                         | County:                                                        | Rio Arriba                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Center of Proposed Design: Latitude 36.597789 Longitude -10                                                                                                                         |                                                    |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Surface Owner:   Federal   State   Private   Tribal Trust or Indian Allotme                                                                                                         | ent                                                |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 2.                                                                                                                                                                                  |                                                    |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| ☑ <u>Pit</u> : Subsection F or G of 19.15.17.11 NMAC                                                                                                                                |                                                    |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Temporary: ⊠ Drilling ☐ Workover                                                                                                                                                    |                                                    |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| ☐ Permanent ☐ Emergency ☐ Cavitation ☐ P&A                                                                                                                                          |                                                    |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| □ Lined □ Unlined Liner type: Thickness 20 mil □ LLDPE □ HDPE                                                                                                                       | PVC Other                                          |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| String-Reinforced                                                                                                                                                                   |                                                    |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Liner Seams: Welded Factory Other V                                                                                                                                                 | olume: <u>18,000</u> b                             | obl Dimensions: L 140'                                         | x W 60' x D 12'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 3.                                                                                                                                                                                  |                                                    |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Closed-loop System: Subsection H of 19.15.17.11 NMAC                                                                                                                                |                                                    | :.b                                                            | - <del> </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Type of Operation: P&A Drilling a new well Workover or Drilling (A intent)                                                                                                          | applies to activities will                         | ich require prior approvai c                                   | or a permit or notice of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| ☐ Drying Pad ☐ Above Ground Steel Tanks ☐ Haul-off Bins ☐ Other                                                                                                                     |                                                    |                                                                | 10192021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| ☐ Lined ☐ Unlined Liner type: Thicknessmil ☐ LLDPE [                                                                                                                                | ☐ HDPE ☐ PVC ☐                                     | Other                                                          | 140,000515553                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Liner Seams:  Welded Factory Other                                                                                                                                                  |                                                    | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\                         | THED B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 4.                                                                                                                                                                                  |                                                    | \(\frac{13}{2}\)                                               | ECETO SO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Below-grade tank: Subsection I of 19.15.17.11 NMAC                                                                                                                                  |                                                    | 112                                                            | MON ZUUD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Volume:bbl Type of fluid:                                                                                                                                                           |                                                    | \ <u>o</u>                                                     | . · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Tank Construction material:                                                                                                                                                         |                                                    | verflow shut-off                                               | 181920272222<br>NOV 2008  SECTIVED  SE |
| $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $                                                                                                                                            | ch lift and automatic ov                           | verflow shut-off                                               | 153456                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| ☐ Visible sidewalls and liner ☐ Visible sidewalls only ☐ Other                                                                                                                      |                                                    |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

Submittal of an exception request is required. Exceptions must be submitted to the Santa Fe Environmental Bureau office for consideration of approval.

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| 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, institution or church)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | hospital,                   |
| Four foot height, four strands of barbed wire evenly spaced between one and four feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |
| ☐ Alternate. Please specify Per Tribal or BLM specifications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             |
| 7.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |
| Netting: Subsection E of 19.15.17.11 NMAC (Applies to permanent pits and permanent open top tanks)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |
| Screen Netting Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                             |
| Monthly inspections (If netting or screening is not physically feasible)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |
| 8. Signs: Subsection C of 19.15.17.11 NMAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |
| 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |
| ⊠ Signed in compliance with 19.15.3.103 NMAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             |
| 9. Administrative Approvals and Exceptions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             |
| Justifications and/or demonstrations of equivalency are required. Please refer to 19.15.17 NMAC for guidance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |
| Please check a box if one or more of the following is requested, if not leave blank:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | office for                  |
| Administrative approval(s): Requests must be submitted to the appropriate division district or the Santa Fe Environmental Bureau consideration of approval.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | office for                  |
| Exception(s): Requests must be submitted to the Santa Fe Environmental Bureau office for consideration of approval.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |
| Siting Criteria (regarding permitting): 19.15.17.10 NMAC Instructions: The applicant must demonstrate compliance for each siting criteria below in the application. Recommendations of accept material are provided below. Requests regarding changes to certain siting criteria may require administrative approval from the appropriate or may be considered an exception which must be submitted to the Santa Fe Environmental Bureau office for consideration of a Applicant must attach justification for request. Please refer to 19.15.17.10 NMAC for guidance. Siting criteria does not apply to drying above-grade tanks associated with a closed-loop system. | priate district<br>pproval. |
| 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          |
| - 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 search; Visual inspection (certification) of the proposed site                                                                                                                                                                                                                                                                  | Les 🖸 140                   |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ☐ Yes ⊠ No                  |

