District I - (505) 393-6161 P. O. Box 1940 Hobbs, NM 88241-1980 District II - (505) 748-1283 P. O. Drawer DD Artesia, NM 88211-0719 District III - (505) 334-6178

State of New Mexico

Form C-137 Originated 1/19/95

Submit Original Plus 1 Copy to Santa Fe 1 Copy to appropriate District Office

Energy Minerals and Natural Resources Department Oil Conservation Division 2040 South Pacheco Street 1000 Rio Brazos Road Santa Fe, New Mexico 87505 Aztec, NM 87410 (505) 827-7131 **District IV** - (505) 827-5810

	APPLICATION FOI (Refer to the OCD Guidel	R WASTE MANA	GEMENT FAC	DICONSERVATION COMMISSI
				Santa Fe, New Mexico 11143 Raffer No. 11316 Exhibit No.
	Commercial		Cent	
1.	Type: Evaporation	Injection		Submitted by OCD Other Hearing Date 5/11/95
	Solids/Landfarm	Treating Plan	it [rearing bale 5/11/95
2.	Operator:			
	Address:			
	Contact Person: Phone:			e:
3.	Location:/4/4 SectionTownship Range Submit large scale typographic map showing exact location			
4.	Is this a modification of an existing facility?	Yes	No	
5.	Attach the name and address of the landowner of the facility site and landowners of record within one mile of the site.			
6.	Attach description of the facility with a diagram indicating location of fences, pits, dikes, and tanks on the facility.			
7.	Attach designs prepared in accordance with Division guidelines for the construction/installation of the following: pits or ponds, leak-detection systems, aerations systems, enhanced evaporation (spray) systems, waste treating systems, security systems, and landfarm facilities.			
8.	Attach a contingency plan for reporting and clean-up for spills or releases.			
9.	Attach a routine inspection and maintenance plan to ensure permit compliance.			
10.	Attach a closure plan.			
11.	Attach geological/hydrological evidence demonstrating that disposal of oil field wastes will not adversely impact groundwater. Depth to and quality of ground water must be included.			
12.	Attach proof that the notice requirements of OCD Rule 711 have been met.			
13.	Attach a contingency plan in the event of a release of H ₂ S.			
14.	Attach such other information as necessary to demonstrate compliance with any other OCD rules, regulations and orders.			
15.	CERTIFICATION			
	I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.			
	Name:	Title:		
	Signature:	Date	·	