APR 11 2016

Recycling Facility Only

Type of action: Permit Registration Modification Closure Other (explain)
Be advised that approval of this request does not relieve the operator of liability should operations result in pollution of surface water, ground water or the environment. Nor does approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances.
1. Operator: <u>WPX Energy Production, LLC</u> (For multiple operators attach page with information) OGRID #:120782
Address: <u>PO Box 640/ 721 S Main</u> Aztec, NM 87410
Facility or well name (include API# if associated with a well): Chaco 2308-08A #285H (API # 30-045-35643)
OCD Permit Number: # 3RF-1 (For new facilities the permit number will be assigned by the district office)
U/L or Qtr/Qtr <u>A</u> Section <u>08</u> Township <u>23N</u> Range <u>08W</u> County: <u>San Juan</u> Surface Owner: Federal State Private Tribal Trust or Indian Allotment
Surface Owner: 🖉 Federal 📋 State 📋 Private 📋 Iribal Irust of Indian Allotment
2. Recycling Facility:
Location of recycling facility (if applicable): Latitude <u>36.248117</u> Longitude <u>-107.696281</u> NAD: 1927 I983
Proposed Use: Drilling* Completion* Production* Plugging *
*The re-use of produced water may NOT be used until fresh water zones are cased and cemented
□ Other, requires permit for other uses. Describe use, process, testing, volume of produced water and ensure there will be no adverse impact on
groundwater or surface water.
☐ Fluid Storage
Above ground tanks Activity permitted under 19.15.17 NMAC explain type
Activity permitted under 19.15.36 NMAC explain type: Other explain Other explain Closure Report (required within 60 days of closure completion): Recycling Facility Closure Completion Date: May 1, 2015
Closure Report (required within oo days of closure completion): Kecycling Facility Closure Completion Date: May 1, 2015
3.
Variances:
Justifications and/or demonstrations that the proposed variance will afford reasonable protection against contamination of fresh water, human health, and the environment.
Check the below box only if a variance is requested:
Variance(s): Requests must be submitted to the appropriate division district for consideration of approval. If a Variance is requested, include the variance information on a separate page and attach it to the C-147 as part of the application.
If a Variance is requested, it must be approved prior to implementation.
Operator Application Certification: I hereby certify that the information and attachments submitted with this application are true, accurate and complete to the best of my knowledge and belief.
Name (Print): Deborah Watson Title: Environmental Specialist
Signature: Date: April 8, 2016
e-mail address: deborah.watson@woxenergy.com Telephone: _505-333-1880/ 505-386-9693
5. OCD Representative Signature: 04/19/2016 Approval/Registration Date: 04/19/2016
Title: Environmental Operation OCD Permit Number: 3RF-661
OCD Conditions
Additional OCD Conditions on Attachment