District 1 1625 N French Dr , Hobbs, NM 88240 District II 811 S First St., 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 Revised August 1, 2011

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: Places submit one application (Form C-144 CI F7) per individual closed-loop system request. For any application request other than for a

Address: 550 W. TEXAS AVE., SUITE 100, MIDLAND, TEXAS 79701  Facility or well name: DASHER 16 STATE #001  API Number: 30-015-35726  OCD Permit Number: 2/3375  ULL or Qtr/Qtr P	closed-loop system that only use above ground steel tanks or haul-off bins and propose to implement waste removal for close		
Correction: COG OPERATING, LLC			
Operator: COG OPERATING, LLC OGRID #: 229137  Address: 550 W. TEXAS AVE., SULTE 100, MIDLAND, TEXAS 79701  Facility or well name: DASHER 16 STATE #001  API Number: 30-015-35726 OCD Permit Number: 2/33/3/75  U/L or Qtr/Qtr P Section 16 Township 16S Range 30E County: EDDY  U/L or Qtr/Qtr P Section 16 Township 16S Range 30E County: EDDY  U/L or Qtr/Qtr P Section 16 Township 16S Range 30E County: EDDY  U/L or Qtr/Qtr P Section 16 Township 16S Range 30E County: EDDY  U/L or Qtr/Qtr P Section 16 Township 16S Range 30E County: EDDY  U/L or Qtr/Qtr P Section 16 Township 16S Range 30E County: EDDY  U/L or Qtr/Qtr P Section 16 Township 16S Range 30E County: EDDY  U/L or Qtr/Qtr P Section 16 Township 16S Range 30E County: EDDY  U/L or Qtr/Qtr P Section 16 Township 16S Range 30E County: EDDY  U/L or Qtr/Qtr P Section 16 Township 16S Range 30E County: EDDY  U/L or Qtr/Qtr P Section 16 Township 16S Range 30E County: EDDY  U/L or Qtr/Qtr P Section 16 Township 16S Range 30E County: EDDY  U/L or Qtr/Qtr P Section 16 Township 16S Range 30E County: EDDY  U/L or Qtr/Qtr P Section 16 Township 16S Range 30E County: EDDY  U/L or Qtr/Qtr P Section 16 Township 16S Range 30E County: EDDY  U/L or Qtr/Qtr P Section 16 Township 16S Range 30E County: EDDY  U/L or Qtr/Qtr P Section 16 Township 16S Range 30E County: EDDY  U/L or Qtr/Qtr P Section 16 Township 16S Range 30E County: EDDY  U/L or Qtr/Qtr P Section 16 Township 16S Range 30E County: EDDY  U/L or Qtr/Qtr P Section 16 Township 16S Range 30E County: EDDY  U/L or Qtr/Qtr P Section 16 Township 16S Range 30E County: EDDY  U/L or Qtr/Qtr P Section 16 Township 16S Range 30E County: EDDY  U/L or Qtr/Qtr P Section 16 Township 16S Range 30E County: EDDY  U/L or Qtr/Qtr P Section 16 Township 16S Range 30E County: EDDY  U/L or Qtr/Qtr P Section 16 Township 16S Range 30E County: EDDY  U/L or Qtr/Qtr P Section 16 Township 16S Range 30E County: EDDY  U/L or Qtr/Qtr P Section 16 Township 16S Range 30E County: EDDY  U/L or Qtr/Qtr P Section 16 Township 16S Range 30E County: EDDY  U/L or Qtr/Qtr P Se		ority's rules, regulations or ordinances.	