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| 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 19.15.17.13 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  The standard of the standard |
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| Previously Approved Design (attach copy of design) API Number: or Permit Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 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:(Applies only to closed-loop system that use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| above ground steel tanks or haul-off bins and propose to implement waste removal for closure)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Permanent Pits Permit Application Checklist: Subsection B of 19.15.17.9 NMAC Instructions: Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are attached.  Hydrogeologic Report - based upon the requirements of Paragraph (1) of Subsection B of 19.15.17.9 NMAC Siting Criteria Compliance Demonstrations - based upon the appropriate requirements of 19.15.17.10 NMAC Climatological Factors Assessment Certified Engineering Design Plans - based upon the appropriate requirements of 19.15.17.11 NMAC Dike Protection and Structural Integrity Design - based upon the appropriate requirements of 19.15.17.11 NMAC Leak Detection Design - based upon the appropriate requirements of 19.15.17.11 NMAC Liner Specifications and Compatibility Assessment - based upon the appropriate requirements of 19.15.17.11 NMAC Quality Control/Quality Assurance Construction and Installation Plan Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC Freeboard and Overtopping Prevention Plan - based upon the appropriate requirements of 19.15.17.11 NMAC Nuisance or Hazardous Odors, including H <sub>2</sub> S, Prevention Plan Emergency Response Plan Oil Field Waste Stream Characterization Monitoring and Inspection Plan Erosion Control Plan Closure Plan - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 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 I of 19.15.17.13 NMAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

| 16. Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19.15.17.13.D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |  |  |  |  |  |
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| Instructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if m facilities are required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ore than two         |  |  |  |  |  |
| 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 <i>will not</i> be used for future servi  Yes (If yes, please provide the information below) No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ice and operations?  |  |  |  |  |  |
| 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 source provided below. Requests regarding changes to certain siting criteria may require administrative approval from the appropriate district considered an exception which must be submitted to the Santa Fe Environmental Bureau office for consideration of approval. Justifications of equivalency are required. Please refer to 19.15.17.10 NMAC for guidance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ict 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ☐ 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 ☐ 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 ⊠ 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |  |  |  |  |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ☐ 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 19.15.17.13 NMAC  Protocols and Procedures - based upon the appropriate requirements of 19.15.17.13 NMAC  Confirmation Sampling Plan (if applicable) - based upon the appropriate requirements of Subsection F of 19.15.17.13 NMAC  Waste Material Sampling Plan - based upon the appropriate requirements of Subsection F of 19.15.17.13 NMAC  Disposal Facility Name and Permit Number (for liquids, drilling fluids and drill cuttings or in case on-site closure standards cannot Soil Cover Design - based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC | 5.17.11 NMAC         |  |  |  |  |  |

| Operator Application Certification:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| I hereby certify that the information submitted with this application is true, accurate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | arate and complete to the best of my knowledge and belief.                                                                                         |
| Name (Print): Michael K. Lane                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Title: Sr. EH & S Specialist                                                                                                                       |
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date: 11/16/08                                                                                                                                     |
| e-mail address: myke.lane@williams.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Telephone: 505-634-4219                                                                                                                            |
| OCD Approval: Permit Application (including closure plan) Closure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Plan (only)  OCD Conditions (see attachment)                                                                                                       |
| OCD Representative Signature: Branglon Swell                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Approval Date: 12-3-08                                                                                                                             |
| Title: Enviro/spec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | OCD Permit Number:                                                                                                                                 |
| Closure Report (required within 60 days of closure completion): Subsection Instructions: Operators are required to obtain an approved closure plan prior The closure report is required to be submitted to the division within 60 days of section of the form until an approved closure plan has been obtained and the o                                                                                                                                                                                                                                                                                                                                     | to implementing any closure activities and submitting the closure report.<br>The completion of the closure activities. Please do not complete this |
| 22.  Closure Method:  Waste Excavation and Removal ☐ On-Site Closure Method ☐ Altern☐ If different from approved plan, please explain.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | native Closure Method                                                                                                                              |
| Closure Report Regarding Waste Removal Closure For Closed-loop System Instructions: Please indentify the facility or facilities for where the liquids, dr two facilities were utilized.  Disposal Facility Name:                                                                                                                                                                                                                                                                                                                                                                                                                                             | illing fluids and drill cuttings were disposed. Use attachment if more than                                                                        |
| Disposal Facility Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Disposal Facility Permit Number:                                                                                                                   |
| Were the closed-loop system operations and associated activities performed on comparing Yes (If yes, please demonstrate compliance to the items below) \( \square \) No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                    |
| Required for impacted areas which will not be used for future service and opera    Site Reclamation (Photo Documentation)   Soil Backfilling and Cover Installation   Re-vegetation Application Rates and Seeding Technique                                                                                                                                                                                                                                                                                                                                                                                                                                  | itions:                                                                                                                                            |
| 24.  Closure Report Attachment Checklist: Instructions: Each of the following a mark in the box, that the documents are attached.  Proof of Closure Notice (surface owner and division)  Proof of Deed Notice (required for on-site closure)  Plot Plan (for on-site closures and temporary pits)  Confirmation Sampling Analytical Results (if applicable)  Waste Material Sampling Analytical Results (required for on-site closure)  Disposal Facility Name and Permit Number  Soil Backfilling and Cover Installation  Re-vegetation Application Rates and Seeding Technique  Site Reclamation (Photo Documentation)  On-site Closure Location: Latitude |                                                                                                                                                    |
| Operator Closure Certification:  I hereby certify that the information and attachments submitted with this closure belief. I also certify that the closure complies with all applicable closure require                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ements and conditions specified in the approved closure plan.                                                                                      |
| Name (Print):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Title:                                                                                                                                             |
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date:                                                                                                                                              |
| e-mail address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Telephone:                                                                                                                                         |

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Avenue, Artesia, NAI 88210

Markei III.

