	Copies To Appropriate L	JISTICI	State of New Me	exico		Form C-1	103
Office District	L	Ene	rgy, Minerals and Nati	ural Resources		May 27, 2	2004
1625 N.	French Dr., Hobbs, NM 8	8240			WELL API NO.	-	
District 1301 W	11 Grand Ave., Artesia, NM	188210 OI	L CONSERVATION		30-015 5. Indicate Type of L	-38204	
District			1220 South St. Fran		STATE	FEE	
District	IV		Santa Fe, NM 8	7505	6. State Oil & Gas Le	ease No.	
1220 S. 87505	St. Francis Dr., Santa Fc,	NM .					Í
07505	SUNDR	Y NOTICES ANI	D REPORTS ON WELLS	3	7. Lease Name or Un	it Agreement Nam	le
			RILL OR TO DEEPEN OR PL			-	
	KENT KESEKVUIR, USE ISALS.)	APPLICATION FO	OR PERMIT" (FORM C-101) F	OR SUCH		State	
	pe of Well: Oil Well	🛛 🛛 Gas Well	1 🔲 Other		8. Well Number	12	
2. Na	me of Operator		· ·		9. OGRID Number		
	1	COG Oper	rating LLC			137	10
3. Ad	dress of Operator 550 W. Texas Av	e Suite 1300	Midland	TX 79701	10. Pool name or Wi Red Lake; Glorieta		
		e.,.Suite 1500	withand,	1 1 1 9/01	Red Lake, Giorieta	- Teso, Northea	ы.
4. We	ell Location	. 04 501		11 · · · · · · · · · · · · · · · · · ·		14/ I'	
	Unit Letter E	: 2150	feet from the <u>North</u>			West line	
	Section 30		Township 17S vation (Show whether DR	Range 28E	NMPM	County EDD	
		1 C 1 C 12	3568	· · · · ·			
Pit or Be	elow-grade Tank Applica	tion 🗌 or Closure]			NATE OF A STREET, SALES	20000001
Pit type	Depth to	Groundwater	Distance from nearest fres	h water well	Distance from nearest surf	ace water	
Pit Line	r Thickness:	Below-Grade Ta		ols; Construction Mate			
	12 (beck Appropri	iate Box to Indicate N			+o	
	12. 0	neek Appropri	Tate DOX to mulcate r	valure of monice,	Report or Other Da	la	•
	NOTICE	OF INTENTIO	ON TO:	SUB:	SEQUENT REPO	RT OF:	
PERF	ORM REMEDIAL WO	ORK 🔲 🛛 PLUG /	AND ABANDON	REMEDIAL WORI	K 🗌 AL	TERING CASING	
TEMP							
	ORARILY ABANDON	N 📋 CHANC	GE PLANS	COMMENCE DRI			hd
PULL	OR ALTER CASING		SE PLANS	CASING/CEMENT			
	OR ALTER CASING			CASING/CEMENT			
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OTHE 13. OG C ype urf rod OG P urfac orill 7 emøn lote: (hereby rade tar IGNA' ype or <u>or Sta</u> PPRO	OR ALTER CASING R: Change Describe proposed of starting any prop or recompletion. Dperating LLC res Hole Size 17.5 11 or 12-1/4 7.875 Droposes to drill 11 re. Drill 11"or 12-1/ 7/8" hole to 4800" at to surface. On production strict y certify that the information in the seen/will be constrict TURE Hole r print name Roby at Use Only Out of Approval (if a	MULTIN <u>casing progra</u> or completed oper- provide work). SER pectfully reque Casing Type 13.375 8.625 5.50 7-1/2" hole to 2 4" hole to 850' w/ cut brine main ing, a fluid caling mation above is t reacted or closed accor n M. Odom E- NO	PLE COMPL	CASING/CEMENT OTHER: pertinent details, and ole Completions: Att ange the casing pu Setting Depth 250 850 4800 did system, wt. 8.5, wt 10, vis 30, set s 29-32, test Yesc will attempt to circo pest of my knowledge Setting Depth 250 850 4800 did system, wt. 8.5, will attempt to circo pest of my knowledge Setting Depth 250 850 4800	I give pertinent dates, in tach wellbore diagram tach wellbore diagram of tach wellbore di	Est TOC 0 0 Casing & cemen ment to surface 5 ½" casing an RECEIVE NOV 1 0 2010 0 0 0 0 0 0 0 0 0 0 0 0 0	t to d D I I I I I I I I I I I I I I I I I I

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District II 1301 W. Grand Ave., Artesia, NM 88210 Phone:(505) 748-1283 Fax:(505) 748-9720

State of New Mexico

Form C-101 Permit 119831

96836

Energy, Minerals and Natural Resources

Oil Conservation Division

1220 S. St Francis Dr.

Santa Fe, NM 87505

APPLI	CATION	FOR PEF	<u>RMIT TO</u>	DRILL,	RE-ENTEI	R, DEEPEN	I, PLUGBA	<u>CK, OR AI</u>	DD A ZONE		
		1. Ope		2. OGRID Number							
			OPERATI					229137			
			550 W TEX LAND , T					3. API Number			
				30-015-38204							
4.]	roperty Code				5. Property Nam	ne .		Well No.			
	302518 MAPLE STATE							012			
			•	7. S	urface Loc	ation					
UL - Lot	Section	Township	Range	Lot Idn	Feet From	N/S Line	Feet From	E/W Line	County		

28E 2150 990 w EDDY Ε 30 17S 2 N

8. Pool Information

RED LAKE; GLORIETA YESO, NORTHEAST

Additional Well Information

9. Work Type New Well	10. Well Type OIL		11. Cable/Rotary	12. Lease Type State	13. Ground Level Elevation 3568
14. Multiple N	-	osed Depth	16. Formation Yeso Formation	17. Contractor	18. Spud Date 11/30/2010
Depth to Ground	l water		Distance from nearest fresh water v > 1000	well	Distance to nearest surface water > 1000
Pit: Liner: Synthetic Closed Loop Syste	X 12	mils thick		Drilling Method:	Diesel/Oil-based 🗌 Gas/Air 🗍

19. Proposed Casing and Cement Program

Туре	Hole Size	Casing Type	Casing Weight/ft	Setting Depth	Sacks of Cement	Estimated TOC
Surf	11	8.625	32	250	300	0
Prod	7.875	5.5	17	4750	900	0

Casing/Cement Program: Additional Comments

COG proposes to drill an 11" hole to 250' w/fr wtr mud system, wt 8.5, vis 28, set 8-5/8" casing & cement to surface. Drill 7-7/8" hole to 4750' w/cut brine mud system, wt 9.1, vis 29-32. Test Yeso formation. Run 5-1/2" casing & cememt to surface. Note: On production string, a caliper will be run, COG will attempt to circulate cement.

Proposed Blowout Prevention Program						
Туре	Working Pressure	Test Pressure	Manufacturer			
DoubleRam	2000	2000				

best of my knowledge and belief I further certify that the drilling	ig pit will be constructed according to	OIL CONSERVATION DIVISION				
OCD-approved plan	ral permit , or an (attached) alternative	Approved By: Randy Dade				
Printed Name: Electronica	lly filed by Diane Kuykendall	Title: District Supervisor				
Title: Regulatory Analyst		Approved Date: 9/30/2010	Expiration Date: 9/30/2012			
Email Address: dkuykenda	all@conchoresources.com					
Date: 9/24/2010	Phone: 432-683-7443	Conditions of Approval Attached				

Form C-102

Permit 119831

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

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

WELL LOCATION AND ACREAGE DEDICATION PLAT 1. API Number 2. Pool Code 3. Pool Name 96836 RED LAKE; GLORIETA YESO, NORTHEAST 30-015-38204 4. Property Code 5. Property Name 6. Well No. 302518 MAPLE STATE 012 8. Operator Name 9. Elevation 7. OGRID No. 229137 COG OPERATING LLC 3568

	IV. Surface Location									
UL - Lot	Section	Township	Range	Lot Idn	Feet From	N/S Line	Feet From	E/W Line	County	
2	30	175	28E	<i></i>	2150	N	99 0	W	EDDY	

11. Bottom Hole Location If Different From Surface

UL - Lot	Section	Township	Range	Lot Idn	Feet From	N/S L	ine	Feet From	E/W Line	County
1.1	cated Acres	13.	Joint or Infill		4. Consolidation	Code			15. Order No.	

