Recycling Facility Only

Type of action: 🗌 Permit 🔀 Registration	Modification Closure Other (explain)
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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.

Operator: <u>WPX Energy Production, LLC</u> (For multiple operators attach page with information) OGRID #: <u>120782</u>	
Address: <u>PO Box 640/721 S Main Aztec New Mexico 87410</u>	
Facility or well name (include API# if associated with a well): W Lybrook Unit #701H (30-045-35725) and W Lybrook Unit #702H (30-045-35726) OCD Permit Number:(For new facilities the permit number will be assigned by the district office) U/L or Qtr/QtrM_Section 9_Township _23NRange _08WCounty: San_Juan	
OCD Permit Number:(For new facilities the permit number will be assigned by the district office)	
U/L or Qtr/Qtr <u>M</u> Section <u>9</u> Township <u>23N</u> Range <u>08W</u> County: <u>San Juan</u>	
Surface Owner: Federal State Private Tribal Trust or Indian Allotment	
2. ∑ <u>Recycling Facility:</u> Location of recycling facility (if applicable): Latitude <u>N36.235420</u> Longitude <u>W107.693392</u> NAD: □1927 ⊠ 1983	
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.	
I Fluid Storage	
Above ground tanks Activity permitted under 19.15.17 NMAC explain type	
Activity permitted under 19.15.36 NMAC explain type:	
Closure Report (required within 60 days of closure completion): 🛛 Recycling Facility Closure Completion Date:	
 3. <u>Variances:</u> 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.	
 4. 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: Date: January 31, 2017	
e-mail address: <u>deborah.watson@swpxenergy.com</u> Telephone: <u>505-333-1880/ 505-386-9693</u>	
5.	
OCD Representative Signature: Approval/Registration Date:	
Title: OCD Permit Number: 3RF - 19	
OCD Conditions	
Additional OCD Conditions on Attachment	