1600 Rio Brazos Rd., Aztec, NM 87410 District IV

State of New Mexico

Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe. NM 87505

Form C-102

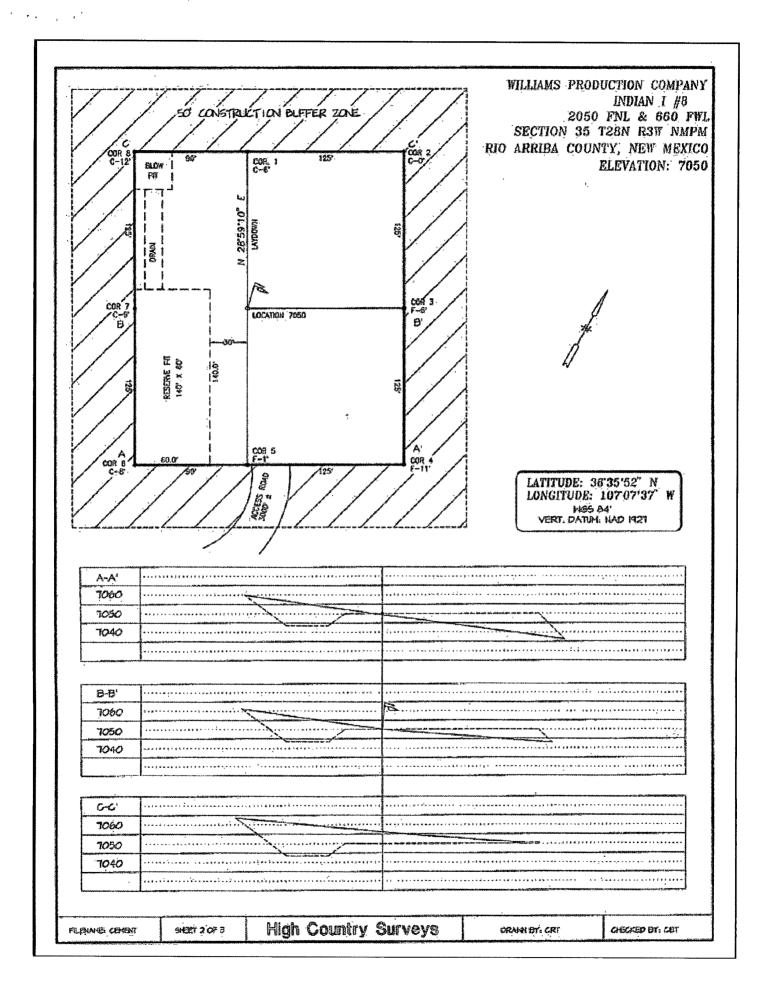
Revised June 10, 2003

Submit to Appropriate District Office

State Lease - 4 Copies

Fee Lease - 3 Copies

| 1220 S. St. Francis F            | dr., Sauta F  | •               |                             | ra Ti   | ርስ <u>፤ ል</u> አጠነ ልር፤       | EACE DEDIC                | · A <del>TT</del> | ONT DI A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | _               | AMI                              | ENDED REPORT                                                                                                                                                                    |
|----------------------------------|---------------|-----------------|-----------------------------|---------|-----------------------------|---------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 'A'                              | PI Number     |                 |                             |         | Pool NX                     | D÷                        |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                  |                                                                                                                                                                                 |
| Property Co                      | od+           | •               | ' Property Name<br>INDIAN I |         |                             | * Well Number             |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Well Number     |                                  |                                                                                                                                                                                 |
| *OGRID N<br>120782               | C.            |                 | W                           | /ILLIAM | "Operator<br>S PRODUCTION C | Name<br>COMPANY           |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 | 70                               | *Thrumon<br>050                                                                                                                                                                 |
| 1                                |               |                 |                             |         | 10 Surface                  | Location                  |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                  |                                                                                                                                                                                 |
| VI. er let 120.<br>E             | Section<br>35 | Township<br>28N | Range<br>3W                 | Let I   | in Frei from the<br>2050    | North/South line<br>NORTH | <b>6</b> 60       | Feet from the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | WEST            | (West bine                       | Comby<br>RIO ARRIBA                                                                                                                                                             |
|                                  |               |                 | <sup>11</sup> Bo            | ttom I  | Iole Location 1             | f Different From          | n Su              | rface                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                                  | <u> </u>                                                                                                                                                                        |
| UL or let no                     | Section       | Township        | Range                       | Lot     | in Feet from the            | North/South line          | ,                 | Feet from the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | East            | bWest hoe                        | County                                                                                                                                                                          |
| * Dedicated Acres<br>320Ac (W/2) | 28 Inini ce   | )ch) "          | Consolidation C             | ode 10  | Order No.                   | <u></u>                   | L                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                  |                                                                                                                                                                                 |
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|                                  |               |                 |                             | 5343.   | 46                          |                           |                   | \$I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | d Seal of Pro   |                                  | rvegur.                                                                                                                                                                         |