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

· · · · · · · · · · · · · · · · · · ·	
· ·	

OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location(s) or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

E-Signed By: Diane Kuykendall

Title: Regulatory Analyst

Date: 9/24/2010

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. Surveyed By: Ronald Eidson Date of Survey: 9/8/2010

Certificate Number: 3239

Permit Conditions of Approval

Operator:COG OPERATING LLC , 229137Well:MAPLE STATE #012API:30-015-38204

OCD Reviewer	Condition
Artesia	Once the well is spud, to prevent ground water contamination through whole or partial conduits from the surface, the operator shall drill without interruption through the fresh water zone or zones and shall immediately set in cement the water protection string

Permit Comments

Operator: COG OPERATING LLC, 229137 Well: MAPLE STATE #012 API;

Created By	Comment	Comment Date
	H2S concentrations of wells in this area from surface to TD are low enough that a contingency plan is not required.	9/7/2010

DISTRICT I 1625 N. FRENCH DR., HOBBS, NM 88240

IGES N. FRENCH DR., HUBBS, IM SEAN

DISTRICT II 1301 W. GRAND AVENUE, ARTESIA, NM 88210

DISTRICT III 1000 RIO BRAZOS RD., AZTEC, NM 87410

DISTRICT IV

WELL LOCATION AND ACREAGE DEDICATION PLAT

State of New Mexico Energy, Minerals and Natural Resources Depar

OIL CONSERVATION DIVISION

11885 SOUTH ST. FRANCIS DR.

Santa Fe, New Mexico 87505

11885 S. ST. FRANCES DR., SANTA FE, NM 87505 API Number

API Number Pool Code Pool Name Property Code Property Name Well Number MAPLE STATE 12 OGBID No. Operator Name Blevision COG OPERATING, LLC 3568'

Surface Location

UL or lot No.	Section	Township	Range	Lot ida	Feet from the	North/South line	Feet from the	East/West line	County
2	30	17-S	28-E		2150	NORTH	990	WEST	EDDY

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	Bast/West line	County
				· ·					
Dedicated Acres	Joint or In	fill Co	nsolidation Code	Ord	er No.				L

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

LOT 1			OPERATOR CERTIFICATION
,	1		I hereby certify that the information herein is true and complete to the best of my knowledge and
		1	belief, and that this organization either owns a
	. 1		working interest or unlessed mineral interest in the land including the proposed bottom hole location or
	·		has a right to drill this well at this location pursuant to a contract with an owner of such mineral or
2150			working interest, or to a voluntary pooling
LOT 2	<u></u>		agreement or a compulsory pooling order heretofore entered by the division.
	· · · · · ·		
			Signature Date
990'	1		Printed Name
	GEODETIC COORDINATES NAD 27 NME		
	INAU Z/ INML	1	SURVEYOR CERTIFICATION
LOT 3	Y=657061.7 N		I hereby certify that the well location shown on
			this plat was plotted from field notes of actual surveys made by me or under my supervision, and
	LAT.=32.806300° N LONG.=104.219906° W		that the same is true and correct to the best of my belief.
	Long 104.219900 W		
			Southand File Contraction
	ł	. 1	SERJEMBER-8 2010
	· · ·		Date Surveyed ME DSS
LOT 4			Professional Surveyor
	1		3209
			Kinder Ender Haulasio
	ì	1	10:11:13A8
			Certificate NG CANY & EDSON 12641
	1		Certificate Not XXYYC, EDSON 12641 RONALD J. EDSON 3239

Form C-102

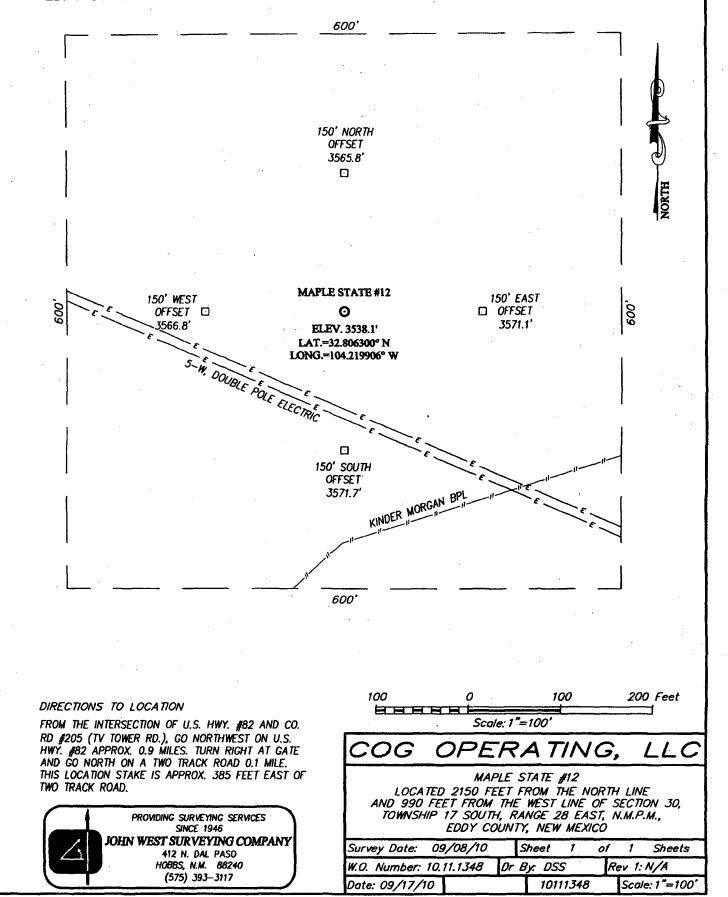
Revised October 12, 2005 sbusit to Appropriate District Office State Lease - 4 Copies Por Lease - 3 Copies

AMENDED REPORT

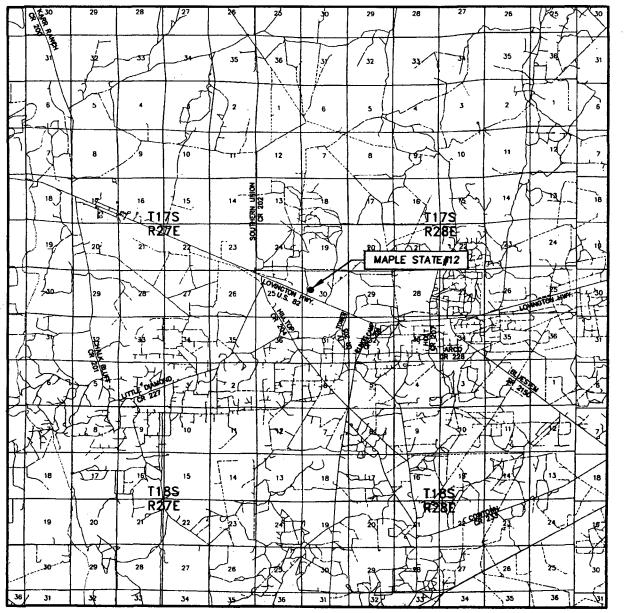
SECTION 30, TOWNSHIP 17 SOUTH, RANGE 28 EAST, N.M.P.M.