Address: 550 W. TEXAS AVE., SUITE 100, MIDLAND, TEXAS 79701  Facility or well name: DASHER 16 STATE #001  API Number: 30-015-35726   OCD Permit Number: 2/3375  U/L or Qtr/Qtr P Section 16 Township 16S Range 30E County: EDDY  Center of Proposed Design: Latitude Longitude NAD:   1983  Surface Owner:   Federal & State   Private   Tribal Trust or Indian Allotment    Consequence   Federal & State   Private   Tribal Trust or Indian Allotment   Consequence   Private   Private   Tribal Trust or Indian Allotment   Consequence   Private   Private   Tribal Trust or Indian Allotment   Consequence   Private   Priva	Operator: COG OPERATING, LLC OGRID #: 229137		
API Number: 30-015-35726 OCD Permit Number: 2/3375  U/L or QurQur P Section 16 Township 16.5 Range 30 E County: EDDY  Longitude NAD: []1927 [] 1983  Surface Owner: [] Federal KNState [] Private [] Tribal Trust or Indian Allotment    Consed-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 or notice of intent) [X] P&A   Above Ground Steel Tanks or [] Haul-off Bins	Address: 550 W. TEXAS AVE., SUITE 100, MIDLAND, TEXAS 79701		
Center of Proposed Design: Latitude	Facility or well name: DASHER 16 STATE #001		
Center of Proposed Design: Latitude	API Number: 30-015-35726 OCD Permit Number: 2/3375		
Center of Proposed Design: Latitude	U/L or Qtr/Qtr P Section 16 Township 16S Range 30E County:	EDDY	
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 or notice of intent)   P&A   P&A   Applies to activities which require prior approval of a permit or notice of intent)   P&A   P&	Center of Proposed Design: LatitudeLongitude	NAD: 🔲 1927 🔲 1983	
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   Haul-off Bins	Surface Owner:  Federal XXState Private Tribal Trust or Indian Allotment		
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   Haul-off Bins	2.		
Above Ground Steel Tanks or   Haul-off Bins			
Signs: Subsection C of 19.15.17.11 NMAC   AUG 3 1 2012		nit or notice of intent) X P&A	
Signed in compliance with 19.15.16.8 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.   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   Occurred Plan (Please complete Box 5) - 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:   API	X Above Ground Steel Tanks or Haul-off Bins	RECEIVED	
Signed in compliance with 19.15.16.8 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.   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   Occurred Plan (Please complete Box 5) - 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:   API	Signs: Subsection C of 19 15 17 11 NMAC	1(2021/12	
Signed in compliance with 19.15.16.8 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 box, that the documents are attached.     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     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)     Previously Approved Operating and Maintenance Plan     API Number:		AUG 3 1 2012	
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.   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   Other Previously Approved Design (attach copy of design)   API Number:   API Number:   API Number:   API Number:   API Number:   API Number:   Subsection C G NDY MARLEY   Disposal Facility Name:   SUNDANCE   Disposal Facility Permit Number:   NM 01-0003   NM 01-0009   NM 01-0009   NM 01-0006	Signed in compliance with 19.15.16.8 NMAC	NMOCD ARTESIA	
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.  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 NMAC and 19.15.17.13 NMAC  Previously Approved Design (attach copy of design) Previously Approved Operating and Maintenance Plan  API Number:  API Number:  API Number:  API Number:  API Number:  Subsection C of 19.15.17.13 DNMAC  API Number:  API Number:  API Number:  API Number:  Subspace Ground Steel Tanks or Haul-off Bins Only: (19.15.17.13.D NMAC)  Instructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two facilities are required.  GANDY MARLEY  Disposal Facility Name:  Sundance  Sundance  Rado  Disposal Facility Permit Number:  No 01-0003  Disposal Facility Permit Number:  No 01-0006  No 01	4. Closed Lan Sustant Bounit Application Associated Associated Chaddings Subsection D. 510 15170 VIVAC	Think a second	
Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC   Departing and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC   Departing 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)   Previously Approved Design (attach copy of design)   Previously Approved Operating and Maintenance Plan   API Number:   A		e box, that the documents are	
Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC	attached.	. ,	
Closure Plan (Please complete Box 5) - 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:   API Nu			
Previously Approved Operating and Maintenance Plan   API Number:		MAC and 19.15.17.13 NMAC	