# Hydrogeological Report Williams Production Company, LLC Indian I #8 Regional Hydrological Context

#### **Referenced Well Location:**

The referenced well and pit is located on the Jicarilla Reservation in Rio Arriba County, New Mexico. This site is positioned in the northeastern portion of the San Juan Basin, an asymmetrical syncline that extends from northwestern New Mexico into southwestern Colorado (Carson National Forest FEIS, 2008). Elevation of the referenced well is approximately 7050 feet MSL.

#### **General Regional Groundwater Description:**

As a portion of the San Juan Basin, the Jicarilla Apache Reservation is underlain by sandstone aquifers of the Colorado Plateau. The primary aquifer of potential concern at this location is the Unita-Animas Aquifer, composed primarily of Lower Tertiary rocks in the San Juan Basin. The aquifer consists of the San Jose Formation; the underlying Animas formation and its lateral equivalent, the Nacimiento formation; and the Ojo Alamo Sandstone. The thickness of the Unita-Animas aquifer generally increases toward the central part of the basin. In the northeastern part of the San Juan Basin, the maximum thickness of the aquifer is approximately 3500 feet (USGS, 2001). This aquifer contains fresh to moderately saline water.

Groundwater generally flows toward the San Juan River and it tributaries, where it becomes alluvial groundwater or is discharged to stream flow. Additional information regarding the Hydrogeologic setting can be found in the provided references.

#### **Site Specific Information:**

Surface Hydrology: The pit is located in low elevations of a southeastern slope draining

towards a wash associated with Compañero Arroyo. The USGS map

shows a possible drainage within 300 feet of the pit, but field

observations and review of the aerial photos find the nearest well defined

and significant ephemeral drainage is closer 1000 feet from the pit.

1<sup>st</sup> Water Bearing Formation:

Formation Thickness: Underlying Formation:

**Depth to Groundwater:** 

San Jose, Tertiary Approximately 2200 ft.

Nacimiento, Tertiary

Depth to groundwater is estimated at 50 - 100 feet bgs. There are no

iWATERS wells with recorded groundwater depth within a one-mile radius of the pit. However, cathodic data associated with Indian I #3A (elevation 6955 feet, approximately 2900 feet from the pit) and Indian I #1 (elevation 7009 feet, approximately 7800 feet from the pit) show a depth to moisture of 20 and 160 feet, respectively (see Siting Criteria Map I for details). Given the higher elevation of the proposed well the depth to moisture is anticipated to be well over 50 feet below the pit.

#### **References:**

Allen, Erin. Undated. Colorado Plateau Aquifers.

http://academic.emporia.edu/schulmem/hydro/TERM%20PROJECTS/2007/Allen/Aquifer.html.

New Mexico Energy, Minerals and Natural Resources Department, Division of Mining and Minerals. Database. 2008. Internet accessed November 2008.

New Mexico Office of the State Engineer. November 2008. iWaters database. Internet accessed August 2008.

New Mexico WQCC. 2005. State of New Mexico Water Quality Act and the Water Control Commission Regulations.

United States Department of Agriculture, Forest Service. 2008. Final Environmental Impact Statement for Surface Management of Gas Leasing and Development. Jicarilla Ranger District, Carson National Forest, Rio Arriba County, New Mexico.

United States Department of the Interior. Bureau of Land Management. 2003. Final Farmington Resource Management Plan and Final Environmental Impact Statement. Farmington Field Office, Farmington, New Mexico.

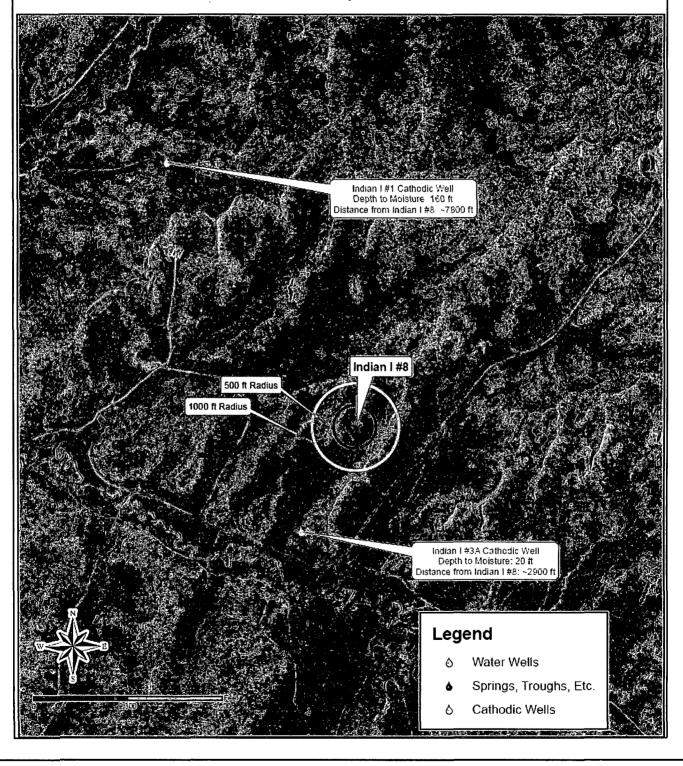
United States Geological Survey. 2001. Groundwater Atlas of the United States: Arizona, Colorado, New Mexico and Utah. USGS Publication HA 730-C: http://capp.water.usgs.gov.