EDDY COUNTY





VICINITY MAP



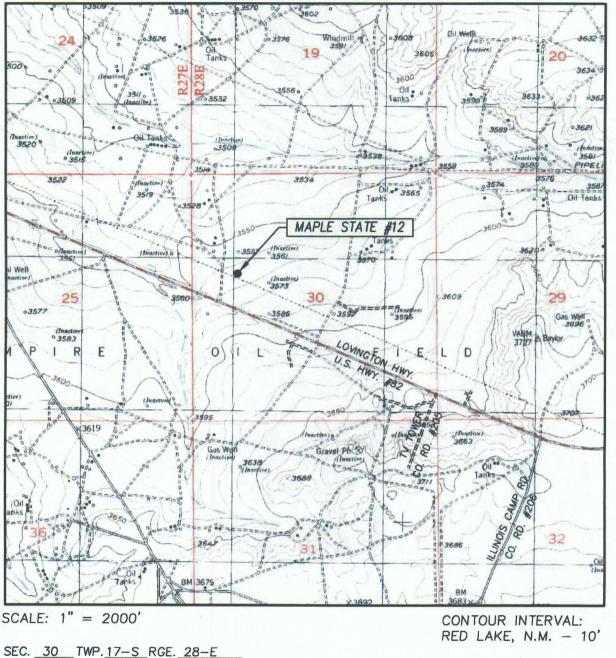
SCALE: 1'' = 2 MILES

NORTH

SEC. <u>30</u> TWP.<u>17–S</u> RGE. <u>28–E</u> SURVEY <u>N.M.P.M.</u> COUNTY <u>EDDY</u> STATE <u>NEW MEXICO</u> DESCRIPTION <u>2150' FNL & 990' FWL</u> ELEVATION <u>3568'</u> OPERATOR <u>COG OPERATING, LLC</u> LEASE <u>MAPLE STATE</u>

PROVIDING SURVEYING SERVICES SINCE 1946 JOHN WEST SURVEYING COMPANY 412 N. DAL PASO HOBBS, N.M. 88240 (575) 393-3117

LOCATION VERIFICATION MAP



PROVIDING SURVEYING SERVICES SINCE 1946 JOHN WEST SURVEYING COMPANY 412 N. DAL PASO HOBBS, N.M. 88240 (575) 393-3117 NORTH

 SURVEY
 N.M.P.M.

 COUNTY
 EDDY

STATE_NEW MEXICO

DESCRIPTION 2150' FNL & 990' FWL

ELEVATION 3568'

OPERATOR COG OPERATING, LLC

LEASE_____MAPLE STATE

U.S.G.S. TOPOGRAPHIC MAP RED LAKE, N.M. District I 1625 N. French Dr., Hobbs, NM 88240 District II Y301 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 State of New Mexico Energy Minerals and Natural Resources Department Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505

Form C-144 CLEZ July 21, 2008

For closed-loop systems that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure, submit to the appropriate NMOCD District Office.

Closed-Loop System Permit or Closure Plan Application

(that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure)

Type of action: 🛛 Permit 🗌 Closure

Instructions: Please submit one application (Form C-144 CLEZ) per individual closed-loop system request. For any application request other than for a closed-loop system that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure, please submit a Form C-144.

Please be advised that approval of this request does not relieve the operator of liability should operations result in pollution of surface water, ground water or the environment. Nor does approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances.

1. Operator: COG OPERATING LLC OGRID #: 229137	RECEIVED
Address: 550 WEST TEXAS, SUITE 1300 MIDLAND, TX 79701	SEP 27 2010
Facility or well name: Maple State #12	_
API Number: 30-015- 38204 OCD Permit Number: 2/08/7	NMOCD ARTESIA
U/L or Qtr/Qtr <u>ULE</u> Section <u>30</u> Township <u>175</u> Range <u>28E</u> County:	EDDY
Center of Proposed Design: Latitude <u>N/A</u> Longitude <u>N/A</u> NAD	: [] 1927 [] 1983
Surface Owner: 🗋 Federal 🖾 State 🗋 Private 🗋 Tribal Trust or Indian Allotment	
 Closed-loop System: Subsection H of 19.15.17.11 NMAC Operation: Drilling a new well Workover or Drilling (Applies to activities which require prior approval of a permit Above Ground Steel Tanks or Haul-off Bins 	or notice of intent) 🗍 P&A
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	
 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 lattached. 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 Box 5) - based upon the appropriate requirements of Subsection C of 19.15.17.9 NM Previously Approved Design (attach copy of design) API Number: Previously Approved Operating and Maintenance Plan API Number: 	
8.	
Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (Instructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use and facilities are required.	19.15.17.13.D NMAC) tachment if more than two
Instructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use a facilities are required.	19.15.17.13.D NMAC) tachment if more than two R1966
Instructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use at facilities are required. Disposal Facility Name: Disposal Facility Permit Number: Disposal Facility Permit Number Per	tachment if more than two <u>R1966</u> 711-019-001
Instructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use at facilities are required. Disposal Facility Name: Disposal Facility Permit Number: Disposal Facility Permit Number: Will any of the proposed closed-loop system operations and associated activities occur on or in areas that will not be used to be	nachment if more than two R1966 711-019-001 for future service and operations?
Instructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use at facilities are required. Disposal Facility Name: CRI Disposal Facility Name: Oisposal Facility Permit Number: Will any of the proposed closed-loop system operations and associated activities occur on or in areas that will not be used for future service and operations: Yes (If yes, please provide the information below) ⊠ No Required for impacted areas which will not be used for future service and operations: Soil Backfill and Cover Design Specifications based upon the appropriate requirements of Subsection H of 19.15 Revegetation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC Operator Application Certification:	R1966 711-019-001 for future service and operations?
Instructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use at facilities are required. Disposal Facility Name: CRI Disposal Facility Name: CRI Disposal Facility Name: CM INC Disposal Facility Permit Number: Disposal Facility Permit Number: Will any of the proposed closed-loop system operations and associated activities occur on or in areas that will not be used for future service and operations: □ Yes (If yes, please provide the information below) ⊠ No Required for impacted areas which will not be used for future service and operations: □ Soil Backfill and Cover Design Specifications based upon the appropriate requirements of Subsection H of 19.15 □ Re-vegetation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC ○ Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC ○ Operator Application Certification: I hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowled with the properties of the set of my knowled with the set of the best of my knowled with the properties of the properties of the best of the properties of the pro	tachment if more than two R1966 711-019-001 for future service and operations? .17.13 NMAC cdge and belief.
Instructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use at facilities are required. Disposal Facility Name: CRI Disposal Facility Name: Oisposal Facility Permit Number: Disposal Facility Name: GM INC Disposal Facility Permit Number: Oisposal Facility Permit Number: Will any of the proposed closed-loop system operations and associated activities occur on or in areas that will not be used for future service and operations: □ Yes (If yes, please provide the information below) ⊠ No Required for impacted areas which will not be used for future service and operations: □ Soil Backfill and Cover Design Specifications - based upon the appropriate requirements of Subsection H of 19.15 □ 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 ○ Operator Application Certification: I hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowled with this application is true, accurate and complete to the best of my knowled with this application is true, accurate and complete to the best of my knowled with this application is true, accurate and complete to the best of my knowled with this application is true, accurate and complete to the best of my knowled with this application is true, acc	tachment if more than two R1966 711-019-001 for future service and operations? .17.13 NMAC cdge and belief.
Instructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use at facilities are required. Disposal Facility Name: CRI Disposal Facility Name: CRI Disposal Facility Name: CM INC Disposal Facility Permit Number: Disposal Facility Permit Number: Will any of the proposed closed-loop system operations and associated activities occur on or in areas that will not be used for future service and operations: □ Yes (If yes, please provide the information below) ⊠ No Required for impacted areas which will not be used for future service and operations: □ Soil Backfill and Cover Design Specifications based upon the appropriate requirements of Subsection H of 19.15 □ Re-vegetation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC ○ Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC ○ Operator Application Certification: I hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowl Name (Print): ROBYN M. ODOM REGULATORY ANA Date: 09-24-2010	tachment if more than two R1966 711-019-001 for future service and operations? .17.13 NMAC cdge and belief.
Instructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use at facilities are required. Disposal Facility Name: CRI Disposal Facility Name: Oisposal Facility Permit Number: Disposal Facility Name: GM INC Disposal Facility Permit Number: Oisposal Facility Permit Number: Will any of the proposed closed-loop system operations and associated activities occur on or in areas that will not be used for future service and operations: □ Yes (If yes, please provide the information below) ⊠ No Required for impacted areas which will not be used for future service and operations: □ Soil Backfill and Cover Design Specifications - based upon the appropriate requirements of Subsection H of 19.15 □ 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 ○ Operator Application Certification: I hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowled with this application is true, accurate and complete to the best of my knowled with this application is true, accurate and complete to the best of my knowled with this application is true, accurate and complete to the best of my knowled with this application is true, accurate and complete to the best of my knowled with this application is true, acc	tachment if more than two R1966 711-019-001 for future service and operations? .17.13 NMAC cdge and belief.