**Substance Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19.15.17.13.D NMAC)  Instructions: Please Indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two facilities are required.  GANDY MARLEY  Disposal Facility Permit Number:  NM 01-0019  NM 01-0003  NM 01-0006  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 19.15.17.13 NMAC  Re-vegetation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC  Repertor 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):  DAVID A. EYLER  Title: AGENT  Date:  08/21/12	Previously Approved Design (attach copy of design)  API Number:		
Instructions: Please Indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two facilities are required.  GANDY MARLEY  Disposal Facility Name:  SUNDANCE  Disposal Facility Permit Number:  NM 01-0003  NM 01-0006  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 19.15.17.13 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  Thereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief.  Name (Print):  DAVID A. EYLER  Title: AGENT  Date:  OBA / 2 1 / 12	Previously Approved Operating and Maintenance Plan   API Number:		
Instructions: Please Indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two facilities are required.  GANDY MARLEY  Disposal Facility Name:  SUNDANCE  Disposal Facility Permit Number:  NM 01-0003  NM 01-0006  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 19.15.17.13 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  Thereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief.  Name (Print):  DAVID A. EYLER  Title: AGENT  Date:  OBA / 2 1 / 12	S. Wasta Parrayal Clasura For Classed Ioan Systems That Utiliza Above Cround Steel Tonks on Hout off Piec Only (10 15 17 12 D NMAC)		
Disposal Facility Name: SUNDANCE Disposal Facility Permit Number: NM 01-0003  Disposal Facility Name: NM 01-0006  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 19.15.17.13 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  Title: AGENT  Date: 08/21/12	Instructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two		
Disposal Facility Name: R360  Disposal Facility Permit Number: NM 01-0006  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? 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 19.15.17.13 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  Thereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief.  Name (Print): DAVID A. EYLER  Title: AGENT  Date: 08/21/12	)	NW 01-0003	
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   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 19.15.17.13 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   Operator 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):	Disposal Facility Name: 30 NDAN 61 Disposal Facility Permit Number:		
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 19.15.17.13 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   Operator 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): DAVID A. EYLER   Title: AGENT   Signature: Date: 08/21/12		16.64	
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  Operator 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): DAVID A. EYLER  Title: AGENT  Signature:  Date: 08/21/12			
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 knowledge and belief.    Name (Print): DAVID A. EYLER   Title: AGENT    Signature: Date: 08/21/12	Required for impacted areas which will not be used for future service and operations:		
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 knowledge and belief.  Name (Print): DAVID A. EYLER  Title: AGENT  Signature: Date: 08/21/12		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 knowledge and belief.  Name (Print): DAVID A. EYLER  Title: AGENT  Date: 08/21/12	Site Reclamation Plan - based upon the appropriate requirements of Subsection G 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): DAVID A. EYLER  Title: AGENT  Date: 08/21/12	6. Operator Application Certification:		
Name (Print): DAVID A. EYLER  Title: AGENT  Date: 08/21/12		wledge and belief.	
1 0 1 2 427 2022	ACIDAM		
e-mail address: deyler@milagro-res.com Telephone 432.687.3033	Signature:		
Vindi dediess.	e-mail address: deyler@milagro-res.com Telephone: 432.687.	3033	

7. OCD Approval: Permit Application (including closu	re plan) 🔲 Closure Plan (only)	
OCD Representative Signature:	Approval Date: 8/31/05	
Title: DIST of Supervis	OCD Permit Number: 2/3375	
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: 11/06/12		
9	El Ciosure Completion Date. 11/00/12	
Closure Report Regarding 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 two facilities were utilized. GANDY MARLE	where the liquids, drilling fluids and drill cuttings were disposed. Use attachment if more than NM $0.1-0.0.1.9$	
Disposal Facility Name: R360	Disposal Facility Permit Number: NM 01-0006	
Disposal Facility Name: SUNDANCE	Disposal Facility Permit Number: NM 01-0003	
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		
Operator Closure Certification:  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): DAVID A . EYLER	Title: A GENT	
Signature:	Date: 11/15/12	
e-mail address: deyler@milagro-re	s.com Telephone: 432.687.3033	