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

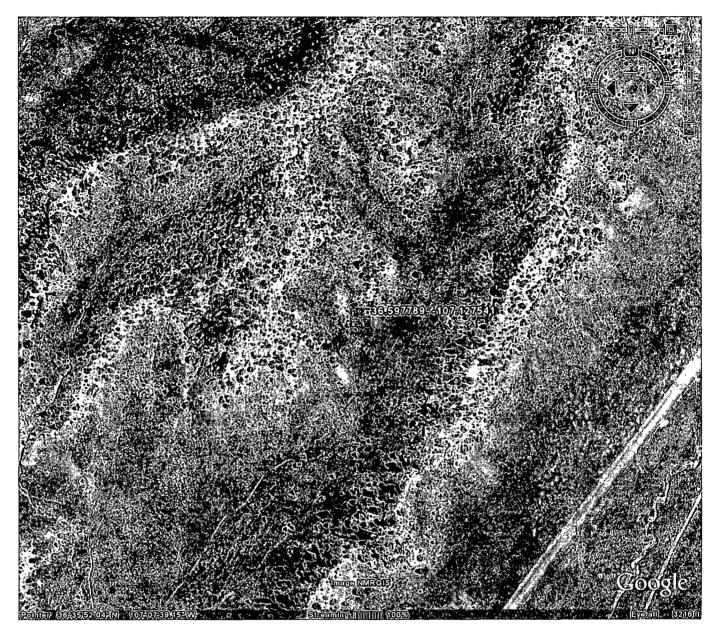
| Township: 28N Range: 03W Sections:                                                              |
|-------------------------------------------------------------------------------------------------|
| NAD27 X: Zone: Search Radius:                                                                   |
| County: Basin: Number: Suffix:                                                                  |
| Owner Name: (First) (Last) C Non-Domestic C Domestic All                                        |
| POD / Surface Data ReportAvg Depth to Water ReportWater Column Report                           |
| WATER COLUMN REPORT 09/10/2008                                                                  |
| (quarters are 1=NW 2=NE 3=SW 4=SE) (quarters are biggest to smallest) Depth Depth Water         |
| (in feet) POD Number Tws Rng Sec q q q Zone X Y Well Water Column                               |
| No Records found, try again                                                                     |
| New Mexico Office of the State Engineer POD Reports and Downloads                               |
| Township: 27N Range: 03W Sections:                                                              |
| NAD27 X: Zone: Search Radius:                                                                   |
| County: Basin: Number: Suffix:                                                                  |
| Owner Name: (First) (Last) C Non-Domestic C Domestic All                                        |
| POD / Surface Data ReportAvg Depth to Water ReportWater Column Report                           |
| WATER COLUMN REPORT 10/01/2008                                                                  |
| (quarters are 1=NW 2=NE 3=SW 4=SE) (quarters are biggest to smallest) Depth Depth Water (in fee |

No Records found, try again

# Siting Criteria Map I Water Wells, Cathodic Wells, & Springs Williams Exploration and Production Company Indian I #8 T28N, R3W, Section 35, NMPM Rio Arriba County, New Mexico



Siting Criteria Map II Topographic Features Williams Exploration and Production Company Indian I #8 T28N, R3W, Section 35, NMPM Rio Arriba County, New Mexico 200 ft radius Legend **USFWS-Designated Wetlands** Significant Washes or Waterways



Williams Production Co., LLC Proposed New Well Location Indian I #004A Evidence of no significant drainage structures

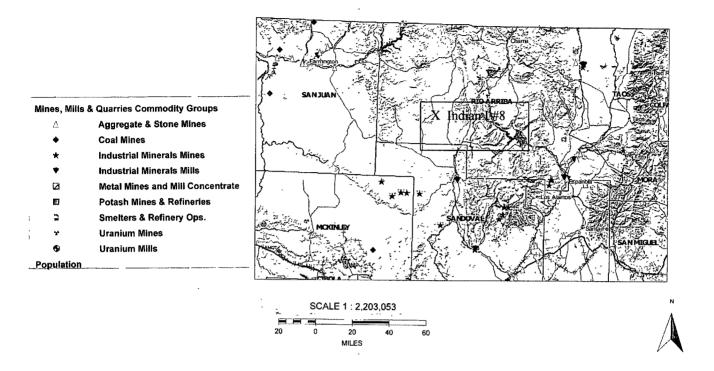
#### FEMA Map - 100-Year Floodplain:

As this location is within the Jicarilla Apache Reservation, FEMA maps are not available for the site. However, ortho and topographic maps indicate that the location is not within a floodplain.