7. <u>GiCD Approva</u> I: A Permit Application (including closure plan) Closure P	lan (only)
OCD Representative Signature:	Approval Date: 09/30/30/0
Title:	OCD Permit Number: 2/08/7
a. Closure Report (required within 60 days of closure completion): Subsection	K of 19.15.17.13 NMAC
Instructions: Operators are required to obtain an approved closure plan prior to The closure report is required to be submitted to the division within 60 days of to section of the form until an approved closure plan has been obtained and the cl	to implementing any closure activities and submitting the closure report. The completion of the closure activities. Please do not complete this
	Closure Completion Date:
9. <u>Closure Report Regarding Waste Removal Closure For Closed-loop Systems</u> Instructions: Please indentify the facility or facilities for where the liquids, dri two facilities were utilized.	
Disposal Facility Name:	Disposal Facility Permit Number:
Disposal Facility Name:	Disposal Facility Permit Number.
Were the closed-loop system operations and associated activities performed on or Yes (If yes, please demonstrate compliance to the items below) No	in areas that will not be used for future service and operations?
Required for impacted areas which will not be used for future service and operation Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique	ions:
10. <u>Operator Closure Certification</u> : I hereby certify that the information and attachments submitted with this closure reguirent belief 1 also certify that the closure complies with all applicable closure requirent	report is true, accurate and complete to the best of my knowledge and nents and conditions specified in the approved closure plan.
Name (Print):	Title:
Signature:	Date:
e-mail address:	Telephone:

uomit 5 Copies 10 Appropriate 1 Office	VISINCE	Nitoto of Norra Ma				
11100		State of New Me	EXICO			Form C-103
District (26 N. French Dr., Unbha, NM 8		rgy, Minerals and Natu	aral Resources	WELL API NO.	,	May 27, 2004
525 N. French Dr., Hobbs, NM 8 istrict ll					-015-3793	6
01 W. Grand Ave., Artesia, NM strict III	1 88210 OL	L CONSERVATION 1220 South St. Fran		5. Indicate Type	e of Lease	
00 Rio Brazos Rd., Aztec, NM	87410	Santa Fe, NM 8		STATE 6. State Oil & C		
strict IV 20 S. St. Francis Dr., Santa Fe, 1	NM			U. SIZIC UII & C	143 LEASE IN	. .
7505 SUNDR	Y NOTICES ANT	REPORTS ON WELLS		7. Lease Name	or Unit Agr	ement Name
OO NOT USE THIS FORM FOR IFFERENT RESERVOIR. USE ROPOSALS.)	R PROPOSALS TO D	RILL OR TO DEEPEN OR PL	UG BACK TO A	N	aple State	
. Type of Well: Oil Well	🛛 🛛 Gas Well	Other		8. Well Number		
Name of Operator	COG Oper	ating LLC		9. OGRID Num		
Address of Operator	COG Oper			10. Pool name of	229137 or Wildcat	96836
550 W. Texas Av	e., Suite 1300	Midland,	T X 79701	Red Lake; Glo		- +
. Well Location				•		
Unit Letter <u>E</u>	: 1650'	feet from the	line and	feet from th		
Section 30	11 T21-	Township 17S	Range 28E	NMPM	C	ounty EDDY
	LI. Elev	vation (Show whether DR 3554		2000 - 2000 2000		
or Below-grade Tank Applica	ation 🗌 or Closure [an daria na nadarika kara da	
typeDepth to	Groundwater	Distance from nearest fresh	a water well	Distance from neare	it surface wate	r
Liner Thickness:	Below-Grade Tar	ik: Volumebb	ls; Construction Mate	rial		
12. C	heck Appropri	ate Box to Indicate N	lature of Notice,	Report or Othe	r Data	
NOTICE	OF INTENTIO			SEQUENT RI)E.
ERFORM REMEDIAL WO	_		REMEDIAL WOR			
EMPORARILY ABANDON		BE PLANS	COMMENCE DRI		P AND A	
ULL OR ALTER CASING			CASING/CEMENT	ГЈОВ		
THER: Change	casing progra	im 🖂	OTHER:			
13. Describe proposed	or completed oper	ations. (Clearly state all	pertinent details, and	i give pertinent da	tes, includir	ng estimated date
of starting any prop	osed work). SEE	RULE 1103. For Multip	le Completions: At	tach wellbore diag	ram of prop	osed completion
or recompletion.						
G Operating LLC res	pectfully reque	sts permission to cha	inge the casing p	rogram to:		
pe Hole Size	Casing Type	Casing Weight/ft.	Setting Depth	Sacks of Ce		
	13.375				ment	Est TOC
rf 17.5		48	250	300	ment	. 0
rf 17.5 er 11 or 12-1/4	8.625	48 24	250 850	300 400	ment	. 0 0
rf 17.5 er 11 or 12-1/4 od 7.875	8.625 5.50	48 24 17	250 850 4800	300 400 900		0 0 0
rf 17.5 er 11 or 12-1/4 od 7.875 PG proposes to drill 17	8.625 5.50 7-1/2" hole to 2	48 24 17 50' w/ fresh water mu	250 850 4800 d system, wt. 8.5,	300 400 900 vis 28, set 13-3	8/8" casing & cement REC	0 0 0 8 cement to to surface. Casing and EIVED
rf 17.5 er 11 or 12-1/4 od 7.875 OG proposes to drill 17 rface. Drill 11"or 12-1/ ill 7 7/8" hole to 4800' ment to surface.	8.625 5.50 7-1/2" hole to 2: (4" hole to 850' w/ cut brine mo	48 24 17 50' w/ fresh water mud w/ brine mud system, ud system, wt 9.1, vis	250 850 4800 d system, wt. 8.5, , wt 10, vis 30, se 29-32, test Yeso	300 400 900 vis 28, set 13-3 t 8-5/8" casing o formation and	8/8" casing & cement REC NOV	0 0 0 8 cement to to surface. casing and EIVED 1 0 2010
rf 17.5 er 11 or 12-1/4 od 7.875 OG proposes to drill 17 rface. Drill 11"or 12-1/ ill 7 7/8" hole to 4800' ment to surface. te: On production stri	8.625 5.50 7-1/2" hole to 2 (4" hole to 850' w/ cut brine mo ing, a fluid calip rmation above is to	48 24 17 50' w/ fresh water mud w/ brine mud system, ud system, wt 9.1, vis ber will be run, COG w	250 850 4800 d system, wt. 8.5, , wt 10, vis 30, se 29-32, test Yeso vill attempt to circ	300 400 900 vis 28, set 13-3 t 8-5/8" casing o formation and culate cement.	8/8" casing & cement REC NOV	0 0 0 8 cement to to surface. Casing and EIVED 1 0 2010 0 ARTESIA
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State of New Mexico District II 1301 W. Grand Ave., Artesia, NM 88210 Phone:(505) 748-1283 Fax:(505) 748-9720 **Energy, Minerals and Natural Resources Oil Conservation Division** 1220 S. St Francis Dr. Santa Fe, NM 87505 APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE 2. OGRID Number 1. Operator Name and Address COG OPERATING LLC 229137 550 W TEXAS 3. API Number MIDLAND, TX 79701 30-015-37936 4. Property Code 5. Property Name 302518 MAPLE STATE 7. Surface Location E/W Line UL - Lot Section Township Range Lot Idn Feet From N/S Line Feet From 2 1650 330 ·W Ε 30 17S 28E N 8. Pool Information **RED LAKE; GLORIETA YESO, NORTHEAST** Additional Well Information 10. Well Type 9. Work Type