#### **Siting Criteria Compliance Demonstrations:**

The Indian I #8 pit is not in an unstable location. The location is not situated over a mine or a steep slope (see attached New Mexico Mines, Mills, and Quarries Map). Excavated pit material will not be located within 300 feet of a continuously flowing water course or within 500 feet of any reported riparian areas or wetlands. Additional the pit is well over 500 feet from any significant watercourse, lakebed, sinkhole, or playa lake (see Siting Criteria Map II). The pit is not within 500 feet of any private, domestic fresh water well or spring or within 1000 feet of any other fresh water well or spring (see Siting Criteria Map I). The pit will not be within any incorporated municipal boundaries or defined municipal freshwater well field covered under a municipal ordinance adopted pursuant to NMSA 1978, Section 3-27-3, as amended. The location of the proposed pit is not within 300 feet of any permanent residence, school, hospital, institution, or church.

## **MMQonline Public Version**



### Williams Production Co., LLC San Juan Basin: New Mexico Assets

Temporary Pit Design and Construction Plan Drilling/Completion and Workover

In accordance with Rule 19.15.17 NMAC, the following plan describes the general design and construction (D&C)of temporary pits on Williams Production Co, LLC (WPX) locations in the San Juan Basin of New Mexico. This is WPX's standard procedure for all temporary pits to be utilized for the drilling, completion and/or workover of oil and gas wells operated by WPX. For those temporary pits which do not conform to this standard plan, a separate well specific D&C plan will be developed and utilized.

#### General Plan Requirements:

- 1. WPX will design and construct a temporary pit to contain liquids and solids associated with drilling, completion and workover of oil and gas wells which will prevent contamination of fresh water resources and protect public health and the environment.
- 2. Prior to excavation of the pit, topsoil will be stripped and stockpiled within the construction zone for later use during restoration.
- 3. WPX will post a well sign, not less than 12" by 24", on the well site prior to construction of the temporary pit. This sign will list the operator on record, the location of the well site by unit letter/section/township/range, and emergency telephone number(s).
- 4. WPX shall construct all new fences utilizing 48" steel mesh field-fence (hogwire) on the bottom with a single strand of barbed wire on top. T-posts will be installed every 12 feet and corners shall be anchored utilizing a secondary T-post or similar bracing. Temporary pits will be fenced at all times excluding drilling/completion and/or workover operations when the rig is present on site, at which time the "front" side of the fence will be temporarily removed for operational purposes.
- 5. WPX shall construction the temporary pit so that the foundation and interior slopes are firm and free of rocks, debris, sharp edges or irregularities to meet manufacturers' specifications and potential liner failure.
- 6. WPX shall construct the pit so that the slopes are no steeper than two horizontal to one vertical. Where steeper slopes are required due to surface owner and right-a-way restriction, an engineers certification of stability will be provided with the well pit application.
- 7. Pit well will be walked down by a crawler type tractor following construction and prior to liner installation.
- 8. All temporary pits will be lined with a 20-mil, string reinforced, LLDPE liner, complying with EPA SW-846 method 9090A requirements.
- Geotextile will be installed beneath the liner when rocks, debris, sharp objects or irregularities can not be avoided.
- 10. All liners will be anchored in the bottom of a compacted earth-filled trench consistent with manufacturer's specifications and at least 18 inches deep.
- 11. WPX will minimize liner seams and orient them up and down, not across slope faces. Factory seams will be used whenever possible. Field seams will be overlapped per manufacturers specifications. WPX will minimize the number of field seams in corners and irregularly shaped areas.
- 12. The liner shall be protected from any fluid force or mechanical damage through the use of mud pit slides (secondary liner placed over the primary liner), and/or a manifold system.
- 13. The pit shall be protected from run-on by construction of diversion ditches around the location or around the perimeter of the pit in as necessary.
- 14. The volume of the pit shall not exceed 10 acre-feet, including freeboard
- 15. Temporary blow pits will be constructed to allow gravity flow to discharge into the lined reserve pit.
- 16. Only the upper portion of the blow pit will be unlined as allowed in the Rule 19.15.17.11.F(11) NMAC.
- 17. WPX will modify this design if field and/or operating conditions do not effectively allow drainage of the blow pit and freestanding liquids pose a potential concern.

#### Williams Production Co., LLC San Juan Basin: New Mexico Assets

Temporary Pit Maintenance & Operating Plan Drilling/Completion and Workover

In accordance with Rule 19.15.17 NMAC, the following plan describes the general operations and maintenance (O&M)of temporary pits on Williams Production Co, LLC (WPX) locations in the San Juan Basin of New Mexico. This is WPX's standard procedure for all temporary pits to be utilized for the drilling, completion and/or workover of oil and gas wells operated by WPX. For those temporary pits which do not conform to this standard O&M plan, a separate well specific O&M plan will be developed and utilized.

#### General Plan Requirements:

- 1. WPX will operate and maintain a temporary pit to contain liquids and solids associated with drilling, completion and workover of oil and gas wells which will prevent contamination of fresh water resources and protect public health and the environment.
- 2. WPX will to the extent practical conserve drilling fluids for reuse by transferring liquids to pits ahead of the rigs. All other fluids will be disposed by evaporation or transport to Basin Disposal, Inc in Bloomfield, New Mexico (Permit # NM-01-005).
- 3. WPX shall maintain at least two (2) feet of vertical freeboard for a temporary pit.
- 4. WPX shall remove all free liquids from a temporary pit within 30 days from the date the drilling or workover rig is released.
- 5. Only fluids and solids generated during the drilling/completion/workover process may be discharged into a temporary pit. Other miscellaneous solid waste or debris will not be allowed.
- 6. WPX will not discharge or store any hazardous waste as defined under RCRA 40CFR 261 and 19.15.1.7.W(3) NMA in any temporary pit.
- 7. If any pit liner's integrity is compromised, or if any penetration of the liner occurs:
  - a. Above the liquid's surface, WPX shall repair the damage or replace the liner as necessary. WPX will notify the NMOCD Aztec District Office by phone or email within 48-hours of discovery.
  - b. Leak below the liquid's surface, WPX shall suspend operations, remove all liquids above the damaged liner within 48 hours, and repair the damage or replace the liner. WPX will notify and report to NMOCD as follows:
    - i. If the release is less than 25 bbls, the Aztec District Office by phone or email within 48-hours of discovery and repair.
    - ii. If the release is suspected to be greater than 25 bbls, the Aztec District Office and the Environmental Bureau Chief by phone for immediate verbal notification pursuant to 19.15.3.116.B (1)(d).
  - c. Written Spill/Release reports will be submitted on Form C-141 per 19.15.3.116.C NMAC within 15 days to the Aztec District Office.
- 8. The liner shall be protected from any fluid force or mechanical damage through the use of mud pit slides (secondary liner placed over the primary liner), and/or a manifold system.
- 9. Diversion ditches, around the location or around the perimeter of the pit, shall be maintained as protection from run-on.
- 10. WPX shall immediately remove any visible layer of oil from the surface of a temporary pit following cessation of drilling/completion/workover operations. Oil absorbent booms will be utilized to contain and remove oil. An oil absorbent boom will stored on-site until the pit is covered.
- 11. WPX will inspect the temporary pits as follows to ensure compliance with this plan:
  - d. Daily during drilling or workover operations. Inspections will be included with the IADC reports.
  - e. Weekly as long as liquids remain in the pit. Electronic copies of the inspections will be kept at the WPX San Juan Basin office.
  - f. Copies of the inspections will be filed with the NMOCD Aztec District office upon pit closure.
- 12. WPX shall remove all free liquids from a blow/flare (cavitation) pit within 48 hours after completing operations. WPX may request additional time to remove liquids from the Aztec District office if it is not feasible to meet the 48 hour requirement.

### Williams Production Co., LLC San Juan Basin: New Mexico Assets

Temporary Pit In-place (50-100 ft to Groundwater) Closure Plan Drilling/Completion and Workover

In accordance with Rule 19.15.17.13 NMAC, the following plan describes the general in-place closure requirements of temporary pits on Williams Production Co, LLC (WPX) locations in the San Juan Basin of New Mexico. This is WPX's standard procedure for all temporary pits to be utilized for the drilling, completion and/or workovers of oil and gas wells operated by WPX. For those temporary pits which do not conform to this standard closure plan, a separate well/pit specific closure plan will be developed and utilized.

All closure activities will include proper documentation and will be submitted to OCD within 60 days of the pit closure on a Closure Report using Division Form C-144. The Report will include the following:

- Details on Capping and Covering, where applicable
- Plot Plan (Pit Diagram)
- Inspection reports
- Sampling Results
- Division Form C-105: WELL COMPLETION OR RECOMPLETION REPORT AND LOG
- Copy of Deed Notice filed with the County Clerk (format to meet County requirements)