13. Ground Level Elevation 11. Cable/Rotary 12. Lease Type New Well OIL State 3554 17. Contractor 14. Multiple 15. Proposed Depth 18. Spud Date 16. Formation 4800 9/30/2010 N Yeso Formation Depth to Ground water Distance from nearest fresh water well Distance to nearest surface water 110 > 1000 > 1000 Liner: Synthetic 🔀 12 Clay Pit Volume: 5000 mils thick bbls Drilling Method: Pit: Closed Loop System Fresh Water X Brine Diesel/Oil-based Gas/Air

19. Proposed Casing and Cement Program

Туре	Hole Size	Casing Type	Casing Weight/ft	Setting Depth	Sacks of Cement	Estimated TOC
Surf	11	8.625	32	250	300	0
Prod	7.875	5.5	17	4800	900	0

Casing/Cement Program: Additional Comments

COG proposes to drill a 11" hole to 250' w/fr wtr mud system, wt 8.5, vis 28, set 8-5/8" casing & cement to surface. Drill a 7-7/8" hole to 4800' w/cut brine mud system, wt 9.1, vis 29-32. Test Yeso formation. Run 5-1/2" casing & cememt to surface. Note: On production string, a caliper will be run, COG will attempt to circulate cement.

Proposed Blowout Prevention Program

Туре	Working Pressure	Test Pressure	Manufacturer
DoubleRam	2000	2000	

best of my knowledge and be I further certify that the dri	lling pit will be constructed according to	OIL CONSERVATION DIVISION			
NMOCD guidelines 🔀 a ge OCD-approved plan 🗔	neral permit , or an (attached) alternative	Approved By: Randy Dade			
Printed Name: Electroni	cally filed by Diane Kuykendall	Title: District Supervisor			
Title: Regulatory Analy	st	Approved Date: 6/22/2010	Expiration Date: 6/22/2012		
Email Address: dkuyker	ndall@conchoresources.com				
Date: 6/14/2010	Phone: 432-683-7443				

http://www.emnrd.state.nm.us/OCD/OCDPermitting/Report/C101/C101All.aspx?PermitId... 6/23/2010

96836

County

EDDY

6. Well No.

011

Form C-101 Permit 113703

Page 2 of 3

Form C-102

Permit 113703

District 1 1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Ave., Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV

1220 S. St Francis Dr., Santa Fe, NM 87505

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

WELL LOCATION AND ACREAGE DEDICATION PLAT

1. API Number	2. Pool Code	RED LAKE; GLO	3. Pool Name
30-015-37936	96836		DRIETA YESO, NORTHEAST
4. Property Code	5. Property Name		6. Well No.
302518	MAPLE STATE		011
7. OGRID No.	8. Operator Name		9. Elevation
229137	COG OPERATING LLC		3554

				10. 5	Surface Loc	ation			
UL - Lot	Section	Township	Range	Lot Idn	Feet From	N/S Line	Feet From	E/W Line	County
2	30	17S	28E	2	1650	N	330	W	EDDY

11. Bottom Hole Location If Different From Surface

UL - Lot	Section	Township	Range	Lot Idn	Feet From	N/S Lin	e Feet From	E/W Line	County
	cated Acres	13. 1	loint or Infill	14	L. Consolidation (Code		15. Order No.	

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

•		
		-

OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location(s) or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

E-Signed By: Diane Kuykendall Title: Regulatory Analyst Date: 6/14/2010

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

Surveyed By: Ronald Eidson Date of Survey: 5/14/2010 Certificate Number: 3239

Permit Comments

Operator: COG OPERATING LLC , 229137 Well: MAPLE STATE #011 API:

Created By	Comment	Comment Date
rodom	H2S concentrations of wells in this area from surface to TD are low enough that a contingency plan is not required.	5/7/2010

DISTRICI	1	
1625 N. FRENC	h dr., hobbs,	NM 88240

DISTRICT II 1301 W. GRAND AVENUE, ARTESIA, NM 88210

DISTRICT III 1000 RIO BRAZOS RD., AZTEC, NM 87410

Santa Fe, New Mexico 87505

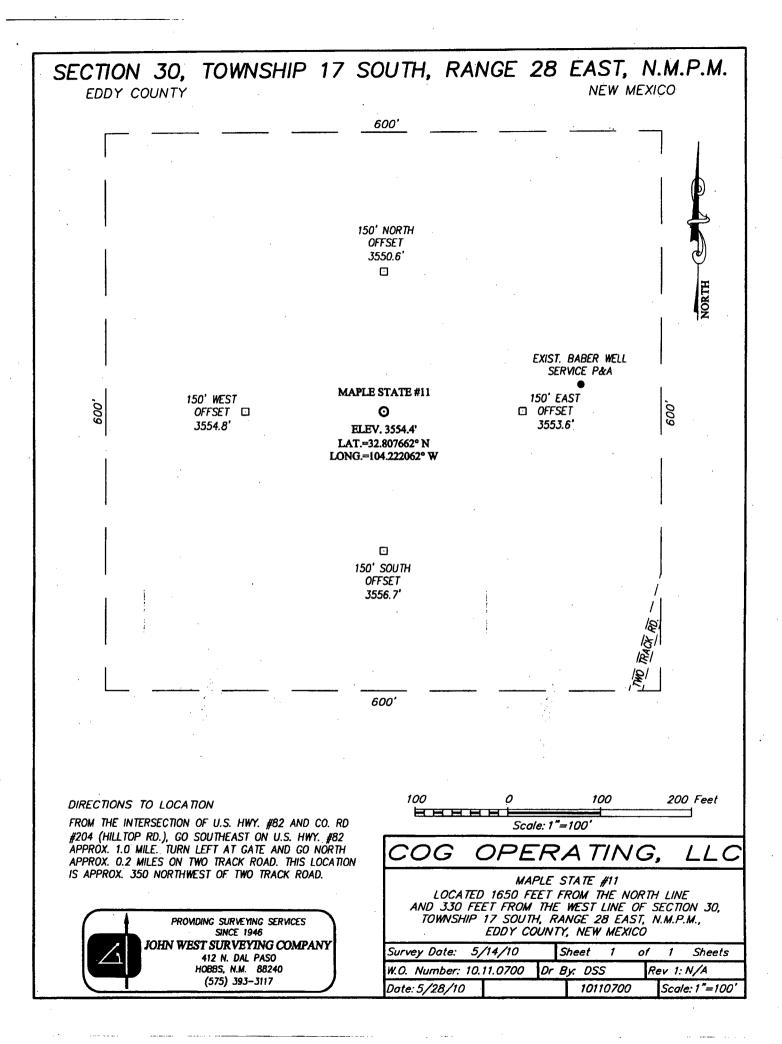
OIL CONSERVATION DIVISION 11885 SOUTH ST. FRANCIS DR.

State of New Mexico Energy, Minerals and Natural Resources Department

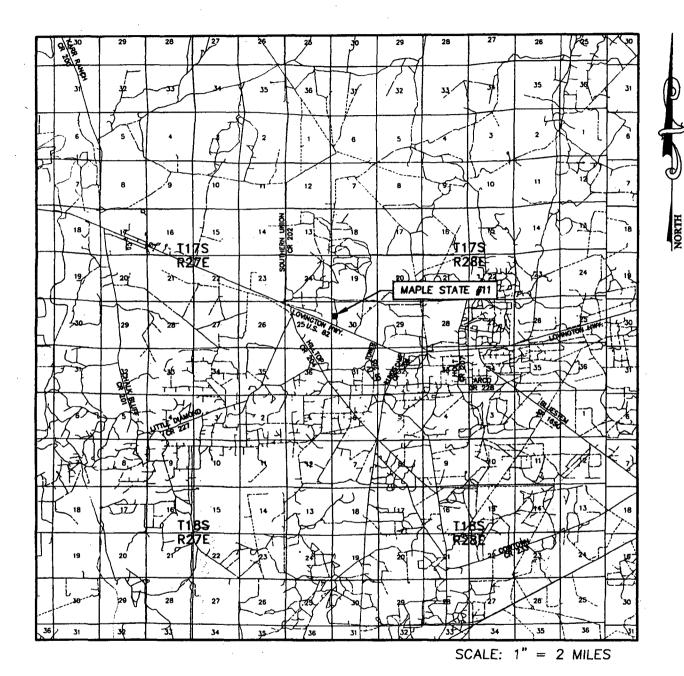
Form C-102 Revised October 12, 2005 to Appropriate District Office State Lesse - 4 Copies Fee Lease - 3 Copies

RONALD J. EIDSON 3239

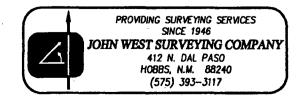
API Number Property Code			Pool Code			Pool Name				
			Property Name			•		Well Number		
				<u></u>	MAPLE STA	I.F.		1		
OGRIDN	lo			Ö	Operator Name OG OPERATI	NG, LLC	G, LLC		Elevation 3554	
	•				Surface Locatio)n				
L or lot No.	Section	Township	Range	Lot idn	Feet from the	North/South line	Feet from the	Bast/West line	County	
2	30	17-S	28-E		1650	NORTH	. 330	WEST	EDD	
or lot No.	Section	Township	Range	Bottom He	Pest from the	ferent From Surface	Feet from the	Bast/West line	County	
, or age ind.	DOCUDE	Township ,	range		rea uourus					
edicated Acres	Joint or li	nfill Com	nolidation Code		rder No.			"I		
1	NO ALLOW					UNTIL ALL INTERE		CONSOLIDATED		
		0	R A NON-ST	TANDARD	UNIT HAS BEEN	APPROVED BY TH	E DIVISION			
	 		SURFACE Y=652	COORDIN. 27 NME E LOCATIO 7556.4 N 4187.8 E	N		true and comple belief, and that working interess land including it has a right to do to a contract wi working interess agreement or a catarod by the d Signature Printed Nau SURVEN I hereby cert this plat was pla	Ĩ	violge and wros a srest in the location or an pursuant wal or ng r heretofore Date TION shown on octual	
LOT	- 		LAT.=32 LONG.=10	2.807662 4.222062				The and correct to the be		



VICINITY MAP

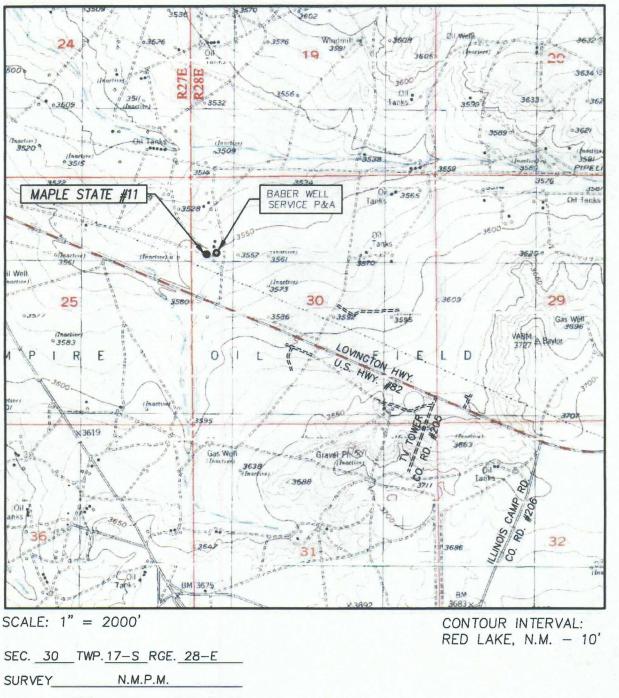


SEC. <u>30</u> TWP. <u>17-S</u> RGE. <u>28-E</u> SURVEY <u>N.M.P.M.</u> COUNTY <u>EDDY</u> STATE <u>NEW MEXICO</u> DESCRIPTION <u>1650' FNL & 330' FWL</u> ELEVATION <u>3554'</u> OPERATOR <u>COG OPERATING, LLC</u> LEASE <u>MAPLE STATE</u>



.

LOCATION VERIFICATION MAP



 SURVEY
 N.M.P.M.

 COUNTY
 EDDY
 STATE
 NEW
 MEXICO

 DESCRIPTION
 1650'
 FNL
 & 330'
 FWL

 ELEVATION
 3554'

 OPERATOR
 COG
 OPERATING, LLC

 LEASE
 MAPLE
 STATE

 U.S.G.S.
 TOPOGRAPHIC
 MAP

 RED
 LAKE, N.M.