#### General Plan Requirements:

- 1. All free standing liquids will be removed from the pit at the start of the closure process. Liquids will be removed in a manner that the appropriate District Office approves including; recycled, reused, reclaimed, evaporated, and/or disposed of in a Division-approved facility. Once all free liquids are removed, the sludge will be stabilized by one of the following methods depending on equipment availability: blending with clean stockpiled soils or dewatering using a Bowl Decanter Centrifuge then blending with clean stockpiles soils.
- 2. The preferred method of closure for all temporary pits will be on-site closure by in-place burial, provided all the criteria in 19.15.17.13.B are met.
- 3. The surface owner shall be notified of WPX's proposed closure plan using a means that provides proof of notice (i.e. certified mail/return receipt requested)
- 4. Within six months of the "rig-off" status occurring WPX will ensure that the temporary pit is covered, recontoured and reseeding in progress.
- 5. Notice of Closure will be given to the Aztec District office between 72 hours and one week of the scheduled closure via email or phone. The notification of closure will include the following:
  - g. Operators Name (WPX)
  - h. Well Name and API Number
  - i. Location (USTR)
- 6. The pit liner shall be removed above "mud level" after stabilization. Removal of the liner will consist of manually or mechanically cutting the liner at the mud level and removing all remaining liner. Care will be taken to remove "all" of the liner (I.e. anchored material). All excessive liner will be disposed of at a licensed disposal facility (probably San Juan Regional Landfill operated by Waste Management under NMED Permit SWM-052426).
- 7. The shallow surface soils of the unlined flare/cavitation pit will be scrapped and placed in the lined pit. A five-point composite sample will be taken of the pit using sampling tools and all samples tested per 19.15.17.13(B)(1)(b) NMAC. In the event that the criteria are not met (See Table 1), a release will be reported to NMOCD in compliance with Rule 116 and additional soil removal will be done until closure criteria are met.
- 8. Solidification of the remaining pit contents shall be achieved by mixing non-waste containing, earthen material. The solidification process will be accomplished use a combination of natural drying and mechanical mixing. Pit contents will be mixed with non-waste, earthen material to a consistency that is deemed safe and stable. The mixing ratio shall not exceed 3 parts non-waste to 1 part pit contents.

9. A five-point composite sample will be taken of the pit using sampling tools and all samples tested per 19.15.17.13(B)(1)(b) NMAC. In the event that the criteria are not met (See Table 1), all contents will be handled per 19.15.17.13(B)(1)(a) (i.e. dig and haul to a Division-approved facility). Approval to haul will be requested of the Aztec District office prior to initiation.

Table 1: Closure Criteria for Temporary Pits in Non-sensitive Areas with Groundwater Between 50-100 bgs.

| Components | Testing Methods                                          | Closure Limits (mg/Kg) |
|------------|----------------------------------------------------------|------------------------|
| Benzene    | EPA SW-846 Method 8021B or 8260B                         | 0.2                    |
| BTEX       | EPA SW-846 Method 8021B or 8260B                         | 50                     |
| ТРН        | EPA SW-846 Method 8015 M(Full Range)* or<br>Method 418.1 | 2500                   |
| GRO/DRO    | EPA SW-846 Method 8015M (GRO/DRO)                        | 500                    |
| Chlorides  | EPA SW-846 Method 300.1                                  | 500                    |

<sup>\*</sup> Preferred method

- 10. Upon completion of solidification and testing, the pit area will be backfilled with non-waste earthen material compacted to native conditions to enable effective revegetation for successful evapotranspiration. A minimum of four feet of cover including replacement of one foot of suitable material to establish vegetation, or the background thickness of topsoil, whichever is greater.
- 11. Following cover, the site will be recontoured to meet the Surface Management Agency or surface owner requirements. Re-contouring will attempt to match fit, shape, line form, and texture of the surrounding geography. Re-shaping will include drainage control, prevent ponding, and minimize erosion. Natural drainages will be unimpeded and stormwater Best Management Practices (BMPs) will be used to aid in soil stabilization and protection surface water quality.
- 12. Notification will be sent to the Aztec District office when the reclaimed area is seeded.
- 13. WPX shall seed the disturbed areas the first growing season after the pit is covered. Seeding will be accomplished via drilling on the contour whenever practical, or by other Division-approved methods. 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 maintained that cover through two successive growing seasons. Repeat seeding or planting will be continued until successful vegetative growth occurs. Note: WPX assumes the seeding stipulations including mix and seeding methods specified by the Surface Management Agency (BLM, BOR, USFS, Tribal, etc.) or Land owner as part of a surface use agreement or APD are Division-approved methods unless notified by the Division of their unacceptability.
- 14. 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 on site burial upon the abandonment of all 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 on site 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 operations information at the time of all wells on the pad abandoned. The information will include Operator Name, Lease Name, Well Name, and number, USTR, and an indicator that the marker is an onsite pit burial location.

#### Lane, Myke (E&P)

From: Lane, Myke (E&P)

Sent: Tuesday, November 18, 2008 8:42 AM

To: Ken A. Scott (kenscott@jicarillaoga.com)

Cc: Powell, Brandon, EMNRD

Subject: Indian I #008 - Land Owner Notice of Pit Closure

Mr. Scott;

This correspondence is to notify the Jicarilla Tribe that Williams Production is planning to close the temporary pits associated with the drilling and completion of the reference well(s) onsite. The planned closure is consistent with the Surface Use Plans submitted with Williams APD, approved earlier.

This notice is to comply with the NMOCD Pit Rule 19.15.17 NMAC requirement to notify surface owners of the operator's intended closure method. If site conditions do not allow Williams to close in-place, we will provide your office with prior notice should the Tribe have any concerns.

Michael K. (Myke) Lane, PE EH&S Team Leader - San Juan Basin Operations 721 S. Main/PO Box 640, Aztec, NM 87410 (505) 634-4219(off); -4205(fax); 330-3198(cell)

"The problems we face cannot be resolved at the same level of thinking as that which gave rise to them!"---shared with me by Brent Hale