PROVIDING SURVEYING SERVICES SINCE 1946 JOHN WEST SURVEYING COMPANY 412 N. DAL PASO HOBBS, N.M. 88240 (575) 393–3117 NORTH

37 N French Dr, Holes, NM 1970 Department	in Descript I	State of New Mexico	Form C-144 CLEZ		
Bind Linkson Rend, Ame, NM 1910 JUN 15 2010 122) South SL. Francis Dr. for displayment and remain Dr. Same R, MACCO District Office. JUN COD ARTESI, Samt R, NM 2750 LIOSCELLOOD SYSTEM Permit or Closure Plan Application (Inductive use above ground steel darks or hald-off bins and propose to implement wester removal for closure) Type of action: D Permit or Closure Plan Application (Inductive use above ground steel darks or hald-off bins and propose to implement wester removal for closure) Type of action: D Permit or Closure Plan Application request other than for a darked proper that only are above ground steel darks or hald-off bins and propose to implement wester removal for closure) there are a solver ground steel darks or hald-off bins and propose to implement wester removal for closure plan Application request other from CiH (CLC) CORD #. 229137 darked proper that only are above ground steel darks or hald-off bins and properso to the solve are produced by protein the origin and there are a solver applicable governmental authority's rule, regulation or ordinance approver. <u>GOG OPERATING LLC</u> OCRID #. 22104/57 JUL or QUCY _ LLE _ Section _ 30 _ Township _ TSR Range _ 28E _ County: _ EDDY Lice of Choose Charge. Latitude _ MA _ Longitude _ MA	LIGAN FULL D. Habbs NM 99740	Energy Minerals and Natural Resources	July 21, 2008		
Bind Linkson Rend, Ame, NM 1910 JUN 15 2010 122) South SL. Francis Dr. for displayment and remain Dr. Same R, MACCO District Office. JUN COD ARTESI, Samt R, NM 2750 LIOSCELLOOD SYSTEM Permit or Closure Plan Application (Inductive use above ground steel darks or hald-off bins and propose to implement wester removal for closure) Type of action: D Permit or Closure Plan Application (Inductive use above ground steel darks or hald-off bins and propose to implement wester removal for closure) Type of action: D Permit or Closure Plan Application request other than for a darked proper that only are above ground steel darks or hald-off bins and propose to implement wester removal for closure) there are a solver ground steel darks or hald-off bins and propose to implement wester removal for closure plan Application request other from CiH (CLC) CORD #. 229137 darked proper that only are above ground steel darks or hald-off bins and properso to the solve are produced by protein the origin and there are a solver applicable governmental authority's rule, regulation or ordinance approver. <u>GOG OPERATING LLC</u> OCRID #. 22104/57 JUL or QUCY _ LLE _ Section _ 30 _ Township _ TSR Range _ 28E _ County: _ EDDY Lice of Choose Charge. Latitude _ MA _ Longitude _ MA	District II 1301 W. Grand Avenue, Artesia, NM 882101	CEIVED Department	ground steel tanks or haul-off bins and propose		
220 5. St Francis Dr., Sank Fr., MM 8700 Closed - Loop System Permit or Closure Plan Application (Int only use above ground steel (above frame) Type of action: Stream Permit or Closure Plan Application (Int only use above ground steel (above frame) Type of action: Stream Permit OF. Closer Interactions: Premit: Closer Closer Closer Interactions: Stream Permit OF. Closer Closer Closer Interactions: Stream Permit OF. Closer Closer <t< td=""><td></td><td></td><td>to implement waste removal for closure, submit</td></t<>			to implement waste removal for closure, submit		
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doesd-loop gram that only as above ground state tanks or Nati-Gf bias and progene to implement water removal for clears typest showing a form see the section of the responsibility to comply with any other applicable governmental sufferity's rules, regulations or ordinance wearnerst. Nor does approved releve the operator of its responsibility to comply with any other applicable governmental sufferity's rules, regulations or ordinance perstor:		••			
ana be adviced that approval of the request does not relieve the operator of liability double operations result in pollution of suffices water, ground water or the usenneed. Nor dest approval relieve the operator of its responsibility to comply with any other applicable governmental authority stude, regulations or orlinance berator: <u>COG OPERATING LLC</u> <u>OCRD 4</u> , <u>229137</u> defitive or well name: <u>ManDa State #11</u> Peritor: <u>S50 WEST TEXAS, BUTE 1300</u> <u>MIDLAND, TX 78701</u> Sectility or well name: <u>ManDa State #11</u> Deriver <u>Persponse</u> Design: Latitude <u>NA</u> <u>COPPERATING LLC</u> <u>COLPERTING </u>	Instructions: Please submit one application	n (Form C-144 CLEZ) per individual closed-loop system required steel tanks or haul-off bins and propose to implement was	est. For any application request other than for a te removal for closure, please submit a Form C-144.		
Depender	Please he advised that approval of this request (does not relieve the operator of liability should operations resul	t in pollution of surface water, ground water or the		
Address: SSO WEBST TEXAB. BUITE 1300 MIDLAND. TX 79701 Percently or well name: Maple State #11 PCI Number: 22/04/57 VPI Number: 22/04/57 UL E Section 30 Township ITS Range 28E County: EDDY Counter of Proposed Design: Latude NA NAD: 1927 1983 Surface Owner: Federal Ø State Private Tribel Trust or Indian Allotment NAD: 1927 1983 Classcheood Steef Tanks or Ø Haul-off Bins NAD: 1927 1983 Steps: Subsection C of 19.15.17.11 NMAC Peace Signed in compliance with 19.15.3.108 NMAC Classcheood Steef Tanks or Ø Haul-off Bins NAC Signed in compliance with 19.15.3.108 NMAC Classcheood Steef Tanks or Ø Haul-off Bins Signed in compliance with 19.15.3.108 NMAC Signed in compliance with 19.15.3.108 NMAC Classcheood I and Maintenance Phan-based upon the appropriate requirements of 19.15.17.12 NMAC Signed in compliance and Maintenance Phan - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC Previously Approved Design (statch copy of design) APN Number: 71.10.19.1	1. Operator: COG OPERATING LI	LC OGRID #: 2291	37		
"acility or well name: MaDle State #11 API Number: 30-015: 37193(6 OCD Permit Number: 2/104/57 "Jt. or Qer/Qr. LLE Section 30 Township 175 Range 28E County: EDDY Center of Proposed Design: Latitude NA Longitude NA NAD: [1927] 1983 Surface Owner: Federal Ø State Private Tribal Trust or Indian Allotment					
PI Number: 2/10/15 PI Number: 2/10/15 U/L or QrriQr ULE Section 30 Township 178 Range 28E County: EDDY Center of Proposed Design: Latitude WA Longitude NA NAD: [1927] 1983 Surface Owner: Federal Ø State Privale Tribel Trust or Indian Allotment NAD: [1927] 1983 Ø Classed-Jeon System: Subsection H of 19.15.17.11 NMAC Operation: Ø Dilling a new well Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) P&A Above Ground Steel Tanks or Ø Haul-off Blins Above Ground Steel Tanks or Ø Haul-off Blins Signed in compliance with 19.15.17.11 NMAC Signed in compliance with 19.15.3.103 NMAC Conserchants: Each of the following items must be attacked to the application. Please indicate, by a check mark in the box, that the documents are enchoded Ø Design Plan - based upon the appropriate requirements of 9.15.17.11 NMAC Perviously Approved Operating and Maintenance Plan - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC Previously Approved Operating and Maintenance Plan API Number:					
J/L or Qer/Qt ULE Section 30 Township 178 Range 28E County: EDDY Center of Proposed Design: Latitude NA Longitude N/A NAD: 1927 1983 Surface Owner: Federal Ø State Private Tribal Trust or Indian Allotment NAD: 1927 1983 Classed-loop System: Subsection H of 19.15.17.11 NMAC Surface Owner: Private Tribal Trust or Indian Allotment Above Ground Steel Tanks or Ø Haul-off Bins Sings: Subsection C of 19.15.17.11 NMAC Private Private Sings: Subsection C of 19.15.17.11 NMAC Sings: Subsection C of 19.15.17.11 NMAC Signed in compliance with 19.15.3.103 NMAC Subsection B of 19.15.17.9 NMAC Subsection C of 19.15.17.11 NMAC Clessed-loop Systems Plan - based upon the appropriate requirements of 19.15.17.12 NMAC Subsection C of 19.15.17.13 NMAC Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC Subsection C of 19.15.17.13 NMAC Previously Approved Deparating and Maintenance Plan API Number: Previously Approved Deparating and Maintenance Plan API Number: R1096 Previously Approved Deparating and Maintenance Plan API Number: </td <td></td> <td></td> <td>210457</td>			210457		
Center of Proposed Design: Latitude					
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Quest-leap System: Subsection H of 19.15.17.11 NMAC Operation: Diriling a new well Warkover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) P&A Above Ground Steel Tanks or Heul-off Bins Above Ground Steel Tanks or Heul-off Bins Quest-leap Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.9 NMAC Signed in compliance with 19.15.2.103 NMAC Clease-leap Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.9 NMAC Signed in compliance with 19.15.2.103 NMAC Clease-leap Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.19 NMAC Design Plan - based upon the appropriate requirements of 19.15.17.12 NMAC Clease Indicates by a check mark in the box, that the documents are reached. Clease Indicates Plan - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC Cleaser Indicates Descenting and Maintenance Plan - based upon the appropriate requirements of Subsection C of 19.15.17.13 NMAC Previously Approved Design (attach copy of design) API Number: Previously Approved Design (attach copy of design) API Number: Previously Approved Design (attach copy of design) API Number: Previously Approved Design (attach copy of design) API Number: Previously Approved Design (attach copy of design) API Number: Previously Approved Design (attach copy of design) API Number: Previously Approved Design (attach copy of design) API Number: Previously Approved Design (attach copy of design) API Number: Previously Approved Design (attach copy of design) API Number: Previously Approved Design (attach copy strem opentions and esociated activities occur on or in areas that will not be used for future service and operations: Disposal Facility Name: GMI ([702] الما / 1921 [] (200)		
Operation: ☑ Drilling a new well □ Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) □ P&A □ Above Ground Steel Tanks or ☑ Hau-off Bins ○ Magnet: 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 Cheed-loop Systems Permit Application Attachment Checklint: Subsection B of 19.15.17.9 NMAC Chernet-tons: Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are intended. ☑ Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC ☑ Operating and Maintenance Plan - 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 Departing and Maintenance Plan API Number: □ Sposal Facility Name: CBI □ Disposal Facility Permit Number: R1986 □ Sposal Facility Name: CBI □ Sposal Faci					
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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 G of 19.15.17.13 NMAC Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC Decrator Application Certification: I hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief. Name (Print): ROBYN M. ODOM Title: REGULATORY ANALYST Signature: Date: 06-14-2010 -mail address: rodom@conchoresources.com Telephone: 432-685-4385	Will any of the proposed closed-loop syste	INC Disposal Facility Perr m operations and associated activities occur on or in areas t	nit Number: 711-019-001		
Decrator Application Certification: I hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief. Name (Print):	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				
I hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief. Name (Print): ROBYN M. ODOM Title: REGULATORY ANALYST Signature: Date: 06-14-2010 06-14-2010 e-mail address: rodom@conchoresources.com Telephone: 432-685-4385		the appropriate requirements of Subsection O or 19,15,17,1			
Name (Print):ROBYN M. ODOM Title: REGULATORY ANALYST Date:		itted with this application is true, accurate and complete to t	the best of my knowledge and belief.		
Signature: Date: Dateate: Date: Date:			-		
-mail address: rodom@conchoresources.com Telephone: 432-685-4385					
		v			
Form C-144 CLEZ Oil Conservation Division Page 1 of 2					
	Form C-144 CLEZ	Oil Conservation Division	Page 1 of 2		

7. OCD Approval: X Permit Application (including Bsure plan) Closure Plan (only)				
OCD Representative Signature: CUND R Dade Approval Date: De [] J. J. J. D.				
Title: DIST H Supervisor	OCD Permit Number: 210457			
 Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC Instructions: Operators are required to obtain an approved closure plan prior to implementing any closure activities and submitting the closure report. The closure report is required to be submitted to the division within 60 days of the completion of the closure activities. Please do not complete this section of the form until an approved closure plan has been obtained and the closure activities have been completed. Closure Completion Date: 				
9. <u>Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only:</u> Instructions: Please indentify the facility or facilities for where the liquids, drilling fluids and drill cuttings were disposed. Use attachment if more than two facilities were utilized.				
Disposal Facility Name:	Disposal Facility Permit Number:			
Disposal Facility Name:				
Were the closed-loop system operations and associated activities performed on or in areas that will not be used for future service and operations? Yes (If yes, please demonstrate compliance to the items below) No				
Required for impacted areas which will not be used for future service and operations: Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique				
10. <u>Operator Closure Certification</u> : I hereby certify that the information and attachments submitted with this closure report is true, accurate and complete to the best of my knowledge and belief. I also certify that the closure complies with all applicable closure requirements and conditions specified in the approved closure plan.				
Name (Print):	Title:			
Signature:	Date:			
e-mail address:	Telephone:			

Closed Loop Operation & Maintenance Procedure

All drilling fluid circulated over shaker(s) with cuttings discharged into roll off container.

Fluid and fines below shaker(s) are circulated with transfer pump through centrifuge(s) or solids separator with cuttings and fines discharged into roll off container.

Fluid is continuously re-circulated through equipment with polymer added to aid separation of cutting fines.

Roll off containers are lined and de-watered with fluids re-circulated into system.

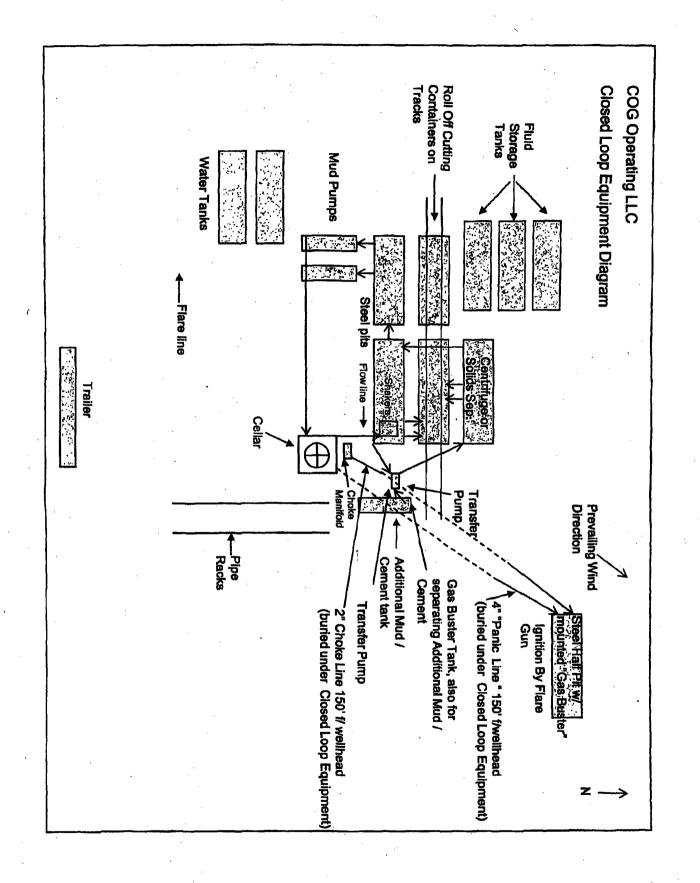
Additional tank is used to capture unused drilling fluid or cement returns from casing jobs.

This equipment will be maintained 24 hrs./day by solids control personnel and or rig crews that stay on location.

Cuttings will be hauled to either:

CRI (permit number R9166) or GMI (permit number 711-019-001)

dependent upon which rig is available to drill this well.



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